

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: **9**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	Mr	David	J			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	NICKNAME	LAST	SUFFIX	Date Received		
		Neighbor		1/18/2022 9:24 am		
5 CANDIDATE / OFFICEHOLDER PHONE	[REDACTED]			Date Hand-delivered or Date Postmarked <i>[Signature]</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	
	Ms	Maureen	A	Date Processed		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	NICKNAME	LAST	SUFFIX	Date Imaged		
		Sutherland				
8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	104 Mosswood		Boerne	TX	78006	
9 REPORT TYPE	AREA CODE	PHONE NUMBER	EXTENSION			
	(281)	923-4493				
10 PERIOD COVERED	<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)		
11 ELECTION	Month	Day	Year	Month	Day	Year
	12	11	21	THROUGH	12	31 / 21
12 OFFICE	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	3	1	22	<input type="checkbox"/> General	<input type="checkbox"/> Special	
13 OFFICE SOUGHT (if known)	Justice of the Peace Pct 2 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.					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,150.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,042.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,107.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

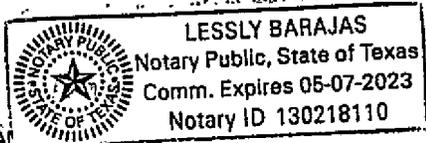
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

David J Neighbor

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by David John Neighbor this the 18 day of January, 2022, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Lessly Barajas Printed name of officer administering oath: Lessly Barajas Title of officer administering oath: Notary Public

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____ (month) _____ (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME David J Neighbor		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,150.00
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	\$ 2,042.58
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 375.00
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	\$

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: 4
2 FILER NAME David J Neighbor		3 Filer ID (Ethics Commission Filers)
4 Date 12/18/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Richard A Eckersley 6 Contributor address; City; State; Zip Code 107 Indian Bluff Boerne TX 78006	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 12/18/2021	Full name of contributor out-of-state PAC (ID#: _____) Donald J Gatto Contributor address; City; State; Zip Code 353 Park Ridge Boerne TX 78006	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/18/2021	Full name of contributor out-of-state PAC (ID#: _____) Cheryl Ratliff Contributor address; City; State; Zip Code 38 Winged Foot Boerne TX 78006	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2021	Full name of contributor out-of-state PAC (ID#: _____) Donald J Amaral Contributor address; City; State; Zip Code 209 Park Ridge Boerne TX 78006	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

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: 4
2 FILER NAME David J Neighbor		3 Filer ID (Ethics Commission Filers)
4 Date 12/18/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Thomas C Hogarth	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 318 Park Ridge Boerne Tx 78008		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 12/18/2021	Full name of contributor out-of-state PAC (ID#: _____) Jack J Eppright	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 3316 Rio Cordillera Boerne TX 78006		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/18/2021	Full name of contributor out-of-state PAC (ID#: _____) Gene N Patton	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 106 Sage Brush Boerne TX 78006		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/20/2021	Full name of contributor out-of-state PAC (ID#: _____) Joseph H Hegyesi	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 50 Muirfield Boerne TX 78006		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
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: 4
2 FILER NAME David J Neighbor		3 Filer ID (Ethics Commission Filers)
4 Date 12/18/2021	5 Full name of contributor out-of-state PAC (ID#: _____) John Kuhlman 6 Contributor address; City; State; Zip Code 210 Park Ridge Boerne TX 78006	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 12/18/2021	Full name of contributor out-of-state PAC (ID#: _____) Patrick Doyle Contributor address; City; State; Zip Code 109 North Star Ct Boerne TX 78006	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) self employed
Date 12/20/2021	Full name of contributor out-of-state PAC (ID#: _____) Charles W Goehringer Contributor address; City; State; Zip Code 562 Clubs Drive Boerne Tx 78006	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/16/2021	Full name of contributor out-of-state PAC (ID#: _____) Elizabeth A Scott Contributor address; City; State; Zip Code 3215 Annandale Rd Falls Church VA22042	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions)
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:

4

2 FILER NAME

David J Neighbor

3 Filer ID (Ethics Commission Filers)

4 Date

12/29/2021

5 Full name of contributor

Ted Kneale

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

114 Rio Cordillera Boerne TX 78006

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

Property manager

9 Employer (See Instructions)

Boerne Flags Management

Date

12/30/2021

Full name of contributor

Edward T Van Reet

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

108 Sunriver Boerne TX 78006

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

12/13/2021

Full name of contributor

David J Neighbor

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

101 Timber View Drive Boerne TX 78006

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME David J Neighbor	3 Filer ID (Ethics Commission Filers)
4 Date 12/30/2021	5 Payee name Bexar Printing	
6 Amount (\$) 2,042.58	7 Payee address; 2034 Windy Trail	City; State; Zip Code San Antonio TX 78232
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign banners, yard signs, business cards, door hangers and magnetic 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 ONLY 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
	(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
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
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

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)

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 G: 1	2 FILER NAME David J Neighbor	3 Filer ID (Ethics Commission Filers)
4 Date 12/11/2021	5 Payee name Kendall County Republican Primary Fund	
6 Amount (\$) 375.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code PO Box 1044 Boerne Tx 78006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Filing fee
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
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, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
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, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
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, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
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, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		

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