

# 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 MI<br><i>Denise</i> <i>L</i><br>NICKNAME LAST SUFFIX<br><i>Riemenschneider</i>                                                                                                                                                                                                                                                                                                                      |                                       | <b>OFFICE USE ONLY</b><br>Date Received<br><br>Date Hand-delivered or Date Postmarked |
|                                                                | 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>3216 Kent Dr. Flower Mound TX 75022<br><input type="checkbox"/> Change of Address                                                                                                                                                                                                                               |                                       |                                                                                                                                                                          |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               | AREA CODE PHONE NUMBER EXTENSION<br>(972) 953-5073                                                                                                                                                                                                                                                                                                                                                                      |                                       | Receipt # Amount \$<br>Date Processed<br>Date Imaged                                                                                                                     |
| 6 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR FIRST MI<br><i>Sherri Harris</i><br>NICKNAME LAST SUFFIX                                                                                                                                                                                                                                                                                                                                                  |                                       |                                                                                                                                                                          |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business)           | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>3220 Kent Dr. Flower Mound TX 75022                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                          |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE PHONE NUMBER EXTENSION<br>(972) 965-7175                                                                                                                                                                                                                                                                                                                                                                      |                                       |                                                                                                                                                                          |
| 9 REPORT TYPE                                                  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 7th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |                                       |                                                                                                                                                                          |
| 10 PERIOD COVERED                                              | Month Day Year    Month Day Year<br>3 / 1 / 18    THROUGH    4 / 27 / 18                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                                                                                                          |
| 11 ELECTION                                                    | ELECTION DATE    ELECTION TYPE<br>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br>5 / 5 / 18 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special                                                                                                                                                                 |                                       |                                                                                                                                                                          |
| 12 OFFICE                                                      | OFFICE HELD (if any)                                                                                                                                                                                                                                                                                                                                                                                                    | 13 OFFICE SOUGHT (if known)           |                                                                                                                                                                          |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

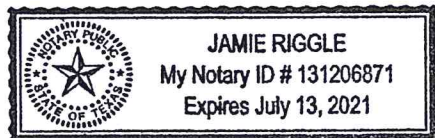
FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Denise Riemenschneider 15 Filer ID (Ethics Commission Filers)

|                                             |                                                                                                                                                                                                                                                                                                                                                                                         |                                   |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 16 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S) | 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                    |
|                                             | <input type="checkbox"/> GENERAL                                                                                                                                                                                                                                                                                                                                                        |                                   |
|                                             | <input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                                                                                                       | COMMITTEE ADDRESS                 |
|                                             |                                                                                                                                                                                                                                                                                                                                                                                         | COMMITTEE CAMPAIGN TREASURER NAME |
| <input type="checkbox"/> Additional Pages   | COMMITTEE CAMPAIGN TREASURER ADDRESS                                                                                                                                                                                                                                                                                                                                                    |                                   |

|                            |                                                                                                                       |            |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------|------------|
| 17 CONTRIBUTION<br>TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$         |
|                            | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 2900.00 |
| EXPENDITURE<br>TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED                                                     | \$         |
|                            | 4. TOTAL POLITICAL EXPENDITURES                                                                                       | \$ 314459  |
| CONTRIBUTION<br>BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$         |
| OUTSTANDING<br>LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$         |

## 18 AFFIDAVIT



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.

Denise Riemenschneider  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Denise Riemenschneider, this the 27<sup>th</sup> day of April, 20 18, to certify which, witness my hand and seal of office.

Jamie Riggle  
Signature of officer administering oath

Jamie Riggle  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*Denise Riemenschneider*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |                                                                                                             |            |
|-----|-------------------------------------------------------------------------------------------------------------|------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 2900.00 |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$         |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$         |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS                                                                  | \$         |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 3144.59 |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$         |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$         |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$         |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 244.59  |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$         |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$         |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$         |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME

Denise Riemenschneider

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Dawn Adams

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

3216 Adams Way Flower Mound TX 75022

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Carl Ho

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

Flower Mound TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kathy Stockhausen

Amount of contribution (\$)

\$150.00

Contributor address;

City; State; Zip Code

Kent Dr. Flower Mound TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

James Britton

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME

Denise Riemenschneider

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Shellie Filkins

6 Contributor address; City; State; Zip Code

2221 Campbellcroft Louisville

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kathy Alexander

Contributor address; City; State; Zip Code

870 N. Peytonville Southlake TX 76092

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Sherri Harris

Contributor address; City; State; Zip Code

3220 Kent Dr Flower Mound TX 75022

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

4-10

Back + Body Chiro

Contributor address; City; State; Zip Code

487 Crockett Louisville TX 75057

Amount of contribution (\$)

\$100

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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

Denise Riemenschneider

3 Filer ID (Ethics Commission Filers)

4 Date

4-15-18

5 Full name of contributor

☐ out-of-state PAC (ID#:

Tamara Spencer-Okalo

6 Contributor address;

City; State; Zip Code

Irving TX

7 Amount of contribution (\$)

\$2000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|                                                              |  |                                                                                                 |  |                                                                                                                                                                                 |  |
|--------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 Total pages Schedule F1: <b>1</b>                          |  | 2 FILER NAME<br><b>Denise Riemenschneider</b>                                                   |  | 3 Filer ID (Ethics Commission Filers)                                                                                                                                           |  |
| 4 Date<br><b>3-9-18</b>                                      |  | 5 Payee name<br><b>Sigma Signs</b>                                                              |  |                                                                                                                                                                                 |  |
| 6 Amount (\$)<br><b>\$2714.37</b>                            |  | 7 Payee address; City; State; Zip Code<br><b>1992 Justin Rd. #200 Highland Village Tx 75077</b> |  |                                                                                                                                                                                 |  |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           |  | (a) Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b>     |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name                                                                   |  | Office sought<br>Office held                                                                                                                                                    |  |
| Date<br><b>3-21-18</b>                                       |  | Payee name<br><b>Tractor Supply</b>                                                             |  |                                                                                                                                                                                 |  |
| Amount (\$)<br><b>240.82</b>                                 |  | Payee address; City; State; Zip Code<br><b>1701 N. Hwy 377 Roanoke TX 76262</b>                 |  |                                                                                                                                                                                 |  |
| <b>PURPOSE OF EXPENDITURE</b>                                |  | Category (See Categories listed at the top of this schedule)<br><b>Fence posts for signs</b>    |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name                                                                   |  | Office sought<br>Office held                                                                                                                                                    |  |
| Date<br><b>3-23-18</b>                                       |  | Payee name<br><b>Active Outlet</b>                                                              |  |                                                                                                                                                                                 |  |
| Amount (\$)<br><b>\$7386</b>                                 |  | Payee address; City; State; Zip Code<br><b>380 E. Bus. 121 H 200 Lewisville TX 75067</b>        |  |                                                                                                                                                                                 |  |
| <b>PURPOSE OF EXPENDITURE</b>                                |  | Category (See Categories listed at the top of this schedule)<br><b>Advertising Exp.</b>         |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name                                                                   |  | Office sought<br>Office held                                                                                                                                                    |  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|                                                                                                 |                                                                                                                                                                                        |                                              |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br><div style="text-align: center; font-size: 1.5em;">2</div> | <b>2</b> FILER NAME<br><div style="font-size: 1.2em;">Denise Riemen Schneider</div>                                                                                                    | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br><div style="font-size: 1.2em;">4-25-18</div>                                   | <b>5</b> Payee name<br><div style="font-size: 1.2em;">Academy</div>                                                                                                                    |                                              |
| <b>6</b> Amount (\$)<br><div style="font-size: 1.2em;">\$125.54</div>                           | <b>7</b> Payee address; City; State; Zip Code<br><div style="font-size: 1.2em;">Flower Mound</div>                                                                                     |                                              |
| <b>8</b><br><br><div style="text-align: center;"><b>PURPOSE<br/>OF<br/>EXPENDITURE</b></div>    | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><div style="font-size: 1.2em;">text for campaign</div>                                                      |                                              |
|                                                                                                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |
| <b>9</b> 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<br/>OF<br/>EXPENDITURE</b>                                                           | Category (See Categories listed at the top of this schedule)                                                                                                                           |                                              |
|                                                                                                 | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> 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                                                                                                                                                   |                                              |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                           | Category (See Categories listed at the top of this schedule)                                                                                                                           |                                              |
|                                                                                                 | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> 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 NEEDED**