#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICEHOLDER OFFICE USE ONLY D NAME Date Received NICKNAME Klapperich 4 CANDIDATE/ ADDRESS / PO BOX; STATE; ZIP CODE **OFFICEHOLDER** 330 Paradise Pointe Drive **MAILING ADDRESS** City Secretary Port Aransas, TX 78373 Port Aransas, TX Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER (361) 445-9033 PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR ΜĪ TREASURER Christopher NAME Date Processed NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE **TREASURER** 330 Paradise Pointe Drive, Post Aranses, TX **ADDRESS** 78373 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE (361) 445-9098 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 01/16/22 04/29/22 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Other Description Day 5/7/22 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME		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 CONTRIBUTIO (OTHER THAN PLEDGES, LOANS, OR		\$ Ø	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPE	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		
	4. TOTAL POLITICAL EXPENDITURE	S	\$ 1,644.33 \$ 1,644.33	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS NO OF REPORTING PERIOD	IAINTAINED AS OF THE LAST D	DAY \$	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL O LAST DAY OF THE REPORTING PERM	UTSTANDING LOANS AS OF TH	#E \$	
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the urired to be reported by me under Title 15, Election	accompanying report is true ar	nd correct and includes all information	
,	ones to be reported by the under Thire 15, Election	Joge.		
		Signature of Candid	date or Officeholder	
	Please complete a	either option below:		
	i lease complete e	ather option below;		
(1) Affidavit				
NOTARY STAMP/SEAL				
Sworn to and subscribed	pefore me by	this the	day of,	
20, to certify v	which, witness my hand and seal of office.			
Signature of officer administer	ng oath Printed name of officer admit	nistering oath	Title of officer administering oath	
	OR			
(2) Unsworn Declaratio	n			
My name is <u>Gar</u>	y Klepperich	_, and my date of birth is	6/27/69	
My address is $330$ $\Omega$		Port Arensus TX	78373 USA	
Executed in Nuece.	(street)	(citv) (state	) (zip code) (country)	
Executed in	County, State of <u>lexas</u> , on the	ne April (month)	20 <b>22</b> (year)	
	-	Aym Man	mil 1	
		Signature of Falling Control	Officeholder (Declarant)	

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	Gary Klepperich 20 Filer ID (Ethics Con	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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 POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$1,644.33
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$1,644,33 \$1,644,33
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 CONTRIBUTIONS RETURNED TO FILER	\$

### **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

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

#### EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Solicitation/Fundmising Expense Office Overhead/Rental Expense Food/Beverage Expense Glft/Awards/Memorials Expense Transportation Equipment & Related Exper Consulting Expense Contributions/Donations Made By Polling Expense Travel In District **Printing Expense** Cendidate/Officeholder/Political Committee Travel Out Of District Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 1.644,33 6 Payee name 2/18/22 Signs on the Cheap State; Zlp Code \$ 673.02 11550 Stonehollow Dr. 576 160 78*7.5*8 TYPE OF Political EXPENDITURE Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Political Yard Signs Advertising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expanse Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Gary Klepperich City Council, Place 4 NIA 3/15/22 Signs on the Cheap Amount (\$) City; Zip Code #610.85 11560 Stone hollow Dr. STE 160 78758 TYPE OF Political EXPENDITURE Non-Political Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF Advertising Expense Political Yard Signs **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Gary Klesserich City Council Place 4 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(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) The Instruction Guide explains how to complete this form. 2 FILERNAME Gary Klepperich 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,644,33 5 Date 6 Payee name 4/6/22 Guif Coast Mailing Service 7 Amount (\$) State; Zlp Code 6901 5, Padre Island Drive, Corpus Christi #170 0 TX 78412 TYPE OF Political Political EXPENDITURE Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Political Banners Advertising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Gary Klepperich City Council, Place 4 H/23/22 Island Wine Amount (\$) Zip Code 1726 TX-361, Soite A #190,46 Port ATENSOS 78373 TYPE OF Political **EXPENDITURE** Non-Political Category (See Categories listed at the top of this schedule) Description PURPOSE Meet & Greet Event Event Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Gary Klepperich City Council, Place 4

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

		EXPENDITURE CAT	EGORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Po Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guido execu-	Office C Polling I Printing Salaries	epsyment/Reimbursement werhead/Rental Expense Expense Expense Expense Expense Expense Expense Expense Expense	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catage	rment & Related Expense
4	T-	The Instruction Guide expl	ains now to	complete this form.		
1 Total pages Schedule 6		Klepperich			3 Filer ID (Ethica	Commission Filers)
4 Date 2/18/22	5 Payee nat	on the Cheap				
6 Amount (\$) \$673.02	7 Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended	11550 5	Hone hollow Dr. 58	160	Austin	TX	78758
8 PURPOSE	(a) Category	(See Categories fisted at the top of this	schedule)	(b) Description		
OF EXPENDITURE	Advert	ising Expense		Political Y	urd Signs	
	(c) (c)	Check if travel outside of Texas. Complete	Schedule T.	Check If Austin,	TX, officeholder living e	xpense
9 Complete ONLY if direct		ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	Gary	Klepperich	cit	y Council, Place	24	MA
Date	Payee nan	ne				
3/15/22	Signs	on The Cheap				
Amount (\$) \$(40.85	Payee add			City;	State;	Zip Code
Reimbursement from political contributions intended	11550 5	bonehollow Dr. 370	160	Listin	TX	78758
PURPOSE	Category	(See Categories listed at the top of this	schedule)	Description	40.0 - 9.20	A
OF EXPENDITURE	Adver	fishing Expense		Political Y	ard Sign:	5
	Check if bravel outside of Texas. Complete Schedule T. Chack if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candida	ite / Officeholder name		Office sought		Office held
expenditure to benefit C/	OH Gery	Klepperich	cit	Council, Plea	e 4	NIA
Date 4/6/22	Payee nam	past Mailing Seri	rice			
Amount (\$)	Payee add	ress,		City;	State;	Zip Code
Reimbursement from	6901 <	Padre Island Drive			-	2.5 0000
political contributions intended	<i>Φ</i> /01 3.	thate I sland bill		Corpus Christi	TX	78412
PURPOSE	Category (	See Categories listed at the top of this s	chadule)	Description		
OF	Awerl	ising Expense		21:1:-1	Banners	
EXPENDITURE				- IONTICAL	UWIN W 3	
		eck if travel outside of Texas. Complete So	hedule T.	Check if Austin, 1	TX, officeholder living ex	pense
omplete <u>ONLY</u> if direct xpenditure to benefit C/OH	A	e / Officeholder name	I	Office sought		Office held
	Gary Kl	epperich	Cit	y Council, Plan	ce 4	NA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gilf/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing 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)

Court Card Fayment	The Instruction Guide explains how t	to complete this form.	,,		
1 Total pages Schedule G:	Gary Klepporich		3 Filer ID (Ethics Commission Filers)		
4 Date 4/23/22	5 Payee name Island Wine				
8 Amount (\$)	7 Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended	1726 TX-361, Suite A	Port Avenses	POTT Druses TX 78373		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Event Expense Meet: Great Event				
9	(C) Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH	Gary Klepperich Cit	ly Council, Place	4 NIA		
Date	Payee name				
Amount (\$)	Payee address;	City:	State; Zip Code		
Reimbursoment from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Chack if Austin	TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
	•				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
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, T	X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					