

# 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: 5  |   |                                     |                          |         |   |         |      |                         |                                   |                                 |  |    |    |  |
| 3 CANDIDATE / OFFICEHOLDER NAME                                     | MS / MRS / MR FIRST<br><b>Randy</b>  | MI<br><b>R</b>   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><b>10.07.2022</b><br><br>Date Hand-delivered or Date Postmarked<br><b>10.07.2022</b><br><br>Receipt #   Amount \$<br><br>Date Processed<br><br>Date Imaged |   |                                     |                          |         |   |         |      |                         |                                   |                                 |  |    |    |  |
|   | NICKNAME LAST SUFFIX<br><b>Roberts</b>   |  |   |   |                                     |                          |         |   |         |      |                         |                                   |                                 |  |    |    |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br>Change of Address | ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE<br><b>[REDACTED] Cibolo TX 78108</b>  |  |   |   |                                     |                          |         |   |         |      |                         |                                   |                                 |  |    |    |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                    | AREA CODE PHONE NUMBER EXTENSION<br><b>[REDACTED]</b>  |  |   |   |                                     |                          |         |   |         |      |                         |                                   |                                 |  |    |    |  |
| 6 CAMPAIGN TREASURER NAME   | MS / MRS / MR FIRST<br><b>Randy</b>  | MI<br><b>R</b>   |   |   |                                     |                          |         |   |         |      |                         |                                   |                                 |  |    |    |  |
|   | NICKNAME LAST SUFFIX<br><b>Roberts</b>   |  |   |   |                                     |                          |         |   |         |      |                         |                                   |                                 |  |    |    |  |
| 7 CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)         | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><b>[REDACTED] Cibolo, TX 78108</b>  |  |   |   |                                     |                          |         |   |         |      |                         |                                   |                                 |  |    |    |  |
| 8 CAMPAIGN TREASURER PHONE  | AREA CODE PHONE NUMBER EXTENSION<br><b>[REDACTED]</b>  |  |   |   |                                     |                          |         |   |         |      |                         |                                   |                                 |  |    |    |  |
| 9 REPORT TYPE   | <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">January 15</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">30th day before election</td> <td style="text-align: center;">Runoff</td> <td style="text-align: center;">15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td style="text-align: center;">July 15</td> <td></td> <td style="text-align: center;">8th day before election</td> <td style="text-align: center;">Exceeded Modified Reporting Limit</td> <td style="text-align: center;">Final Report (Attach C/OH - FR)</td> </tr> </table> |  |   | January 15  | <input checked="" type="checkbox"/> | 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) |  |    |    |  |
| January 15  | <input checked="" type="checkbox"/>  | 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   | <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;">21</td> <td style="text-align: center;">22</td> <td></td> <td style="text-align: center;">10</td> <td style="text-align: center;">22</td> <td></td> </tr> </table>   |  |   | Month   | Day                                 | Year                     | THROUGH | Month   | Day     | Year | 8                       | 21                                | 22                              |  | 10 | 22 |  |
| Month   | Day  | Year   | THROUGH   | Month   | Day                                 | Year                     |         |   |         |      |                         |                                   |                                 |  |    |    |  |
| 8   | 21   | 22   |   | 10  | 22                                  |                          |         |   |         |      |                         |                                   |                                 |  |    |    |  |
| 11 ELECTION   | ELECTION DATE  |  | ELECTION TYPE   |   |                                     |                          |         |   |         |      |                         |                                   |                                 |  |    |    |  |
|   | Month Day Year<br><b>11 / 8 / 22</b>   | <input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Runoff<br><input type="checkbox"/> Special | 6<br>Other Description  |   |                                     |                          |         |   |         |      |                         |                                   |                                 |  |    |    |  |
| 12 OFFICE   | OFFICE HELD (if any)   | 13 OFFICE SOUGHT (if known)<br><b>City Council District 2</b>  |   |   |                                     |                          |         |   |         |      |                         |                                   |                                 |  |    |    |  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br>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.  |  |   |   |                                     |                          |         |   |         |      |                         |                                   |                                 |  |    |    |  |
|   | COMMITTEE TYPE   | COMMITTEE NAME   |   |   |                                     |                          |         |   |         |      |                         |                                   |                                 |  |    |    |  |
|   | GENERAL  | COMMITTEE ADDRESS  |   |   |                                     |                          |         |   |         |      |                         |                                   |                                 |  |    |    |  |
|   | SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME  |   |   |                                     |                          |         |   |         |      |                         |                                   |                                 |  |    |    |  |
|   |  | COMMITTEE CAMPAIGN TREASURER ADDRESS   |   |   |                                     |                          |         |   |         |      |                         |                                   |                                 |  |    |    |  |

