CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Carlin	мі R	OFFICE USE ONLY
10.002	NICKNAME	LAST Friar	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	x;	CITY; STATE; ZIP CODE	
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	(210)	PHONE NUMBER 355-9783	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	Ms/MRs/MR Mrs.	FIRST Tiffany	МІ	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed
	- 500 000000000000000000000000000000000	Boerner		Date Imaged
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	133 N. Som	eday Dr., Boerne, T	ΓX 78006	
(Residence or Business)			RE	25 2014
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	A similar
TREASURER PHONE	(210)	415-7474		
	(210)	410-7474	BY	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
	01	/ 17 / 24	THROUGH 06	/ 30 / 24
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	05 / 04	/ 24 General	special <u>Uniform</u>	1
12				
12 OFFICE	OFFICE HELD (if any		13 OFFICE SOUGHT (if known)	
	Boettle 12D	Trustee - Place 1	Boerne ISD Truste	e - Place 1
14 NOTICE FROM POLITICAL COMMITTEE(S)				ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME	V.	
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	TI HOUTE TEL OIT	
15 C/OH NAME Carlin Friar		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 198.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,148.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 439.69
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,111.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$ 36.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 1,750.00
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true juired to be reported by me under Title 15, Election Code.	and correct and includes all information
		- /
	_ Chilling h	ues
(1) Affidavit	Please complete either option below MELANIE RICHARDSON Motary Public, State of Texas My Comm. Exp. 05-21-2026 ID No. 786971-9 ***Coccession*** **Coccession*** **Coccession*** **Complete either option below **MELANIE RICHARDSON **MELA	RECEIVED JUL 25 2024 BY:
Melamio Ya Signature of officer administer	before me by	Title of officer administering oath
(2) Unsworn Declaration	on	
My name is	, and my date of birth is _	
My address is		
Executed in	(street) (city) (st county, State of , on the day of (month)	ate) (zip code) (country), 20 (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics		Commission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,148.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	, ,	\$	
4.	4. SCHEDULE E: LOANS			1,750.00
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			2,111.90
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			2,111.90
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	2. 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 th	is form.	1 Total pages Schedule A1: 2	
2 FILER NAME Carlin Friar			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state P	7 Amount of contribution (\$)		
3-22-24	6 Contributor address; City; 115 Glade Dr., Boerne, TX 78006	State; Zip Code	100.00	
8 Principal occup Insurance Age	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date		AC (ID#:)	Amount of contribution (\$)	
3-30-24	Bryan D'Spain Contributor address; City; 103 W. Cleo Lane, Boerne, TX 780	State; Zip Code	250.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Will Stripling	AC (ID#:)	Amount of contribution (\$)	
4-5-24	Contributor address; City; 31003 Keeneland Dr., Fair Oaks Ra	State; Zip Code anch, TX 78015	100.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	David Spencer	AC (ID#:)	Amount of contribution (\$)	
4-5-24	Contributor address; City;	State; Zip Code	250.00	
149 Kitty Kat Ln., Boerne, TX 78006				
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruct Prytime Medical De	vices	
Principal occupation / Job title (See Instructions) CEO Employer (See Instructions) Prytime Medical Devices Prytime Medical Devices				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				
orms provided by To	was Ethias O		Edition 20	

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Revised 1/1/2024

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: 2			
2 FILER NAME Carlin Friar			3 Filer ID (Ethics Commission Filers)		
4 Date	Full name of contributor out-of-state PAC Tim Bannwolf	; (ID#:)	7 Amount of contribution (\$)		
04/05/2024	6 Contributor address; City; 145 Kitty Kat Ln., Boerne,	State; Zip Code TX 78006	1,000.00		
8 Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
04/07/2024	Contributor address; City; 104 Riverwalk, Boerne,	State; Zip Code TX 78006	250.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct Whitley Penn	ions)		
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)		
		•	101 2 5 2024		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

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

The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Carlin Friar		C - A STATE (CAMES COMMISSION FIELD)			
4 TOTAL OF UN	NITEMIZED LOANS		\$		
5 Date of loan	7 Name of lender ut-of-stat	e PAC (ID#:)	9 Loan Amount (\$)		
3-8-24	Carlin Friar		1,750.00		
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate		
Institution?	213 W. Highland Dr., Boerne,	TX 78006	0		
Y N			11 Maturity date N/A		
	on / Job title (See Instructions)	13 Employer (See Instructions)			
Banker		The Bank and Trust, su	ap		
14 Description of Coll	ateral	15 Check if personal fun	ds were deposited into political		
none		account (See Instruct	tions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	18 Guarantor address; City;				
	18 Guarantor address; City;	State; Zip Code			
not applicable					
20 Principal Occupat		21 Employer (See Instructions)			
Date of loan	Name of lender ut-of-state	PAC (ID#:	Loan Amount (\$)		
Is lender a financial Institution?	Lender address;	2 State; Zip Code	Interest rate		
☐ Y ☐ N			Maturity date		
Principal occupation / Job title (See Instructions)					
Description of Colla	ateral	Check if personal fun	ds were deposited into political		
none		account (See Instruct	cions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupation (See Instructions) Employer (See Instructions)					
If le	ATTACH ADDITIONAL COR nder is out-of-state PAC, please see In	PIES OF THIS SCHEDULE AS NEE estruction guide for additional re	EDED porting requirements.		
ANTHONY DECAMAND AND DESCRIPTION		and the same of th			

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

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)

Revised 1/1/2024

Groun Gurar Byrnerik	The Instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME Carlin Friar		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
3-8-24	Super Cheap Signs				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
1,672.21	9200 Waterford Centre Blvd. # 100, A	ustin, TX 7875	3		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense Campaign Signs				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh		Office sought	Office held		
Date	Payee name	4			
Amount (\$)	Payee name Payee address; Category (See Categories listed at the top of this schedule)	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 NEE	DED		
Forms provided by Texas Ethi	ics Com Docot Forms cs.s		Revised 1/1/2024		

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

	EXP	ENDITURE CAT	TEGORIES	FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	By Gift/Award	erage Expense s/Memorials Expense rices	Office O Polling E Printing	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above) EACH CREDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4: 1	2 FILER NAME Carlin Friar				3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD			\$ 439.69
5 CREDIT CARD ISSUER	Name of financial institut Chase	ion			
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Credit Card Iss	uer Paid
	\$ 1,672.21 3-8-24			4-4-24	
7 PAYEE	(a) Payee name	П	(b) Payee ad		City, State, Zip Code
	Super Cheap Sig	ıns	9200 Wa	aterford Centre E	Blvd. # 100, Austin, TX
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) (b) Description			(b) Description Campaign Sign	
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held			Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Credit Card Iss	
PAYEE	(a) Payee name		(b) Payee add	dress; C	city, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories list	ted at the top of this sched	dule)	(b) Description	JUL & J. L.
Non-Political	(c) Check if travel outs	side of Texas. Complete	e Schedule T.	Check if Aus	itin, TX officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Condidate / Office helder and			Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card Iss	uer Paid
PAYEE	(a) Payee name		(b) Payee add	dress; C	ity, State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories list	ted at the top of this sched	lule)	(b) Description	
Non-Political	(c) Check if travel outs	ide of Texas. Complete	Schedule T.	Check if A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Offi	ce Sought	Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED