

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: 2
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mr	Albert	R
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME	LAST	SUFFIX
	AI	Auxier	
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE
	[REDACTED]		
6 CAMPAIGN TREASURER NAME	AREA CODE	PHONE NUMBER	EXTENSION
	[REDACTED]		
7 CAMPAIGN TREASURER ADDRESS	MS / MRS / MR	FIRST	MI
	Mr	Thomas	D
8 CAMPAIGN TREASURER PHONE	NICKNAME	LAST	SUFFIX
	David	Phillip	
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE		
	409 E. San Antonio Avenue Boerne, Tx 78006		
10 PERIOD COVERED	AREA CODE	PHONE NUMBER	EXTENSION
	(830)	248-1075	
11 ELECTION	<input 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 checked="" 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)		
12 OFFICE	Month	Day	Year
	1	1	24
13 OFFICE SOUGHT (if known)	Month	Day	Year
	6	30	24
14 NOTICE FROM POLITICAL COMMITTEE(S)	ELECTION DATE	ELECTION TYPE	
	Month Day Year	Primary	Runoff
Additional Pages	11	5	24
	<input type="checkbox"/> General <input type="checkbox"/> Special		Other Description
	OFFICE HELD (if any)		
	Kendall County Sheriff		
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		
	GENERAL	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS	

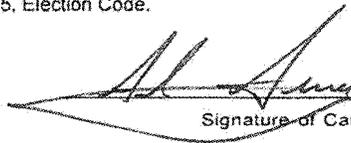
GO TO PAGE 2

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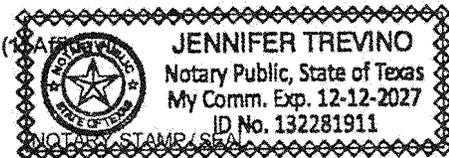
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Albert R. Auxier		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)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	826.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

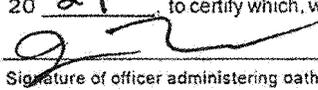
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Al Auxier this the 9 day of July, 2024, to certify which, witness my hand and seal of office.

 Jennife Trevino Admin
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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)