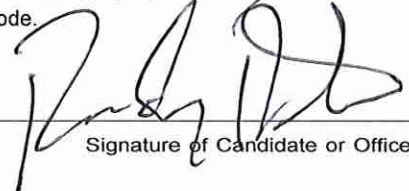
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

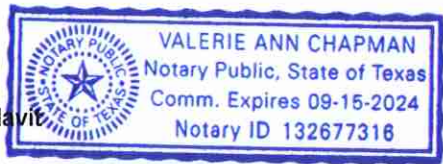
|                                 |   |  |
|---------------------------------|---|--|
| 15 C/OH NAME<br>Randy R Roberts |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS          | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$                                     |
|                                 | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 1500.00                             |
| EXPENDITURE TOTALS              | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 27.97                               |
|                                 | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1438.47                             |
| CONTRIBUTION BALANCE            | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 61.53                               |
| 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 of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Randy Roberts this the 7th day of October, 2022, to certify which, witness my hand and seal of office.

Valerie Ann Chapman 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**

|  |  |   |
|--|--|---|
| <b>19 FILER NAME</b><br>Randy R Roberts          |  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |  | <b>SUBTOTAL AMOUNT</b>                        |
| 1.   | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 1500.00                                    |
| 2.   | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$  |
| 3.   | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.   | SCHEDULE E: LOANS  | \$  |
| 5.   | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 1410.50                                    |
| 6.   | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 7.   | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$  |
| 8.   | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$  |
| 9.   | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$  |
| 10.  | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$  |
| 11.  | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$  |
| 12.  | 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: 1            |
| 2 FILER NAME<br>Randy R Roberts                           |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>9/12/2022                                       | 5 Full name of contributor out-of-state PAC (ID#: _____)<br>Jayme Mathis<br>.....<br>6 Contributor address; City; State; Zip Code<br>[REDACTED] Cibolo TX 78108 | 7 Amount of contribution (\$)<br>500.00 |
| 8 Principal occupation / Job title (See Instructions)     |   | 9 Employer (See Instructions)           |
| Date<br>9/30/22   | Full name of contributor out-of-state PAC (ID#: _____)<br>Jayme Mathis<br>.....<br>Contributor address; City; State; Zip Code<br>[REDACTED] Cibolo TX 78108     | Amount of contribution (\$)<br>1000.00  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)             |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code   | Amount of contribution (\$)             |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)             |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>.....<br>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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>1                              | <b>2</b> FILER NAME<br>Randy R Roberts   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>9/20/2022  | <b>5</b> Payee name<br>1st Source Digital  |  |
| <b>6</b> Amount (\$)<br>544.50                                      | <b>7</b> Payee address;<br>4390 E FM 1518  | City; State; Zip Code<br>Selma TX 78154      |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense  | <b>(b)</b> Description<br>Signs and cards    |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span> |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| Date<br>10/5/2022   | Payee name<br>1st Source Digital   |  |
| Amount (\$)<br>866.00   | Payee address;<br>4390 E FM 1518   | City; State; Zip Code<br>Selma TX 78154      |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Printing Expense   | Description<br>Signs                         |
|   | Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>            |  |
| 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                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>            |  |
| 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**