

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: **16**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr. Roy N
NICKNAME LAST SUFFIX
Neal Linnartz

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
496 Comal Ave
New Braunfels, Texas 78130

3-28-23

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(830) 625-9300

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mrs. Kathy
NICKNAME LAST SUFFIX
Meurin

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1437 FM 758, New Braunfels, Texas 78130

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(830) 620-8292

9 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign
treasurer appointment
(Officeholder Only)
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified
Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
1 / 1 / 23 THROUGH 3 / 27 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other
Description
5 / 6 / 23 ☒ General ☐ Special

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 388.23
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,924.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,483.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

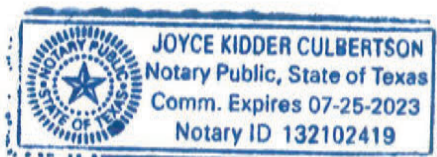
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Neal Linnartz

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: 9

2 FILER NAME

Roy Neal Linnartz

3 Filer ID (Ethics Commission Filers)

4 Date

01/10/20

5 Full name of contributor

out-of-state PAC (ID#:

Rodney & Margie Skolaut

7 Amount of contribution (\$)

300.00

6 Contributor address;

City;

State;

Zip Code

New Braunfels, TX 7813

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/12/20

Full name of contributor

out-of-state PAC (ID#:

Pape Dawson Engineers PAC

Amount of contribution (\$)

1,500.00

Contributor address;

City;

State;

Zip Code

1672 Independence Dr, Suite 102, New I

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/16/20

Full name of contributor

out-of-state PAC (ID#:

Mike Gribble

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

New Braunfels, TX 7813

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/17/20

Full name of contributor

out-of-state PAC (ID#:

Troy & Sherry Burch

Amount of contribution (\$)

300.00

Contributor address;

City;

State;

Zip Code

New Braunfels, TX 7

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.

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1 Total pages Schedule A1: 9

2 FILER NAME

Roy Neal Linnartz

3 Filer ID (Ethics Commission Filers)

4 Date

02/17/20

5 Full name of contributor

out-of-state PAC (ID#):

John & Kristen Boyd

7 Amount of contribution (\$)

1,000.00

6 Contributor address;

City;

State;

Zip Code

New Braunfels, TX 7

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/25/20

Full name of contributor

out-of-state PAC (ID#):

Thad Rutherford

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

New Braunfels, TX 7

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/27/20

Full name of contributor

out-of-state PAC (ID#):

Usiasefe Aimuwu

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

New Braunfels, TX 7

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/28/20

Full name of contributor

out-of-state PAC (ID#):

Chelsea Ormond

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

New Braunfels, TX 7

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: 9
2 FILER NAME Roy Neal Linnartz		3 Filer ID (Ethics Commission Filers)
4 Date 03/02/20	5 Full name of contributor out-of-state PAC (ID#: Wes Studdard 6 Contributor address; City; State; Zip Code [REDACTED] New Braunfels, TX 78	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/03/20	Full name of contributor out-of-state PAC (ID#: Paul Grohman Contributor address; City; State; Zip Code [REDACTED] Pearland, Texa:	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/06/20	Full name of contributor out-of-state PAC (ID#: Badger Family Limited Partnership Contributor address; City; State; Zip Code 387 W. Mill Street, New Braunfels, TX 78	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/20	Full name of contributor out-of-state PAC (ID#: Justin & Brittanie Meadows Contributor address; City; State; Zip Code [REDACTED] New Braunfels,	Amount of contribution (\$) 500.00
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: 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#: Shepherds Glenn Partners, 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#: Vier Steigen Investments, 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#: RIF 1, 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#: West 209 Investments, 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)
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: 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)
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: 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#: 1044 Vista Park, 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#: West Park Place, 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#: Heimer FP & Hollmig FP, Ltd 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 03/09/20	Full name of contributor out-of-state PAC (ID#: Melissa Dominguez Contributor address; City; State; Zip Code [REDACTED] Austin, Texas 78750	Amount of contribution (\$) 500.00
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.

