

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>16</u>			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. <u>Roy</u> MI <u>N</u> NICKNAME <u>Neal</u> LAST <u>Linnartz</u> SUFFIX			OFFICE USE ONLY Date Received			
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 496 Comal Ave New Braunfels, Texas 78130			<u>3-28-23</u>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address				Date Hand-delivered or Date Postmarked			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (830)	PHONE NUMBER 625-9300	EXTENSION	Receipt # Amount \$			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. <u>Kathy</u> MI NICKNAME <u>Meurin</u> LAST SUFFIX			Date Processed			
				Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1437 FM 758, New Braunfels, Texas 78130						
8 CAMPAIGN TREASURER PHONE	AREA CODE (830)	PHONE NUMBER 620-8292	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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 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 1	Day 1	Year 23	Month 3	Day 27	Year 23	
11 ELECTION	ELECTION DATE Month 5 Day 6 Year 23		ELECTION TYPE Primary Runoff Other General Special 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					

GO TO PAGE 2

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) \$ 1,050.00

2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 20,604.00

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 388.23

4. **TOTAL POLITICAL EXPENDITURES** \$ 18,924.50

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 10,483.55

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 SIGNATURE

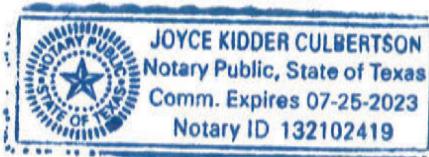
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



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 28 day of March,

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

Joyce Culbertson

Joyce Culbertson

Notary Public

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 Roy Neal Linnartz	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$20,604.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$17,740.94
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	\$ 2.97

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>9</u>
2 FILER NAME Roy Neal Linnartz			3 Filer ID (Ethics Commission Filers)
4 Date 01/10/20	5 Full name of contributor Rodney & Margie Skolaut	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 300.00
	6 Contributor address; [REDACTED]	City; State; Zip Code [REDACTED] New Braunfels, TX 7813	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 01/12/20	Full name of contributor Pape Dawson Engineers PAC	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1,500.00
	Contributor address; 1672 Independence Dr, Suite 102, New [REDACTED]	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/16/20	Full name of contributor Mike Gribble	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00
	Contributor address; [REDACTED] New Braunfels, TX 7813	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/17/20	Full name of contributor Troy & Sherry Burch	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 300.00
	Contributor address; [REDACTED] New Braunfels, TX 7813	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**

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>9</u>
2 FILER NAME Roy Neal Linnartz			3 Filer ID (Ethics Commission Filers)
4 Date 02/17/20	5 Full name of contributor John & Kristen Boyd	out-of-state PAC (ID#: <u> </u>) 6 Contributor address; [REDACTED] New Braunfels, TX 78120	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 02/25/20	Full name of contributor Thad Rutherford	out-of-state PAC (ID#: <u> </u>) Contributor address; [REDACTED] New Braunfels, TX 78120	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/27/20	Full name of contributor Usiasefe Aimiwu	out-of-state PAC (ID#: <u> </u>) Contributor address; [REDACTED] New Braunfels, TX 78120	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/28/20	Full name of contributor Chelsea Ormond	out-of-state PAC (ID#: <u> </u>) Contributor address; [REDACTED] New Braunfels, TX 78120	Amount of contribution (\$) 200.00
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: 9
2 FILER NAME Roy Neal Linnartz			3 Filer ID (Ethics Commission Filers)
4 Date 03/02/20	5 Full name of contributor Wes Studdard	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 500.00
	6 Contributor address;	City; State; Zip Code New Braunfels, TX 78	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 03/03/20	Full name of contributor Paul Grohman	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
	Contributor address;	City; State; Zip Code Pearland, Texas	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/06/20	Full name of contributor Badger Family Limited Partnership	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
	Contributor address;	City; State; Zip Code 387 W. Mill Street, New Braunfels, TX 78	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/07/20	Full name of contributor Justin & Brittanie Meadows	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
	Contributor address;	City; State; Zip Code New Braunfels,	
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: 9
2 FILER NAME Roy Neal Linnartz			3 Filer ID (Ethics Commission Filers)
4 Date 03/08/20	5 Full name of contributor Shepherds Glenn Partners, LLC 6 Contributor address; 130 S. Seguin Ave, New Braunfels, TX 7	7 out-of-state PAC (ID#: _____) Amount of contribution (\$) 500.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 03/08/20	Full name of contributor Vier Steigen Investments, LLC Contributor address; 130 S. Seguin Ave, New Braunfels, TX 7	out-of-state PAC (ID#: _____) Amount of contribution (\$) 500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/08/20	Full name of contributor RIF 1, LLC Contributor address; 130 S. Seguin Ave, New Braunfels, TX 7	out-of-state PAC (ID#: _____) Amount of contribution (\$) 500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/08/20	Full name of contributor West 209 Investments, LLC Contributor address; 130 S. Seguin Ave, New Braunfels, TX 7	out-of-state PAC (ID#: _____) Amount of contribution (\$) 500.00	
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: 9

