# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>1</th>
<th>Filer ID (Ethics Commission Filer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Total pages filed:</td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

### OFFICE USE ONLY

Date Received:

**RECEIVED**

APR 29 2022

City Secretary

Port Aransas, TX

Date Hand-delivered or Date Postmarked:

<table>
<thead>
<tr>
<th>Receipt #</th>
<th>Amount $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date Processed:

4-29-2022

Date Imaged:

4-29-2022

### 3 CANDIDATE / OFFICEHOLDER NAME

- **FIRST NAME:** Mr. Dale
- **MI:** T
- **NICKNAME:** Christian
- **LAST NAME:** son

### 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

- **ADDRESS / PO BOX:** P.O. Box 2416
- **APT / SUITE #:** Port Aransas
- **CITY:** TX
- **STATE:** 78373

### 5 CANDIDATE / OFFICEHOLDER PHONE

- **AREA CODE:** (210)
- **PHONE NUMBER:** 415-8012
- **EXTENSION:**

### 6 CAMPAIGN TREASURER NAME

- **FIRST NAME:** La Wanda
- **MI:**
- **NICKNAME:**
- **LAST NAME:** West

### 7 CAMPAIGN TREASURER ADDRESS

- **STREET ADDRESS:** 415 Bralley
- **APT / SUITE #:**
- **CITY:** Port Aransas
- **STATE:** TX
- **ZIP CODE:** 78373

### 8 CAMPAIGN TREASURER PHONE

- **AREA CODE:** (214)
- **PHONE NUMBER:** 755-6560
- **EXTENSION:**

### 9 REPORT TYPE

- **January 15**
- **30th day before election**
- **Runoff**
- **15th day after campaign treasurer appointment**
- **(Officer/Holder Only)**
- **July 15**
- **6th day before election**
- **Exceeded Modified Reporting Limit**
- **Final Report (Attach C/OH - FR)**

### 10 PERIOD COVERED

- **Month:** 4
- **Day:** 17
- **Year:** 2022
- **THROUGH:**
- **Month:** 4
- **Day:** 29
- **Year:** 2022

### 11 ELECTION

- **ELECTION DATE:** 5/7/2022
- **ELECTION TYPE:**
  - [ ] Primary
  - [X] Runoff
  - [ ] Other Description

### 12 OFFICE

- **OFFICE HELD (if any):**
- **13 OFFICE SOUGHT (if known):**

### 14 NOTICE FROM POLITICAL COMMITTEE(S)

- **NOTICE FROM POLITICAL 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

- [ ] GENERAL
- [ ] SPECIFIC

### COMMITTEE ADDRESS

- **COMMITTEE ADDRESS:
- **COMMITTEE CAMPAIGN TREASURER NAME:
- **COMMITTEE CAMPAIGN TREASURER ADDRESS:

**GO TO PAGE 2**

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020
<table>
<thead>
<tr>
<th>17 CONTRIBUTION TOTALS</th>
<th></th>
<th>16 Filer ID (Ethics Commission Filers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. TOTAL UNITIMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</td>
<td>$ 0</td>
<td></td>
</tr>
<tr>
<td>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td>
<td>$ 100.00</td>
<td></td>
</tr>
<tr>
<td>3. TOTAL UNITIMIZED POLITICAL EXPENDITURE.</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>4. TOTAL POLITICAL EXPENDITURES</td>
<td>$ 482.13</td>
<td></td>
</tr>
<tr>
<td>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</td>
<td>$ 1143.59</td>
<td></td>
</tr>
<tr>
<td>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td>
<td>$ 1300.00</td>
<td></td>
</tr>
</tbody>
</table>

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

FRANCISCA NIXON
My Notary ID # 12989129
STAMPED SIGNED February 8, 2026

Sworn to and subscribed before me by Dale T. Christianson this the 27th day of April

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

Francisco Nixon Francisca Nixon Notary Public

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 , 20 .

Signature of Candidate/Officeholder (Declarant)
<table>
<thead>
<tr>
<th>SCHEDULE NAME</th>
<th>SUBTOTAL AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS</td>
<td>$100.00</td>
</tr>
<tr>
<td>SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$482.13</td>
</tr>
<tr>
<td>SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER</td>
<td>$</td>
</tr>
</tbody>
</table>
### 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/Officelholder/Political Committee
- Credit Card Payment

- Event Expense
- Fees
- Food/Beverage Expense
- Gifts/Souvenirs/Mementos 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.

<table>
<thead>
<tr>
<th>1 Total pages Schedule Ft:</th>
<th>2 FILER NAME</th>
<th>3 Filer ID (Ethics Commission: Filers)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dale T. Christianson</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4 Date</th>
<th>5 Payee name</th>
<th>6 Amount ($)</th>
<th>7 Payee address;</th>
<th>City;</th>
<th>State;</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/12/22</td>
<td>South Jetty</td>
<td>477.13</td>
<td>P.O. Box 1117</td>
<td>Port Aransas</td>
<td>TX</td>
<td>78373</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8 PURPOSE OF EXPENDITURE</th>
<th>(a) Category (See Categories listed at the top of this schedule)</th>
<th>(b) Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Advertising Expense</td>
<td>Ad - 4/28/22 newspaper</td>
</tr>
</tbody>
</table>

(c) □ Check if travel outside of Texas, Complete Schedule T. □ Check if Austin, TX, officelholder living expense

<table>
<thead>
<tr>
<th>9 Complete ONLY if direct expenditure to benefit C/OH</th>
<th>Candidate / Officelholder name</th>
<th>Office sought</th>
<th>Office held</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>Date</th>
<th>Payee name</th>
<th>Payee address;</th>
<th>City;</th>
<th>State;</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/5/22</td>
<td>American Bank</td>
<td>418 S. Alister St.</td>
<td>Port Aransas</td>
<td>TX</td>
<td>78373</td>
</tr>
</tbody>
</table>

**PURPOSE OF EXPENDITURE**

- Category (See Categories listed at the top of this schedule)
- Description

- Accounting/Banking
- Bank Fee

□ Check if travel outside of Texas, Complete Schedule T. □ Check if Austin, TX, officelholder living expense

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

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 8/17/2020
## 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 this form.

<table>
<thead>
<tr>
<th>FILER NAME</th>
<th>Date</th>
<th>Full name of contributor</th>
<th>Out-of-state PAC (ID#)</th>
<th>Amount of contribution ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dale T. Christianson</td>
<td>4/21</td>
<td>Thomas Paikken</td>
<td>1060 Sand Key Dr., PA,</td>
<td>70373</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Principal occupation / Job title (See Instructions)</th>
<th>Employer (See Instructions)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Full name of contributor</th>
<th>Out-of-state PAC (ID#)</th>
<th>Amount of contribution ($)</th>
</tr>
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<tbody>
<tr>
<td></td>
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Principal occupation / Job title (See Instructions)

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</tbody>
</table>

Principal occupation / Job title (See Instructions)

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