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2 FILER NAME Roy Neal Linnartz		3 Filer ID (Ethics Commission Filers)
4 Date 03/13/20	5 Full name of contributor out-of-state PAC (ID#: BJ Jones 6 Contributor address; City; State; Zip Code Austin, Texas	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/17/20	Full name of contributor out-of-state PAC (ID#: Rod & Rene Smith Contributor address; City; State; Zip Code New Braunfels, TX	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/20	Full name of contributor out-of-state PAC (ID#: Raba-Kistner PAC Contributor address; City; State; Zip Code 211 Trade Center Dr #300, New Braunfe	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/20	Full name of contributor out-of-state PAC (ID#: Scott & Debbie McCash Contributor address; City; State; Zip Code New Braunfels, TX	Amount of contribution (\$) 500.00
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: 9
2 FILER NAME Roy Neal Linnartz		3 Filer ID (Ethics Commission Filers)
4 Date 03/21/20	5 Full name of contributor out-of-state PAC (ID#: Eric & Felicia James 6 Contributor address; City; State; Zip Code New Braunfels, TX	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/21/20	Full name of contributor out-of-state PAC (ID#: Dan & Brenda Chapman Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/20	Full name of contributor out-of-state PAC (ID#: Chip & Ann Mills Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/20	Full name of contributor out-of-state PAC (ID#: Patrick & Anita Rose Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of contribution (\$) 1,000.00
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: 9
2 FILER NAME Roy Neal Linnartz		3 Filer ID (Ethics Commission Filers)
4 Date 03/25/20	5 Full name of contributor out-of-state PAC (ID#: Hub & Colleen Greenlees 6 Contributor address; City; State; Zip Code 1388 Cedar Elm, New Braunfels, TX 781	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/25/20	Full name of contributor out-of-state PAC (ID#: Barron & Michele Casteel Contributor address; City; State; Zip Code [REDACTED] New Braunfels, TX 78130	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/20	Full name of contributor out-of-state PAC (ID#: Dani Hensley Contributor address; City; State; Zip Code [REDACTED] New Braunfels	Amount of contribution (\$) 104.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/20	Full name of contributor out-of-state PAC (ID#: Al & Gigi Vaughn Contributor address; City; State; Zip Code [REDACTED] New Braunfels, T.	Amount of contribution (\$) 200.00
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
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: 3		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; City; State; Zip Code 240 Comal Ave, New Braunfels, Texas 78130			
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					
Date 02/24/2023		Payee name StickerMule.com			
Amount (\$) 374.76		Payee address; City; State; Zip Code online company			
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					
Date 02/25/2023		Payee name 1st Source Digital			
Amount (\$) 2,255.00		Payee address; City; State; Zip Code 4390 FM 518, Selma, TX			
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					

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: 3		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; City; State; Zip Code 4390 FM 518, Selma, TX 78154			
8 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					
Date 03/13/2023		Payee name Sophienburg Museum & Archives			
Amount (\$) 427.50		Payee address; City; State; Zip Code 401 W. Coll Street, New Braunfels, TX 78130			
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					
Date 03/22/2023		Payee name Direct Texas Marketing Group			
Amount (\$) 11,357.63		Payee address; City; State; Zip Code 1260 S. Business IH 35, New Braunfels, TX 78130			
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: <div style="font-size: 1.5em; color: blue;">3</div>	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; City; State; Zip Code 3600 E. Palm Valley Blvd. Box 3, Round Rock, TX 78665	
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
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
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

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: 1
2 FILER NAME Roy Neal Linnartz		3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received Frost Bank	8 Amount (\$)
03/01/20	6 Address of person from whom amount is received; City; State; Zip Code 315 Landa Street, New Braunfels, TX 78130	2.97
7 Purpose for which amount is received Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED