APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

OFFICE USE ONLY

Filer ID #

Date Received

RECEIVED
JAN 27 2021

Date Hand-delivered or Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

2 CANDIDATE NAME

MS / MRS / MR: | FIRST: Juanita | MI: Valarie

NICKNAME: | LAST: Neidig | SUFFIX:

3 CANDIDATE MAILING ADDRESS

ADDRESS / PO BOX: [redacted] | APT / SUITE #: | CITY: Elgin, TX | STATE: | ZIP CODE: 78621

4 CANDIDATE PHONE

AREA CODE | PHONE NUMBER: [redacted] | EXTENSION

5 OFFICE HELD (if any)

EISD Trustee, District 6

6 OFFICE SOUGHT (if known)

EISD Trustee, District 6

7 CAMPAIGN TREASURER NAME

MS/MRS/MR | FIRST: Theresa | MI | NICKNAME | LAST: Gonzales | SUFFIX

8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): [redacted] | APT / SUITE #: | CITY: Elgin, TX | STATE: | ZIP CODE: 78621

9 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER: [redacted] | EXTENSION

10 CANDIDATE SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

Juanita Valarie Neidig — Signature of Candidate

Jan 26, 2021 — Date Signed

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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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: | FIRST: JUANITA | MI: VALARIE

NICKNAME: | LAST: NEIDIG | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: [redacted] | APT / SUITE #: | CITY: Elgin | STATE: TX | ZIP CODE: 78621

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: [redacted] | PHONE NUMBER | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: | FIRST: THERESA | MI:

NICKNAME: | LAST: GONZALES | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): [redacted] | APT / SUITE #: | CITY: Elgin | STATE: TX | ZIP CODE: 78621

8 CAMPAIGN TREASURER PHONE

AREA CODE: [redacted] | PHONE NUMBER | EXTENSION

OFFICE USE ONLY

Date Received

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Receipt # | Amount $

Date Processed

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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: 02 / 12 / 2021 THROUGH Month Day Year: 12 / 31 / 2021

11 ELECTION

ELECTION DATE: Month Day Year: 5 / 01 / 2021

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any): ELGIN ISD SCHOOL BOARD TRUSTEE

13 OFFICE SOUGHT (if known): DISTRICT 6

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ 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: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME JUANITA VALARIE NEIDIG			**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)	$ Ø
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ Ø
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ Ø
	4.	**TOTAL POLITICAL EXPENDITURES**	$ Ø
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ Ø
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

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.

Juanita Valarie Neidig

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

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

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 _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)