Rec'd 4-28-23 3:11 pm

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

/ MRS / MR KNAME DRESS / PO BOD D9 KNOP 78624 EA CODE 12) / MRS / MR RS. KNAME REET ADDRESS D9 KNOP A CODE 12) January 15 D	P SCHOOL RD., F PHONE NUMBER 626-8317 FIRST SHAWN LAST LEHNE (NO PO BOX PLEASE); APT / S		OFFICE Date Received Date Hand-delivere Receipt # Date Processed Date Imaged STATE; X 78624	Iled: USE ONLY d or Date Postmarked Amount \$ ZIP CODE
KNAME DRESS / PO BOD D9 KNOP 78624 EA CODE 12) / MRS / MR RS. KNAME REET ADDRESS D9 KNOP A CODE 12) January 15	CHARLES LAST LEHNE C; APT / SUITE #; P SCHOOL RD., F PHONE NUMBER 626-8317 FIRST SHAWN LAST LEHNE (NO PO BOX PLEASE); APT / S P SCHOOL RD., F PHONE NUMBER 567-4682	B SUFFIX CITY: STATE: ZIP CODE REDERICKSBURG, EXTENSION MI SUFFIX UNTE #: CITY: REDERICKSBURG, TX EXTENSION	Date Received Date Hand-delivere Receipt # Date Processed Date Imaged STATE; X 78624	d or Date Postmarked
DRESS / PO BOX D9 KNOP 78624 EA CODE 12) / MRS / MR RS. KNAME REET ADDRESS D9 KNOP A CODE 12) January 15	LEHNE C: APT / SUITE #: P SCHOOL RD., F PHONE NUMBER 626-8317 FIRST SHAWN LAST LEHNE (NO PO BOX PLEASE): APT / S P SCHOOL RD., F PHONE NUMBER 567-4682	CITY: STATE: ZIP CODE REDERICKSBURG, EXTENSION MI SUFFIX UITE #; CITY: REDERICKSBURG, TX EXTENSION	Date Hand-delivere Receipt # Date Processed Date Imaged STATE; X 78624	Amount \$
D9 KNOP 78624 EA CODE 12) //MRS / MR RS. KNAME REET ADDRESS D9 KNOP A CODE 12) January 15	P SCHOOL RD., F PHONE NUMBER 626-8317 FIRST SHAWN LAST LEHNE (NO PO BOX PLEASE); APT / S P SCHOOL RD., F PHONE NUMBER 567-4682	REDERICKSBURG, EXTENSION MI SUFFIX UITE #; CITY; REDERICKSBURG, TX EXTENSION	Receipt # Date Processed Date Imaged STATE; X 78624	Amount \$
12) /MRS/MR RS. KNAME REET ADDRESS D9 KNOP A CODE 12) January 15	626-8317 FIRST SHAWN LAST LEHNE (NO PO BOX PLEASE); APT / S P SCHOOL RD., F PHONE NUMBER 567-4682	MI SUFFIX UITE #; CITY; REDERICKSBURG, T) EXTENSION	Receipt # Date Processed Date Imaged STATE; X 78624	Amount \$
12) /MRS/MR RS. KNAME REET ADDRESS D9 KNOP A CODE 12) January 15	626-8317 FIRST SHAWN LAST LEHNE (NO PO BOX PLEASE); APT / S P SCHOOL RD., F PHONE NUMBER 567-4682	MI SUFFIX UITE #; CITY; REDERICKSBURG, T) EXTENSION	Receipt # Date Processed Date Imaged STATE; X 78624	Amount \$
RS. KNAME REET ADDRESS D9 KNOP A CODE 12) January 15	SHAWN LAST LEHNE (NO PO BOX PLEASE); APT / S P SCHOOL RD., F PHONE NUMBER 567-4682	SUFFIX UITE #; CITY; REDERICKSBURG, TX EXTENSION	Date Processed Date Imaged STATE; X 78624	
KNAME REET ADDRESS 09 KNOP A CODE 12) January 15	LAST LEHNE (NO PO BOX PLEASE); APT / S P SCHOOL RD., F PHONE NUMBER 567-4682	UITE #; CITY; REDERICKSBURG, TX EXTENSION	Date Imaged STATE; X 78624	ZIP CODE
REET ADDRESS D9 KNOP A CODE 12) January 15	LEHNE (NO PO BOX PLEASE); APT / S P SCHOOL RD., F PHONE NUMBER 567-4682	UITE #; CITY; REDERICKSBURG, TX EXTENSION	state; X 78624	ZIP CODE
09 KNOP A CODE 12) January 15	P SCHOOL RD., F		X 78624	ZIP CODE
12)] January 15	567-4682			
12)] January 15	567-4682		r 1	
	30th day before e			
				fter campaign ppointment er Only)
July 15	8th day before ele	Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
Month	Day Year	Month	Day Yea	r
2	/ 10 / 23	THROUGH 4	/ 28 / 23	
ELECTION DA	TE	ELECTION TYP	E	
th Day	Year Primary	Runoff Other Description		
/6 /	23 General	Special		
D BOAI				
ANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	MAY HAVE REEN MADE WITHOUT THE CA	NDIDATE'S OD OCCIOEUNI	OFOIC MAIONA COOP OF
AITTEE TYPE	COMMITTEE NAME			
GENERAL	COMMITTEE ADDRESS			
SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	······································	
	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
	E HELD (if any) D BOAI D BOAI DIDATE / OFFIC NUT CANDIDATES ITTEE TYPE GENERAL	E HELD (If any) DBOARD TRUSTEE DX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS INDIDATE / OFFICEHOLDER. THESE EXPENDITURES WT. CANDIDATES AND OFFICEHOLDERS ARE REQUI ITTEE TYPE GENERAL GENERAL SPECIFIC COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREA	THE HELD (If any)	E HELD (if any) 13 OFFICE SOUGHT (if known) D BOARD TRUSTEE FISD BOARD TRUSTEE DX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL CONTRIBUTIONES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE O ITTEE TYPE COMMITTEE NAME GENERAL COMMITTEE CAMPAIGN TREASURER NAME

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CHARLES BRIAN LE	HNE	10	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONT PLEDGES, LOANS, OR GUARANTEES CONTRIBUTIONS MADE ELECTRONIC	OF LOANS, OR	\$
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OR (\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPEN	NDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	;	\$ 2,873.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS M/ OF REPORTING PERIOD	AINTAINED AS OF THE LAST [DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OU LAST DAY OF THE REPORTING PERIO		HE \$
	wear, or affirm, under penalty of perjury, that the a uired to be reported by me under Title 15, Election C		nd correct and includes all information
		Signature of Cand	date or Officeholder
	Please complete ei	ither option below:	
(1) Affidavit			
(1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed I 20 23 44, to certify v	perfore me by	BILLIE D. WHALEY	ay of April
NOTARY STAMP/SEAL	before me by but the seal of office	BILLIE D. WHALEY Notary Public, State of Texas	day of <u>1977</u> ,
NOTARY STAMP/SEAL Sworn to and subscribed I 20 23 4, to certify v	before me by which, witness my rand and seal of office ing oath Printed name of afficer admin	BILLIE D. WHALEY Notary Public, State of Texas	
NOTARY STAMP/SEAL Sworn to and subscribed I 20 23 4, to certify v	perfore me by	BILLIE D. WHALEY Notary Public, State of Texas	day of <u>1977</u> ,
NOTARY STAMP/SEAL Sworn to and subscribed I 20 29 49 to certify w Bignature of officer administer 2) Unsworn Declaratio	perfore me by	billie D. WHALEY BILLIE D. WHALEY Notary Public, State of Texas Comm. Expires 03-11-2026 istering faith ID 3011092	day of <u>a gran</u> , Title of officer administering oath
NOTARY STAMP/SEAL Sworn to and subscribed I 20 29 49 to certify w Bignature of officer administer 2) Unsworn Declaratio	pefore me by	billie D. WHALEY BILLIE D. WHALEY Notary Public, State of Texas Comm. Expires 03-11-2026 istering faith ID 3011092	day of <u>a gran</u> , Title of officer administering oath
NOTARY STAMP/SEAL Sworn to and subscribed I 20 2 to certify v Signature of officer administer 2) Unsworn Declaratio Ay name is Ay address is	before me by	this the BILLIE D. WHALEY Notary Public, State of Texas Comm. Expires 03-11-2026 istering only ID 3011092	day of, Title of officer administering oath
NOTARY STAMP/SEAL Sworn to and subscribed I 20 2 to certify v Signature of officer administer 2) Unsworn Declaratio Ay name is Ay address is	before me byvhich, witness my rand and seal of office ing oath Printed name of atticer admin OR n	this the BILLIE D. WHALEY Notary Public, State of Texas Comm. Expires 03-11-2026 istering only ID 3011092	day of, Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

-	RLES BRIAN LEHNE	20 Filer ID (Ethics Co	mmission Fil	ers)
	IEDULE SUBTOTALS NE OF SCHEDULE		SUBT AMC	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	5	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	AL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	\$ 2,8	373.11
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 CONTRIE TO FILER	UTIONS RETURNED	\$	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