2 FILER NAME

Roy Neal Linnartz

3 Filer ID (Ethics Commission Filers)

4 Date

03/08/20

5 Full name of contributor out-of-state PAC (ID#:

NB Corridor Investments, LLC

.....

6 Contributor address; City; State; Zip Code

130 S. Seguin Ave, New Braunfels, TX 7

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)**9 Employer (See Instructions)****Date**

03/08/20

Full name of contributor

out-of-state PAC (ID#:

RIF 2, LLC

Contributor address; City; State; Zip Code

130 S. Seguin Ave, New Braunfels, TX 7

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)**Employer (See Instructions)****Date**

03/08/20

Full name of contributor

out-of-state PAC (ID#:

Green Pastures Partners, LLC

Contributor address; City; State; Zip Code

130 S. Seguin Ave, New Braunfels, TX 7

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)**Employer (See Instructions)****Date**

03/08/20

Full name of contributor

out-of-state PAC (ID#:

Butte Land Partners, LLC

Contributor address; City; State; Zip Code

130 S. Seguin Ave, New Braunfels, TX 7

Amount of contribution (\$)

500.00

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>9</u>
2 FILER NAME Roy Neal Linnartz			3 Filer ID (Ethics Commission Filers)
4 Date 03/08/20	5 Full name of contributor 1044 Vista Park, LLC	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 500.00
	6 Contributor address; 130 S. Seguin Ave, New Braunfels, TX 7	City: _____ State: _____ Zip Code _____	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 03/08/20	Full name of contributor West Park Place, LLC	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
	Contributor address; 130 S. Seguin Ave, New Braunfels, TX 7	City: _____ State: _____ Zip Code _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/08/20	Full name of contributor Heimer FP & Hollmig FP, Ltd	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
	Contributor address; 130 S. Seguin Ave, New Braunfels, TX 7	City: _____ State: _____ Zip Code _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/09/20	Full name of contributor Melissa Dominguez	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
	Contributor address; Austin, Texas 78750	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: 9
2 FILER NAME Roy Neal Linnartz			3 Filer ID (Ethics Commission Filers)
4 Date 03/13/20	5 Full name of contributor BJ Jones	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 500.00
	6 Contributor address; [REDACTED]	City; State; Zip Code Austin, Texas	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 03/17/20	Full name of contributor Rod & Rene Smith	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 200.00
	Contributor address; [REDACTED]	City; State; Zip Code New Braunfels, TX	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/21/20	Full name of contributor Raba-Kistner PAC	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
	Contributor address; [REDACTED]	City; State; Zip Code 211 Trade Center Dr #300, New Braunfe	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/21/20	Full name of contributor Scott & Debbie McCash	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
	Contributor address; [REDACTED]	City; State; Zip Code New Braunfels, TX	
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: <u>1</u>
2 FILER NAME Roy Neal Linnartz			3 Filer ID (Ethics Commission Filers)
4 Date 03/21/20	5 Full name of contributor Eric & Felicia James	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 500.00
	6 Contributor address: [REDACTED]	City; State; Zip Code [REDACTED] New Braunfels, TX	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 03/21/20	Full name of contributor Dan & Brenda Chapman	out-of-state PAC (ID#:)	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)	
Date 03/24/20	Full name of contributor Chip & Ann Mills	out-of-state PAC (ID#:)	Amount of contribution (\$) 1,000.00
	Contributor address: [REDACTED]	City; State; Zip Code [REDACTED] New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/24/20	Full name of contributor Patrick & Anita Rose	out-of-state PAC (ID#:)	Amount of contribution (\$) 1,000.00
	Contributor address: [REDACTED]	City; State; Zip Code [REDACTED] San Marcos, TX 78666	
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: <u>9</u>
2 FILER NAME Roy Neal Linnartz				3 Filer ID (Ethics Commission Filers)
4 Date 03/25/20	5 Full name of contributor Hub & Colleen Greenlees	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 200.00	
	6 Contributor address: 1388 Cedar Elm, New Braunfels, TX 781	City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
Date 03/25/20	Full name of contributor Barron & Michele Casteel	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00	
	Contributor address: [REDACTED] New Braunfels, TX 78130	City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 03/27/20	Full name of contributor Dani Hensley	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 104.00	
	Contributor address: [REDACTED] New Braunfels, TX 78130	City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 03/27/20	Full name of contributor Al & Gigi Vaughn	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 200.00	
	Contributor address: [REDACTED] New Braunfels, TX 78130	City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		

