(512) 463-5800 1-800-325-8506

## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Robert	м R.	OFFICE USE ONLY		
	NICKNAME LAST Schneider	SUFFIX	· Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		Y; STATE; ZIP CODE	'14 JUL 16 PH2:23:1 Date Hand-delivered or Date Postmarked		
Change of Addres CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 512 ) 288-4626	EXTENSION	Receipt # Amount		
<sup>3</sup> CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. Robert NICKNAME LAST Schneider	мі 	Date Imaged		
CAMPAIGN TREASURER ADDRESS (Residence or business	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE 8031 Doe Meadow Drive	:#; сıтy; sтате; Austin Texas	zip code 78749		
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION   ( 512 ) 288-4626				
REPORT TYPE	January 15   30th day before election   Final report (Attach C/OH - FR)   Exceeded \$500 limit     X   July 15   8th day before election   Runoff   15th day after campaign treasurer appointment (officeholder only)     Month   Day   Year   Month   Day   Year				
I ELECTION	01 / 15 / 2014 ELECTION DATE ELECTION TYPE Month Day Year	07 / 15 /			
2 OFFICE	05   08   2010   Primary   Runoff   X   General   Special     OFFICE HELD (if any)   13   OFFICE SOUGHT (if known)   A.I.S.D. Board Trustee, District 7   A.I.S.D. Board Trustee, District 7				
14 NOTICE   •• Direct campaign expenditures are campaign expenditures made by others were campaigners.     OF DIRECT   •• Direct campaign expenditures are campaign expenditures made by others were campaigners.     CAMPAIGN   •• Candidates are required to disclose this information only if they receive notific     EXPENDITURE   Name     Name   Name		penditures made by others without t n only if they receive notification of	he candidate's prior consent or approval. the direct campaign expenditure. ••		
INDIVIDUALS		Code			

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

## CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

15 C/OH NAME 16		<b>16</b> ACCOUNT # (Ethics Commission Filers)		
17 NOTICE FROM POLITICAL	•• This box is for notice of political expenditures 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(S)				
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
<sup>18</sup> CONTRIBUTION TOTALS		L POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00	
EXPENDITURE	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$ 0.00	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1		AY \$ 118.44	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	HE \$	
19 AFFIDAVIT				
passa			perjury, that the accompanying report	
MARGERY ELAINE HOPKINS is true and correct and includes all information required to be reported by				
	Ay Commission Expire	me under Title 15, Election Code.		
Diale of 1545	July 9, 2018	- RlitzSl	le	
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said Kobert K. Schneider, this the 15th day				
of, 20, to certify which, witness my hand and seal of office.				
Signature Stofficer administering oath Printed name of officer administering oath Title of officer administering oath				