		CEHOLDER E REPORT			COVE	FORM C/OH R SHEET PG 1
The C/OH Instruction G	uide explains how	o complete this form.	1 Filer ID (Ethic	cs Commission Filers)	2 Total p	bages filed:
3 CANDIDATE / OFFICEHOLDER NAME		William Schneider			O Date Recen	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 1230 Alley-	- 1	city: stati Diumbus T		BY:	FEB 0 5 2024
Change of Address CANDIDATE/ OFFICEHOLDER PHONE	area code (979)73	PHONE NUMBER	EXTE	NSION	Date Hand	delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME		Liska Last Pilsner		SUFFIX	Receipt # Date Proce Date Imag	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS ( 1018 Wins	NO PO BOX PLEASE): APT / S		lleyton	-	tate; zip code K 78935
8 CAMPAIGN TREASURER PHONE	area code (979)73	PHONE NUMBER	EXTE	NSION		
9 REPORT TYPE	January 15	30th day before of 8th day before el	ection	Runoff Exceeded Modified Reporting Limit	tr (C	5th day after campaign easurer appointment officeholder Only) nal Report (Attach C/OH - FR)
10 PERIOD COVERED	Month D1	Day Year	THROUGH	Month 02	Day	Year 2024
11 ELECTION	ELECTION DA Month Day	Year Primary	Runoff	ELECTION TYPE		
12 OFFICE	OFFICE HELD (if any)		and the second sec	ice sought (il know	A	Pct. 3
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITI	CAL EXPENDITURES A	ADE BY POLI	TICAL COMMITTEES TO SUPPORT DFFICEHOLDER'S KNOWLEDGE OR NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS	EASURER NAME			
		COMMITTEE CAMPAIGN TF		S		
		GO TO	PAGE 2			

