

# 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: 6

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Chad

A

Carpenter

OFFICE USE ONLY

Date Received

2/22/2022 @

3:38 pm

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

226 Margaret Rd Boerne TX 78006

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(830) 456-6993

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Paula

K

White

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

107 Arrowhead Lane Boerne

TX 78006

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 710-6335

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign  
treasurer appointment  
(Officeholder Only)

July 15

8th day before election

Exceeded Modified  
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

1 / 16 / 22

THROUGH

1 / 31 / 22

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 01 / 2022

Primary

Runoff

Other

Description

General

Special

12 OFFICE

OFFICE HELD (if any)

NA

13 OFFICE SOUGHT (if known)

Commissioner Pct 4 Kendall County

14 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 NAME

Vote Chad Carpenter for Kendall County Commissioner Pct. 4

COMMITTEE ADDRESS

226 Margaret Rd Boerne TX 78006

COMMITTEE CAMPAIGN TREASURER NAME

Paula White

COMMITTEE CAMPAIGN TREASURER ADDRESS

107 Arrowhead Lane, Boerne TX 78006

Additional Pages

GO TO PAGE 2

# 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1</b>	2 FILER NAME <i>Vote Chad Cooper for Kendall Cook, Governor 11/4</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1-27-2022</i>	5 Payee name <i>Hill Country Distiller</i>
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6 Amount (\$) <i>385<sup>00</sup></i>	7 Payee address; <i>723 From Street</i>	City; <i>Comfort</i>	State; <i>TX</i>	Zip Code <i>78013</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Mixer Event</i>	(b) Description <i>Drinks</i>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1-27-2022</i>	Payee name <i>Fire House Fare Catering</i>
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Amount (\$) <i>250<sup>00</sup></i>	Payee address; <i>107 Chase Circle</i>	City; <i>Boerm</i>	State; <i>TX</i>	Zip Code <i>78006</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food for mixer</i>	Description <i>Charcuterie Board</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

*Vote Ched Carpenter for Kendall County Commissioner, Pet 4*

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)

\$ *4250<sup>00</sup>*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *4250<sup>00</sup>*

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *635<sup>00</sup>*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *3082<sup>00</sup>*

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

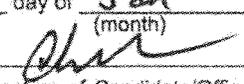
OR

(2) Unsworn Declaration

My name is *Ched Carpenter* and my date of birth is *05-31-1974*

My address is *226 Morgan St* *Boonville* *Mo* *7806* *USA*  
(street) (city) (state) (zip code) (country)

Executed in *Kendall* County, State of *Texas*, on the *31* day of *Jan*, 20 *22*  
(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: <b>#1</b> <b>3</b>
2 FILER NAME <b>Vote Ch. Carpenter For Kendall County Commissioner Pet 4</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-26-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Susan Amini, Minor</b>	7 Amount of contribution (\$) <b>1,000.00</b>
6 Contributor address; City; State; Zip Code <b>8000 IH-10 West Side 705 San Antonio TX 78230</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>Retired</b>
Date <b>1-26-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Caravan Center Chiropractic Health</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>8647 Wulzbach Bldg H San Antonio TX 78240</b>		
Principal occupation / Job title (See Instructions) <b>Chiropractor</b>		Employer (See Instructions) <b>Self</b>
Date <b>1-26-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cayce D Kovacs, John Kovacs</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>105 Milner Ln Comfort TX 78013</b>		
Principal occupation / Job title (See Instructions) <b>Distiller</b>		Employer (See Instructions) <b>Hill Country Distillery</b>
Date <b>1-26-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Janice D. Busby, Russell Busby</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>127 Busby Rd Boern TX 78006</b>		
Principal occupation / Job title (See Instructions) <b>Retiree</b>		Employer (See Instructions) <b>NA</b>

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: <span style="float: right;">#2</span>
2 FILER NAME <i>Voter Check Computer For Kendall County Commissioner Pet 4</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1-26-2021</i>	5 Full name of contributor <i>J. O. Dy. Percebo</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>150<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 1207 Comfort TX 78013</i>		
8 Principal occupation / Job title (See Instructions) <i>US Dept HHS</i>		9 Employer (See Instructions) <i>US Dept HHS</i>
Date <i>1-26-2021</i>	Full name of contributor <i>Thomas E. Ait, Danyse A. Ait</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>50<sup>00</sup></i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>Retiree</i>		Employer (See Instructions) <i>NA</i>
Date <i>1-27-2021</i>	Full name of contributor <i>Dolores J. Steubing</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>1000<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>220 Marquell Rd Boern TX 78026</i>		
Principal occupation / Job title (See Instructions) <i>Retiree</i>		Employer (See Instructions) <i>NA</i>
Date <i>1-27-21</i>	Full name of contributor <i>William Lawser</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>150<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>10929 Beachmont Ln Arshn TX 78739</i>		
Principal occupation / Job title (See Instructions) <i>Chiropractor</i>		Employer (See Instructions) <i>Self</i>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# 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: # 3
2 FILER NAME Vote Chud Carpenter For Kahl/Castro Commission Pet 4		3 Filer ID (Ethics Commission Filers)
4 Date 1-27-2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alayna Pagnani	7 Amount of contribution (\$) 200 <sup>00</sup>
6 Contributor address; City; State; Zip Code 1904 A Brun Street Kansas 42 77019		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1-28-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonathan Goff	Amount of contribution (\$) 500 <sup>00</sup>
Contributor address; City; State; Zip Code 29710 Hwy 281N Bivert TX 78163		
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)
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)

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

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