

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <u>9</u>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mr.</u> FIRST <u>Christopher</u> MI <u>J.</u> NICKNAME LAST SUFFIX <u>Czernek</u>	OFFICE USE ONLY Date Received <u>06.03.2022</u> <u>DCrabtree</u> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>2325 High Lonesome, Leander, TX 78641</u>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(512) 574-3103</u>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Mr.</u> FIRST <u>Christopher</u> MI <u>J.</u> NICKNAME LAST SUFFIX <u>Czernek</u>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>2325 High Lonesome, Leander, TX 78641</u>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(512) 574-3103</u>										
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month Day Year Month Day Year <u>04 / 30 / 2022</u> THROUGH <u>06 / 03 / 2022</u>										
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u>06 / 11 / 2022</u> <input type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any) OFFICE SOUGHT (if known) <u>Leander City Council, Place 5</u> <u>Leander City Council, Place 5</u>										
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

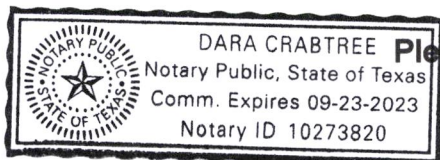
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Christopher Czernek</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4,947.⁵¹</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,568.⁰⁹</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,807.¹⁹</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by CHRIS Czernek this the 3 day of June, 2022, to certify which, witness my hand and seal of office.

Dara Crabtree Dara Crabtree Notary/City Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Christopher Czernek

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4947.51
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,569.09
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Christopher Czernek		3 Filer ID (Ethics Commission Filers)
4 Date 5/11/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Hoover	7 Amount of contribution (\$) \$100.⁰⁰
6 Contributor address; City; State; Zip Code 803 Overlook Bend, Leander, Tx 78641		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/13/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shakeel Badarpura	Amount of contribution (\$) \$250.⁰⁰
Contributor address; City; State; Zip Code 11940 Jollyville Rd, Austin, TX 78759		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/13/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron DeJong	Amount of contribution (\$) \$25.⁰⁰
Contributor address; City; State; Zip Code 2432 Deering Creek Ct, Leander, Tx 78641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/13/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megan Pancone	Amount of contribution (\$) \$100.⁰⁰
Contributor address; City; State; Zip Code 17807 Link Rd, Lago Vista, Tx 78645		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <div style="text-align: center; font-size: 1.2em;">Christopher Czernek</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center; font-size: 1.2em;">5/13/22</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="text-align: center; font-size: 1.2em;">Cheryl Tannehill</div> 6 Contributor address: City: State: Zip Code <div style="text-align: center; font-size: 1.2em;">3509 Sky Kiss, Leander, TX 78641</div>	7 Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$100.⁰⁰</div>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <div style="text-align: center; font-size: 1.2em;">5/14/22</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="text-align: center; font-size: 1.2em;">Joe and Darlene Sica</div> Contributor address: City: State: Zip Code <div style="text-align: center; font-size: 1.2em;">12450 5th St. East, Treasure Island, FL 33706</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$150.⁰⁰</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="text-align: center; font-size: 1.2em;">5/14/22</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="text-align: center; font-size: 1.2em;">Andy Eis</div> Contributor address: City: State: Zip Code <div style="text-align: center; font-size: 1.2em;">2253 High Lonesome, Leander, TX 78641</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$50.⁰⁰</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="text-align: center; font-size: 1.2em;">5/15/22</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="text-align: center; font-size: 1.2em;">Richard and Anne Barger</div> Contributor address: City: State: Zip Code <div style="text-align: center; font-size: 1.2em;">191 Honeycomb Mesa, Leander, TX 78641</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$1,000.⁰⁰</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1.
2 FILER NAME Christopher Czernek		3 Filer ID (Ethics Commission Filers)
4 Date 5/17/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tegan Retzer	7 Amount of contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code 107 Grant Ct., Leander, Tx 78641		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 5/19/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jason Shaw	Amount of contribution (\$) \$632.51
Contributor address; City; State; Zip Code 225 Mandana St., Leander, Tx 78641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 5/21/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leander Area Republican Women	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1205 Long Branch Ln, Leander, Tx 78641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 5/21/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Al Rusk	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code 209 Abruzzi St., Leander, Tx 78641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Christopher Czernek

3 Filer ID (Ethics Commission Filers)

4 Date

5/23/22

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Terri and William Romere

7 Amount of contribution (\$)

\$150.⁰⁰

6 Contributor address:

City:

State:

Zip Code

4321 Hannover, Round Rock, TX 78681

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/23/22

Full name of contributor

☐ out-of-state PAC (ID# _____)

Parameswara Nangi

Amount of contribution (\$)

\$2,000.⁰⁰

Contributor address:

City:

State:

Zip Code

2336 Base Burner Path, Leander, TX 78641

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/26/22

Full name of contributor

☐ out-of-state PAC (ID# _____)

David Hartman

Amount of contribution (\$)

\$100.⁰⁰

Contributor address:

City:

State:

Zip Code

300 Bowie St. #1008, Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address:

City:

State:

Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>2</u>		2 FILER NAME <u>Christopher Czernek</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>5/13/22</u>		5 Payee name <u>PayPal</u>			
6 Amount (\$) <u>\$1.21</u>		7 Payee address; City; State; Zip Code <u>2211 North 1st Street, San Jose, CA 95131</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Accounting/Banking Fee</u>		(b) Description <u>Transaction Fee</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>5/18/22</u>		Payee name <u>360 Press Solutions</u>			
Amount (\$) <u>\$503.36</u>		Payee address; City; State; Zip Code <u>2009 Windy Terrace, Cedar Park, TX 78613</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>		Description <u>Sticker printing for signs</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>5/23/22</u>		Payee name <u>Lowe's</u>			
Amount (\$) <u>\$10.70</u>		Payee address; City; State; Zip Code <u>1495 S. Highway 183, Leander, TX 78641</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>Sign materials</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Christopher Czernek</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>06-01-22</i>		5 Payee name <i>United States Postal Service</i>			
6 Amount (\$) <i>\$980.²⁵</i>		7 Payee address: City: State: Zip Code <i>801 S. US-183, Leander, TX 78641</i>			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Postage/Mailing Expense</i>		(b) Description <i>Postage for mailers</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>06-01-22</i>		Payee name <i>360 Press Solutions</i>			
Amount (\$) <i>\$1,072.⁵²</i>		Payee address: City: State: Zip Code <i>2009 Windy Terrace, Cedar Park, TX 78613</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		Description <i>Mailer printing</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					