Forms provided by Texas Ethics Commission

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Revised 1/1/2024

16       C/OH NAME       Ho Filer U (Ethics Contribution file Will ican Kenry Schnei & T         17       CONTRIBUTION TOTALS       1.       TOTAL UNITERIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR QUARANTEES OF LOANS)       \$ [00,00         2.       TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR QUARANTEES OF LOANS)       \$ [00,00         2.       TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR QUARANTEES OF LOANS)       \$ [00,00         EXPENDITURE       3.       TOTAL UNITERIZED POLITICAL EXPENDITURE       \$ 0         2.       TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR QUARANTEES OF LOANS)       \$ [00,00         CONTRIBUTION BALANCE       5.       TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD       \$ [00,00         OUTSTANDING LOAN TOTALS       6.       TOTAL PRINCIPAL MOUNT OF ALL OUTSTANDING LOANS AS OF THE S 0       \$ [00,00         18       SIGNATURE       1 evean, or affirm, under penelty of penjuy, that the accompanying report is true and correct and includes all info required to be reported by me under Tille 15, Election Code.       ####################################			OFFICEHOLDER ANCE REPORT	CC	FORM C/OH OVER SHEET PG 2
TOTALS       PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR       \$ 100,00         CONTRIBUTIONS MADE ELECTRONICALLY       \$ 100,00         EXPENDITURE       3.       TOTAL POLITICAL CONTRIBUTIONS         TOTALS       \$ 0       \$ 000,00         EXPENDITURE       3.       TOTAL UNITEMIZED POLITICAL EXPENDITURE.       \$ 0         CONTRIBUTION       5.       TOTAL POLITICAL EXPENDITURES       \$ 977,61         CONTRIBUTION       5.       TOTAL POLITICAL EXPENDITURES       \$ 977,61         CONTRIBUTION       5.       TOTAL POLITICAL EXPENDITURES       \$ 977,61         CONTRIBUTION       5.       TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY       \$ 100,00         OUTSTANDING       6.       TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE       \$ 0         OUTSTANDING       6.       TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE       \$ 0         18 SIGNATURE       I swear, or affirm, under penalty of pediury, that the accompanying report is two and correct and includes all inforequired to be reported by me under TITIL 15. Election Code.       Which with the dot of the required to be reported by me under TITIL 15. Election Code.         (1) Affidavit       NOTARY STAMP/SEAL       Signature of Condidate or Officeholder         Signature of officer administering cath       Preted name of office.       Tifte of officer administe	15 C/OH NAME	Henry	Schneider I	16 File	er ID (Ethics Commission Filers)
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       \$ 100.05         S 100.05         OUTSTAIDING CONTRIBUTION       5.       TOTAL POLITICAL EXPENDITURES       \$ 100.05         OUTSTAIDING CONTRIBUTION       5.       TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD       \$ 100.05         OUTSTAIDING LOAN TOTALS       6.       TOTAL PRICIPAL MOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ 0         OUTSTAINING LOAN TOTAL         OUTSTAINING LOAN TOTAL         OUTSTAINING LOAN TOTAL         OUTSTAINING LOAN TOTAL         OUTSTAINING LOAN TOTAL PRIVINCIAL AMOUNT OF ALL OUTSTAINDING LOANS AS OF THE \$ 0         OUTSTAINING LOAN TOTAL PRIVINCIAL AMOUNT OF ALL OUTSTAINDING LOANS AS OF THE \$ 0         OUTSTAINING LOAN TOTAL PRIVINCIPAL AMOUNT OF ALL OUTSTAINDING LOANS AS OF THE \$ 0         OUTSTAINING LOAN TOTAL PRIVINCIPAL AMOUNT OF ALL OUTSTAINDING LOANS AS OF THE \$ 0         OUTSTAINTING         OUTSTAINTING         OUTSTAINTONG <td< td=""><td></td><td>1.</td><td>PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR</td><td>THAN</td><td>\$ 100.00</td></td<>		1.	PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR	THAN	\$ 100.00
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CONTRIBUTION BALANCE       5.       TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD       \$ 100.00         OUTSTANDING LOAN TOTALS       6.       TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD       \$ 0         18       SIGNATURE       I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all info required to be reported by me under Title 15. Election Code.       JJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJ		3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ ()
BALANCE       3. DIAL POLITING PERIOD       \$ 100.00         OUTSTANDING LOAN TOTALS       6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD       \$ 0         18 SIGNATURE       I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all info required to be reported by me under Title 15. Election Code.       ####################################		4.	TOTAL POLITICAL EXPENDITURES		\$977,61
LOAN TOTALS       LAST DAY OF THE REPORTING PERIOD       \$ ()         18 SIGNATURE       Iswear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all inforrequired to be reported by me under Title 15, Election Code.		5.		E LAST DAY	\$100.00
required to be reported by me under Title 15. Election Code.		6.		AS OF THE	\$ ()
Signature of Candidate or Officeholder  Please complete either option below:  (1) Affidavit  NOTARY STAMP/SEAL  Swom to and subscribed before me bythis theday 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  (2) Unsworn Declaration  My name is Milliaun H Schneider, and my date of birth is May 10, 1982  My address is 1230 Alleyton Rd, on the 05 day of February (certify which, State of Texas, on the 05 day of February (reart)  Williau A. Mathiad				s true and c	correct and includes all information
Signature of Candidate or Officeholder         Please complete either option below:         (1) Affidavit         NOTARY STAMP/SEAL         Swom to and subscribed before me bythis thethis theday of         20, to certify which, witness my hand and seal of office.         Signature of officer administering oath         The of officer administering oath         One         (2) Unsworn Declaration         My name is MillErun Ht Schweider         (city)         (city)       (city)			Altian H. S	Draiden	<b>1</b>
(1) Affidavit         NOTARY STAMP/SEAL         Sworn to and subscribed before me by					e or Officeholder
NOTARY STAMP / SEAL Sworn to and subscribed before me by			Please complete either option be	elow:	
Sworn to and subscribed before me by	(1) Affidavit				
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 William H Schneider, and my date of birth is May 10, 1982 My address is 1230 Allexton Rd, Columbus, TX, 7834, Columbus, Columbus, TX, 7834, Columbus, Columbus, Columbus, TX, 7834, Columbus, Columbus, Columbus, 20,244 Executed in Colorado, on the 05 day of February, 20,244 William H Schneider, on the 05 day of February, 20,244 William H Schneider, on the 05 day of February, 20,244 William H Schneider, Columbus, C	NOTARY STAMP/SI	EAL			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath OR (2) Unsworn Declaration My name is <u>Millian H Schneider</u> , and my date of birth is <u>May 10, 1982</u> My address is <u>1230 Alleyton Rd</u> , <u>Columbus</u> , <u>TX</u> , <u>78734</u> , <u>Columbus</u> (street) (city) (state) (zip code) (country) Executed in <u>Colorado</u> county, State of <u>Texas</u> , on the <u>05</u> day of <u>February</u> , 20, <u>24</u> . <u>Multim A. Advision</u>				the	day of,
(2) Unsworn Declaration My name is <u>Willfain H Schneider</u> , and my date of birth is <u>May 10, 1982</u> My address is <u>1230 Alleyton Rd</u> , <u>Columbus</u> , <u>TX</u> , <u>78734</u> , <u>Colump</u> (street) Executed in <u>Colorado</u> <u>(street)</u> <u>County, State of Texas</u> , on the <u>05</u> day of <u>February</u> , 20, <u>24</u> <u>(month)</u> (year)	20, to cert	lify which, w	tness my hand and seal of office.		
(2) Unsworn Declaration My name is <u>William H Schneider</u> , and my date of birth is <u>May 10, 1982</u> My address is <u>1230 Alleyton Rd</u> , <u>Columbus</u> , <u>TX, 78934</u> , <u>Colump</u> (street) (city) (state) (zip code) (country) Executed in <u>Colorado</u> <u>County, State of Texas</u> , on the <u>05</u> day of <u>February</u> , 20, <u>24</u> . <u>William H. Schneider</u>	Signature of officer admini	istering oath			Title of officer administering oath
My name is Milliam H Schneider, and my date of birth is May 10, 1982 My address is 1230 Allexton Rd, Columbus, TX, 78734, Columbus, TX, 78734, Columbus, Columbus, TX, 78734, Columbus, Columbus, Columbus, TX, 78734, Columbus, Col	(2) Unsworn Declars	ation	OR		
My address is 1230 Alleyton Ko <u>(street)</u> (street) Executed in <u>Colorado</u> <u>(street)</u> County, State of <u>Texas</u> , on the <u>05</u> day of <u>February</u> , 20 <u>24</u> (morth) (year)	My name is Willia	nHS	chneider, and my date of b	irth is <u>Mc</u>	10,1982
Executed in <u>Colorado</u> County, State of <u>Texas</u> , on the <u>05</u> day of <u>February</u> , 20 <u>24</u> . (year)	My address is <u>1230</u>	Alley	ton Ka Columbul	_, <u>_1X</u> ,	70134, Colurado
Signature of Candidate/Officeholder (Declarant)	Executed in <u>Colora</u>	do	_ County, State of <u>Texas</u> , on the <u>05</u> day of <u>F</u>	ebruary month)	, 20 <u>24</u> (year)
			Signature of C	Candidate/Of	fficeholder (Declarant)

