

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>11</u>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Roy	MI N	OFFICE USE ONLY Date Received			
	NICKNAME Neal	LAST Linnartz	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 496 Comal Ave, New Braunfels, TX 78130				Date Hand-delivered or Date Postmarked 4-27-23		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 660-8421	EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Kathy	MI	Receipt #	Amount \$		
	NICKNAME	LAST Meurin	SUFFIX	Date Processed			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1437 FM 758, New Braunfels, TX 78130				Date Imaged		
8 CAMPAIGN TREASURER PHONE	AREA CODE (830)	PHONE NUMBER 620-8292	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election		<input 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 3	Day 28	Year 23	THROUGH	Month 4	Day 26	Year 23
11 ELECTION	ELECTION DATE Month 5 / Day 6 / Year 23			ELECTION TYPE Primary <input checked="" type="checkbox"/> General Runoff Special Other Description			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Mayor			
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.						
Additional Pages	GENERAL SPECIFIC	COMMITTEE TYPE / COMMITTEE NAME					
		COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Roy Neal Linnartz

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)	\$ 325.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,375.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 37.80
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,700.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17,140.07
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

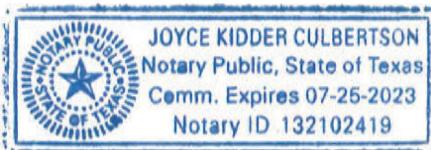
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Neal Linnartz this the 27th day of April,

20 23, to certify which, witness my hand and seal of office.

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	20 Filer ID (Ethics Commission Filers)
Roy Neal Linnartz	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,375.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,000.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,700.28
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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: <u>5</u>
2 FILER NAME Roy Neal Linnartz			3 Filer ID (Ethics Commission Filers)
4 Date 03/29/20	5 Full name of contributor Casteel Partners, Ltd.	out-of-state PAC (ID#: <u> </u>)	7 Amount of contribution (\$) 500.00
	6 Contributor address; 254 E. Mill St, New Braunfels, TX 78130	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 03/29/20	Full name of contributor Gary Joeris	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) 500.00
	Contributor address; [REDACTED] San Antonio, TX 78216	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/31/20	Full name of contributor David & Bri Compton	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) 250.00
	Contributor address; [REDACTED] New Braunfels, TX 7	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/01/20	Full name of contributor Ken & Loretta Clark	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) 500.00
	Contributor address; [REDACTED] New Braunfels, TX	City; State; Zip Code	
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**

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <u>5</u>
2 FILER NAME Roy Neal Linnartz			3 Filer ID (Ethics Commission Filers)
4 Date 04/03/20	5 Full name of contributor John Leonard	out-of-state PAC (ID#: <u> </u>)	7 Amount of contribution (\$) 1,000.00
	6 Contributor address; [REDACTED]	City; State; Zip Code [REDACTED]	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 04/03/20	Full name of contributor Gary Seals	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) 2,500.00
	Contributor address; [REDACTED]	City; State; Zip Code [REDACTED]	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/07/20	Full name of contributor Jeramie Hernandez	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) 300.00
	Contributor address; [REDACTED]	City; State; Zip Code [REDACTED]	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/07/20	Full name of contributor Jim Vater	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) 200.00
	Contributor address; [REDACTED]	City; State; Zip Code [REDACTED]	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 5
2 FILER NAME Roy Neal Linnartz			3 Filer ID (Ethics Commission Filers)
4 Date 04/08/20	5 Full name of contributor Jennifer Alexander	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 200.00
	6 Contributor address; [REDACTED]	City; State; Zip Code New Braunfels, TX	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 04/08/20	Full name of contributor James Saenz	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 200.00
	Contributor address; [REDACTED]	City; State; Zip Code San Antonio, Te	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/10/20	Full name of contributor Kayden Park I & II, LLC	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
	Contributor address; 1965 Post Rd, New Braunfels, TX 78130	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/10/20	Full name of contributor Kayden Park III, LLC	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
	Contributor address; 1965 Post Rd, New Braunfels, TX 78130	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <u>5</u>
2 FILER NAME Roy Neal Linnartz			3 Filer ID (Ethics Commission Filers)
4 Date 04/15/20	5 Full name of contributor John & Tonya Mallory	out-of-state PAC (ID#: <u> </u>)	7 Amount of contribution (\$) 500.00
	6 Contributor address; [REDACTED]	City; State; Zip Code [REDACTED] New Braunfels, T	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 04/22/20	Full name of contributor Jennifer Alexander	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) 300.00
	Contributor address; [REDACTED]	City; State; Zip Code [REDACTED] New Braunfels, TX	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/19/20	Full name of contributor Tiffany Linnartz	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) 100.00
	Contributor address; [REDACTED]	City; State; Zip Code [REDACTED] New Braunfels,	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/18/20	Full name of contributor James Blakey	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) 500.00
	Contributor address; [REDACTED]	City; State; Zip Code [REDACTED] New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <u>5</u>
2 FILER NAME Roy Neal Linnartz			3 Filer ID (Ethics Commission Filers)
4 Date 04/25/20	5 Full name of contributor TREPAC/ Texas Realtors PAC	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 1,000.00
	6 Contributor address; PO Box 2246, Austin, TX 78768	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:
2 FILER NAME Roy Neal Linnartz				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$
5 Date 04/15/	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bill Wetz			8 Amount of Contribution \$ 2,000. ^ 9 In-kind contribution description billboards
	7 Contributor address; 20286 FM 2252 San Antonio, TX 7821	City;	State;	Zip Code
				Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)				11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)				13 Contributor's job title (FOR JUDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)				15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code			Amount of Contribution \$ In-kind contribution description
				Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)				Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)				Contributor's job title (FOR JUDICIAL)(See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)				Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

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**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 Roy Neal Linnartz		3 Filer ID (Ethics Commission Filers)
4 Date 04/03/2023	5 Payee name HEB		
6 Amount (\$) 191.38	7 Payee address; 651 S Walnut Ave, New Braunfels, TX 78130		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description snacks & drinks for meet and	
	(c) 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	Candidate / Officeholder name		Office sought
			Office held
Date 04/04/2023	Payee name The AMMO Group, LLC		
Amount (\$) 375.00	Payee address; 240 Comal Ave, New Braunfels, TX 78130		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description design of ads	
	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
Date 04/18/2023	Payee name Herald Zeitung		
Amount (\$) 2,096.10	Payee address; 549 Landa St., New Braunfels, Texas 78130		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description newspaper ads	
	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
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**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**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 K: <u>1</u>
2 FILER NAME Roy Neal Linnartz		3 Filer ID (Ethics Commission Filers)
4 Date 04/21/20	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) 1.38
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received interest on checking account	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received Check if political contribution returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		