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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>3</i>	2 FILER NAME Roy Neal Linnartz	3 Filer ID (Ethics Commission Filers)	
4 Date 02/21/2023	5 Payee name The AMMO Group, LLC		
6 Amount (\$) 2,239.00	7 Payee address; 240 Comal Ave, New Braunfels, Texas 78130	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description marketing material and website	
	(c) Check if travel outside of Texas. Complete Schedule T.	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 02/24/2023	Payee name StickerMule.com		
Amount (\$) 374.76	Payee address; online company	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description stickers with campaign logo	
	Check if travel outside of Texas. Complete Schedule T.	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 02/25/2023	Payee name 1st Source Digital		
Amount (\$) 2,255.00	Payee address; 4390 FM 518, Selma, TX	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description sign printing	
	Check if travel outside of Texas. Complete Schedule T.	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 Roy Neal Linnartz	3 Filer ID (Ethics Commission Filers)	
4 Date 03/08/2023	5 Payee name 1st Source Digital		
6 Amount (\$) 945.00	7 Payee address; 4390 FM 518, Selma, TX 78154	City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description sign printing	
	(c) Check if travel outside of Texas. Complete Schedule T.	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 03/13/2023	Payee name Sophienburg Museum & Archives		
Amount (\$) 427.50	Payee address; 401 W. Coll Street, New Braunfels, TX 78130	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description rental for watch party	
	Check if travel outside of Texas. Complete Schedule T.	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 03/22/2023	Payee name Direct Texas Marketing Group		
Amount (\$) 11,357.63	Payee address; 1260 S. Business IH 35, New Braunfels, TX 78130	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description brochures, mailers, t-shirts	
	Check if travel outside of Texas. Complete Schedule T.	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: <i>3</i>	2 FILER NAME Roy Neal Linnartz	3 Filer ID (Ethics Commission Filers)	
4 Date 03/22/2023	5 Payee name JG Media		
6 Amount (\$) 950.00	7 Payee address; 3600 E. Palm Valley Blvd. Box 3, Round Rock, TX 78665	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description media ad	
	(c) Check if travel outside of Texas. Complete Schedule T.	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	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	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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Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	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			

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:									
2 FILER NAME Roy Neal Linnartz		3 Filer ID (Ethics Commission Filers)									
4 Date 03/01/20	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) 2.97									
	6 Address of person from whom amount is received; City; State; Zip Code 315 Landa Street, New Braunfels, TX 78130										
	7 Purpose for which amount is received	Check if political contribution returned to filer									
<table border="1"> <tr> <td>Date</td> <td>Name of person from whom amount is received </td> <td>Amount (\$)</td> </tr> <tr> <td></td> <td>Address of person from whom amount is received; City; State; Zip Code</td> <td></td> </tr> <tr> <td></td> <td>Purpose for which amount is received</td> <td>Check if political contribution returned to filer</td> </tr> </table>			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
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	Purpose for which amount is received	Check if political contribution returned to filer									

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