1

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

i

19 FILERNAME Dilliam H Schneider I	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	\$0
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	\$977.61
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ ()
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	s ()

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	EXPI	ENDITURE CAT	EGORIES	FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Po The Instructio	Event Expe Fees Food/Beve je By Gift/Award:	ense rage Expense s/Memorials Expense ices	Loan Rep Office Ov Polling E Printing B	bayment/Reimbursemer verhead/Rental Expensi xpense	e Transporta Travel In D Travel Out Other (ente	istrict Of District er a category	not listed above)	
1 TOTAL PAGES SCHEDULE F4: 2	2 FILER NAME		ler II		·		Commission Filers	
4 TOTAL OF UNITEMIZED E	(PENDITURES CHARGED TO A	CREDIT CARD		<u> </u>	\$0			
5 CREDIT CARD ISSUER	Name of financial institut Synchiany B							
6 PAYMENT	(a) Amount Charged \$ 604.00	(b) Date Expendition	-	(c) Date(s) Credit Ca	rd Issuer Paid 24			
7 PAYEE	(a) Payee name Amazon		(b) Payee ad 410 Te	hry Ale N.	city, Seattle	State,	Zip Code 98179	
8 PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (see Categories in Advertising (c) Check if travel out			(b) Description yard Sig	n Stake	25 holder living e	xpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	کسر ۱۱ ،	Off	fice Sought JP#3		Office Held		
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PAYEE	(a) Payee name Amazon	ļ`~	(b) Payee ad 410 Te	dress; arry Ave N.	city, Sættle	State, WA	Zip Code 98109	
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) (b) Description Advertising expense yourd sign			n stakes	····	·		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	fice Sought	k if Austin, TX, office	holder living	expense	
PAYMENT	(a) Amount Charged	(b) Date Expendit		(c) Date(s) Credit Ci	ard Issuer Paid			
PAYEE	(a) Payee name	<u> </u>	(b) Payee ad	idress;	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories I	isted at the top of this sch	zdule)	(b) Description				
Political Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete ONLY if direct	Candidate / Officeholder	name	Of	fice Sought		Office Held	·	

Forms provided by Texas Ethics Commission

EXPENDITUR	<b>_</b>			-	the report.	SCHEDULE F4
		ENDITURE CAT				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi The Instruction	By Gift/Awards	rage Expense s/Memorials Expense ices	Office Ov Polling E Printing E	Expense Wages/Contra	al Expense Tran Trav Trav act Labor Othe	itation/Fundraising Expense sportation Equipment & Related Expense el In District el Out Of District r (enter a category not listed above) I CREDIT CARD (SSUER
1 TOTAL PAGES	3 FILER NAME				<u> </u>	LER ID (Ethics Commission Filers)
SCHEDULE F4:	William H Sc	hneider I	-			· · · · · · · · · · · · · · · · · · ·
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD			\$	0
5 CREDIT CARD ISSUER	Name of financial instituti	ion				
6 PAYMENT	(a) Amount Charged \$ \$49.(4)	(b) Date Expenditu 01/18/2		(c) Date(s) ( 01	Credit Card Issuer Pa	id
7 PAYEE	(a) Payee name Vistaprint		(b) Payee add 275 U	dress; Jymon	St. Wat	State, Zip Code Thom, Ma, 02451
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis Priviling exper		- tule)	(b) Descript	sign and l	canners
Non-Political	(C) Check if travel out	side of Texas. Complet	e Schedule T.		Check if Austin, TX,	officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	neider ±	_	TP#=	3	Office Held
	1014					
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		(b) Date Expendit	ire Charged (b) Payee ad		Credit Card Issuer Pa	State, Zip Code
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PAYEE PURPOSE OF	\$ (a) Payee name (a) Category (See Categories II:		(b) Payee ad	dress;	City, tion	·
PAYEE PURPOSE OF EXPENDITURE Political	\$ (a) Payee name (a) Category (See Categories III	sted at the top of this sche side of Texas. Complet	(b) Payee ad dule) e Schedule T.	dress;	City, tion	State, Zip Code
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