

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Christina Bergmann

15 Filer ID (Ethics Commission Filers)

16 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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$ 150.00

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

\$ 6,180.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 2,237.18

CONTRIBUTION
BALANCE

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

\$ 3,948.60

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT

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.

Christina Bergmann
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christina Bergmann, this the 13 day of Jan, 2020, to certify which, witness my hand and seal of office.

Darlene Herrin
Signature of officer administering oath

Darlene Herrin
Printed name of officer administering oath



Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Christina Bergmann</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,030.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,237.18
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME <i>Christina Bergmann</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8-26-19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jerry Knippa</i> 6 Contributor address; City; State; Zip Code <i>PO Box 104 Boerne Tx 78006</i>	7 Amount of contribution (\$) <i>\$ 200.00</i>
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>N/A</i>
Date <i>9-7-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JANE DOUGLAS</i> Contributor address; City; State; Zip Code <i>4111 Brightwood St. Missouri City, Tx 77459</i>	Amount of contribution (\$) <i>\$ 250.00</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>N/A</i>
Date <i>10-1-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patrick Cochran</i> Contributor address; City; State; Zip Code <i>108 Stage Spgs Boerne Tx 78006</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>
Date <i>9-27-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brydan Moon</i> Contributor address; City; State; Zip Code <i>350 Nueces Ct. Boerne Tx 78006</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>N/A</i>

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME <i>Christina Bergmann</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10-7-19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karly Semenov</i>	7 Amount of contribution (\$) <i>\$ 20.00</i>
6 Contributor address; City; State; Zip Code <i>256 Katie Ct. Boerne Tx 78006</i>		
8 Principal occupation / Job title (See Instructions) <i>Writer</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>11-5-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Randall Bergmann</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address; City; State; Zip Code <i>PO Box 293 Boerne Tx 78006</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>N/A</i>
Date <i>10-29-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Klebster</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address; City; State; Zip Code <i>335 Hwy 46kl. Boerne Tx 78006</i>		
Principal occupation / Job title (See Instructions) <i>Nursery Sales</i>		Employer (See Instructions) <i>Shades of Green</i>
Date <i>11-4-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Clayton Beaser</i>	Amount of contribution (\$) <i>\$ 1,000.00</i>
Contributor address; City; State; Zip Code <i>122 Tuttle Terrell Hills Tx 78209</i>		
Principal occupation / Job title (See Instructions) <i>CNR Operations - Chairman</i>		Employer (See Instructions) <i>CNR Operations</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Christina Bergmann		3 Filer ID (Ethics Commission Filers)
4 Date 12-17-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Serene	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 116 Steel Valley Dr. Boerne, TX 78004	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 12-5-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Quick	Amount of contribution (\$) \$60.00
	Contributor address; City; State; Zip Code 203 Woodland Blvd, Boerne TX 78004	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12-5-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Riddle	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 19 Thunder Valley Rd. Boerne TX 78004	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) SotHuby's
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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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>5</u>
2 FILER NAME <u>Christina Bergmann</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>9-13-19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>David Morgan</u>	7 Amount of contribution (\$) <u>\$1,000.00</u>
6 Contributor address; City; State; Zip Code <u>13527 Bay Orchard Dr. San Antonio TX 78213</u>		
8 Principal occupation / Job title (See Instructions) <u>Exec VP-COO</u>		9 Employer (See Instructions) <u>SBS Const.</u>
Date <u>9-13-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Steve Shiffman</u>	Amount of contribution (\$) <u>\$1,000.00</u>
Contributor address; City; State; Zip Code <u>118 Spring Hill Dr. Boerne TX 78006</u>		
Principal occupation / Job title (See Instructions) <u>President</u>		Employer (See Instructions) <u>SBS Const.</u>
Date <u>12-05-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Steven Keenan</u>	Amount of contribution (\$) <u>\$250.00</u>
Contributor address; City; State; Zip Code <u>213 English Oaks, Boerne TX 78006</u>		
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions) <u>N/A</u>
Date <u>12-15-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>H.F. Kleidler</u>	Amount of contribution (\$) <u>\$150.00</u>
Contributor address; City; State; Zip Code <u>109 Hummingbird Hill, Boerne TX 78006</u>		
Principal occupation / Job title (See Instructions) <u>unknown</u>		Employer (See Instructions) <u>N/A</u>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5

2 FILER NAME Christina Bergmann

3 Filer ID (Ethics Commission Filers)

4 Date
12-8-19

5 Full name of contributor out-of-state PAC (ID#: _____)
George Gligspan
6 Contributor address; City; State; Zip Code
130 Ranger Dr. Boerne Tx 78006

7 Amount of contribution (\$)
\$ 100.00

8 Principal occupation / Job title (See Instructions)
Sales

9 Employer (See Instructions)
FORD

Date
12-8-19

Full name of contributor out-of-state PAC (ID#: _____)
Katherine Moore
Contributor address; City; State; Zip Code
106 Wild Horse Boerne Tx 78006

Amount of contribution (\$)
\$ 100.00

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
N/A

Date
12-8-19

Full name of contributor out-of-state PAC (ID#: _____)
Shelby Bergmann Cardenas
Contributor address; City; State; Zip Code
122 Stablewood Ct. Boerne Tx 78006

Amount of contribution (\$)
\$ 100.00

Principal occupation / Job title (See Instructions)
MANAGER

Employer (See Instructions)
USAA

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)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 3	2 FILER NAME Christina Bergmann	3 Filer ID (Ethics Commission Filers)
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4 Date 10-18-19	5 Payee name Andrew Sloop
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6 Amount (\$) \$ 500.00	7 Payee address; City; State; Zip Code PO Box 15282 San Antonio Tx 78212
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-1-19	Payee name Monarch Trophy
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Amount (\$) 54.13	Payee address; City; State; Zip Code 16227 San Pedro Tr 78232
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-20-19	Payee name United States Postal
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Amount (\$) \$ 55.00	Payee address; City; State; Zip Code 607 E. Blanco Rd. Boerne Tx 78006
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Solicitation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 3	2 FILER NAME Christina Bergmann	3 Filer ID (Ethics Commission Filers)
4 Date 11.4.19	5 Payee name Boerne Printing	
6 Amount (\$) \$69.28	7 Payee address; City; State; Zip Code 904 E. Blanco Boerne Tx 78006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense Advertising Expense Solicitation	(b) Description <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 Office sought Office held	
Date 12.8.19	Payee name HEB	
Amount (\$) \$24.03	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Date 12.8.19	Payee name Dollar Tree	
Amount (\$) \$9.74	Payee address; City; State; Zip Code 13515 Main St. Boerne Tx 78006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Christina Bergmann	3 Filer ID (Ethics Commission Filers)
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4 Date 12-22-19	5 Payee name The Home Depot
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6 Amount (\$) \$ 48.67	7 Payee address; City; State; Zip Code 633 W. Bandera Boerne TX 78006
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Other	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-30-19	Payee name Circle H Signs
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Amount (\$) \$ 1,476.33	Payee address; City; State; Zip Code 113 S. Plant St. Boerne TX 78006
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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