		EXPENDITURE CATI	EGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Pol Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office O Polling E Printing I Salaries/	Expense Wages/Contract Labor	Travel In District Travel Out Of Distric	oment & Related Expense
1 Total pages Schedule G	2 FILER NA	ME			3 Filer ID (Ethic	s Commission Filers)
2	CHAR	LES BRIAN LEHI	NE			
⁴ _{Date} 04/25/2023	5 Payee nan FREDE	RICKSBURG STAN	IDARD-	RADIO POST		
6 Amount (\$) 405.00 Reimbursement from political contributions intended		^{dress;} MAIN, FREDERICK	SBURG	^{City;} 6, TX 78624	State;	Zip Code
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this ISING EXPENSE	schedule)	(b) Description NEWSPAPER	AD	
	(c) C	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	expanse
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ate / Officeholder name		Office sought		Office held
Date	Payee nam	∩e				
03/24/2023	HCG S					
Amount (\$)	Payee add	IGNS	FREDE	city; RICKSBURG,	_{State;} TX 78624	Zip Code
Amount (\$) 671.15 Reimbursement from political contributions intended PURPOSE OF	Payee add 603 FM Category	IGNS tress;				Zip Code
Amount (\$) 671.15 Reimbursement from political contributions intended	Payee add 603 FM Category PRINTIN	IGNS fress; I 2093, SUITE 1501, (See Categories listed at the top of this	schedule)	Description		ł
Amount (\$) 671.15 Relmbursement from political contributions intended PURPOSE OF	Payee add 603 FM Category PRINTIN c Candida	IGNS tress; I 2093, SUITE 1501, (See Categories listed at the top of this G EXPENSE	schedule)	Description	TX 78624	ł
Amount (\$) 571.15 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee add 603 FM Category PRINTIN c Candida	IGNS Iress; I 2093, SUITE 1501, (See Categories listed at the top of this G EXPENSE Check if travel outside of Texas. Complete S ate / Officeholder name	schedule)	Description YARD SIGNS	TX 78624	expense
Amount (\$) 671.15 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C	Payee add 603 FM Category PRINTIN Candida /OH	IGNS tress; I 2093, SUITE 1501, (See Categories listed at the top of this G EXPENSE Check if travel outside of Texas. Complete S ate / Officeholder name	schedule)	Description YARD SIGNS	TX 78624	expense
Amount (\$) 671.15 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C	Payee add 603 FM Category PRINTIN C Candida /OH Payee nam HCG SI Payee add	IGNS tress; I 2093, SUITE 1501, (See Categories listed at the top of this G EXPENSE Check if travel outside of Texas. Complete S ate / Officeholder name Te	schedule) Schedule T.	RICKSBURG, Description YARD SIGNS Check if Austir Office sought	TX 78624	expense
Amount (\$) 671.15 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C. Date 04/04/2023 Amount (\$) 311.88 Reimbursement from political contributions	Payee add 603 FM Category PRINTIN Candida /OH Payee nam HCG SI Payee add 603 FM	IGNS tress; I 2093, SUITE 1501, (See Categories listed at the top of this G EXPENSE Check if travel outside of Texas. Complete S ate / Officeholder name The IGNS tress;	Schedule) Schedule T.	RICKSBURG, Description YARD SIGNS Check if Austir Office sought	TX 78624	expense Office held
Amount (\$) 671.15 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C Date 04/04/2023 Amount (\$) 311.88 Reimbursement from political contributions intended PURPOSE OF	Payee add 603 FM Category PRINTIN Candida OH Payee nam HCG SI Payee add 603 FM Category (PRINTIN	IGNS Iress; I 2093, SUITE 1501, (See Categories listed at the top of this G EXPENSE Check if travel outside of Texas. Complete S ate / Officeholder name IGNS Iress; 2093, SUITE 1501, (See Categories listed at the top of this	schedule T.	RICKSBURG, Description YARD SIGNS Check if Austir Office sought City; RICKSBURG, Description YARD SIGNS	TX 78624	expense Office held Zip Code

PERSONAI	L FUND	NDITURES MAI S not applicable, DO NO	I			HEDULE G
		EXPENDITURE CAT	regories	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit CreditCard Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
-		The Instruction Guide exp	lains how to	complete this form.		
Total pages Schedule G: 2					3 Filer ID (Ethics	Commission Filers)
Date 04/12/2023	5 Payee nar HCG S			·		
Amount (\$) 52.08 Reimbursement from political contributions intended	7 Payee ad	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	1000 M	(See Categories listed at the top of th	ls schedule)	(b) Description YARD SIGNS		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	, TX, officeholder living e	хралзе
omplete <u>ONLY</u> if direct xpenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date 04/13/2023	Payee nar HCG S					
Amount (\$)	Payee add 603 FN	^{tress;} I 2093, SUITE 1501	, FREDE	city; ERICKSBURG, 1	_{State;} FX 78624	Zip Code
Reimbursement from political contributions intended		•				
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PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date Arnount (\$) Reimbursement from political contributions intended PURPOSE OF	Category PRINTIN Candid DH Payee nan Payee ado	(See Categories listed at the top of th GEXPENSE Check if travel outside of Texas. Complete ate / Officeholder name	Schedule T.	YARD SIGNS Check if Austin Office sought City; Description		Office held

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