

**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: (5)
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Chad	MI A
	NICKNAME	LAST Carpenter	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY
	226 Margaret Rd		Boerne TX 78006
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(830)	456-6993	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Paul	MI R
	NICKNAME	LAST White	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #	CITY
	107 Arrowhead Lane		Boerne TX 78006
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(210)	710-6335	
9 REPORT TYPE	<input checked="" 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)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	11	1	2021
THROUGH		Month	Day
THROUGH		1	15
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 3 / 1 / 2022	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		
	NA		
13 OFFICE SOUGHT (if known)	OFFICE HELD (if any)		
	Commissioner Pet 4		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	Vote Chad Carpenter for Kendall County Commissioner Pet 4		
<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		
	226 Margaret Rd Boerne TX 78006		
	COMMITTEE CAMPAIGN TREASURER NAME		
	Paul White		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	107 Arrowhead Lane, Boerne TX 78006		

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**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)	\$ 1950 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1950
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1558
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 392
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 information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day 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

OR

(2) Unsworn Declaration

My name is Chad Carpenter and my date of birth is 05-31-1974
 My address is 226 Margaret Rd Boerne Tx 78006 USA
(street) (city) (state) (zip code) (country)
 Executed in Kendall County, State of TX, on the 18 day of 1, 2022
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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.		1 Total pages Schedule A1: 2
2 FILER NAME Volk Chrb Carpenter for Kinell County Commissioner Post 4		3 Filer ID (Ethics Commission Filers)
4 Date Dec 21 2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lance B. Kyle	7 Amount of contribution (\$) 1000⁰⁰
6 Contributor address; City; State; Zip Code 226 Rosch Lane Boern TX 78006		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 1-14-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd Rutland	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 201 Arista Ct Aledo TX 78008		
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Rutland Chiropractic
Date 1-12-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricky Honke	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 11411 E. Northwest Hwy Dallas TX 75218		
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Honke Chiropractic
Date 1-12-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Max Vise	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code 303 Tree Bark Ln Bay City TX 77573		
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Gateway Chiropractic Bay City, PLLC

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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>John Chad Carpenter for Kendall County Commission</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1-12-2012</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Devin Pettit</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>15 Lochbony Dr, Spring TX 77379</i>		
8 Principal occupation / Job title (See Instructions) <i>Chiropractor</i>		9 Employer (See Instructions)
Date <i>12-31-2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ernest Sweet</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>222 W 27 Compton TX 78013</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12-14-2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Deborah Kesser</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>PO Box 443 Compton TX 78013</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: 1	2 FILER NAME Vote Ched Carpenter for ^{Kenell Carth} Commission ^{Commission Pd 4}	3 Filer ID (Ethics Commission Filers)
4 Date 1-5-2022	5 Payee name Ched Carpenter Circle K Signs	
6 Amount (\$) 1558	7 Payee address; 226A 113 Plant Ave Ste G Brown TX 78006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Equipment	(b) Description Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 Ched Carpenter	Office sought Commission Carth Pd 4
		Office held NA
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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

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