

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: <div style="text-align: center; font-size: 2em; border: 1px solid black; border-radius: 50%; width: 40px; margin: 0 auto;">3</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="font-size: 1.5em; text-align: center;">Christina Bergmann</div> NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received <div style="font-size: 1.5em;">2/13/2020</div> 11-2294 Date Hand-Delivered or Date Postmarked <div style="font-size: 1.2em;">Patrick Johnson</div> Receipt # Amount \$ Date Processed Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <div style="background-color: black; height: 40px; width: 100%;"></div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 20px; width: 100%;"></div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="font-size: 1.5em; text-align: center;">Mr. Patrick Johnson</div> NICKNAME LAST SUFFIX										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE <div style="background-color: black; height: 40px; width: 100%;"></div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 20px; width: 100%;"></div>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" 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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
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10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="font-size: 1.5em; text-align: center;">1 12 20</td> <td></td> <td style="font-size: 1.5em; text-align: center;">2 4 20</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	1 12 20		2 4 20		
Month Day Year	THROUGH	Month Day Year									
1 12 20		2 4 20									
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.5em; text-align: center;">3 3 20</div>	ELECTION TYPE <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) Kendall Co. Comm. Pet. 1	13 OFFICE SOUGHT (if known) Kendall Co. Commissioner Pet 1									

GO TO PAGE 2

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), UNLESS ITEMIZED

\$ 249.00

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

\$ 3,750

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 528.61

CONTRIBUTION
BALANCE

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

\$

OUTSTANDING
LOAN TOTALS

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

\$ 7,418.99

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 13th day of February, 20 13, to certify which, witness my hand and seal of office.

Darlene Herrin

Signature of officer administering oath

DARLENE HERRIN, County Clerk

Printed name of Kendall County, Texas

Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME

CHRISTINA BERGMANNI

3 Filer ID (Ethics Commission Filers)

4 Date

12-31-19

5 Full name of contributor

Richard McPike

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

7 Amount of contribution (\$)

100.00

6 Contributor address:

333 Turkey Knob Boerne Tx 78006

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Ret.

9 Employer (See Instructions)

N/A

Date

12-31-19

Full name of contributor

Catherine Cisneros

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

Amount of contribution (\$)

100.00

Contributor address:

805 Loop 534 # 114 Boerne Tx 78006

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-8-20

Full name of contributor

Berry Jackson

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

Amount of contribution (\$)

200.00

Contributor address:

338 Hickman St. Boerne Tx 78006

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-7-20

Full name of contributor

Robert Klebster

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

Amount of contribution (\$)

500.00

Contributor address:

335 Hwy 46 W. Boerne Tx 78006

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Retail Store Owner

Employer (See Instructions)

Shades of Green

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: 4

2 FILER NAME Christina Bergmann

3 Filer ID (Ethics Commission Filers)

4 Date 1-23-20 5 Full name of contributor out-of-state PAC (ID#: _____)
David Spencer

7 Amount of contribution (\$) \$250.00

6 Contributor address; City; State; Zip Code
149 Kitty Kat Lane Boerne Tx 78006

8 Principal occupation / Job title (See Instructions)
Business Owner

9 Employer (See Instructions)

Date 1-24-20 Full name of contributor out-of-state PAC (ID#: _____)
Carlin Friar

Amount of contribution (\$) 100.00

Contributor address; City; State; Zip Code
125 Cabin Springs Boerne, Tx 78006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 1-20-20 Full name of contributor out-of-state PAC (ID#: _____)
David Brock

Amount of contribution (\$) 500.00

Contributor address; City; State; Zip Code
616 E. Blanco Boerne Tx 78006

Principal occupation / Job title (See Instructions)
Lawyer

Employer (See Instructions)
Self

Date 1-30-20 Full name of contributor out-of-state PAC (ID#: _____)
John Pieper

Amount of contribution (\$) 100.00

Contributor address; City; State; Zip Code
354 Park Rdg. Boerne Tx 78006

Principal occupation / Job title (See Instructions)
Rep.

Employer (See Instructions)
N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

Christina Bergmann

3 Filer ID (Ethics Commission Filers)

4 Date

1-29-20

5 Full name of contributor

Armando Muzquiz

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

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City; State; Zip Code

121 Timber Mt. Dr. Boerne Tx 78006

8 Principal occupation / Job title (See Instructions)

Realtor

9 Employer (See Instructions)

Self

Date

1-29-20

Full name of contributor

Adalberto Camarillo

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

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

4307 Little Ln. Boerne Tx 78006

Principal occupation / Job title (See Instructions)

Ret

Employer (See Instructions)

N/A

Date

1-21-20

Full name of contributor

Robert Lende

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

Amount of contribution (\$)

1,000.00

Contributor address;

City; State; Zip Code

804 Ivy Ln. Boerne Tx 78006

Principal occupation / Job title (See Instructions)

Ret

Employer (See Instructions)

N/A

Date

2-4-20

Full name of contributor

NINA Hodard

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

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

PO Box 1888 Boerne Tx 78006

Principal occupation / Job title (See Instructions)

Tax

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME

Christina Bergmann

3 Filer ID (Ethics Commission Filers)

4 Date

1-23-20

5 Full name of contributor

D. VAN NORMAN

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

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

214 E. Hosack Boerne Tx 78006

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

Ret.

9 Employer (See Instructions)

N/A

Date

Full name of contributor

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

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

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

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

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: <u>2</u>		2 FILER NAME <u>Christian Bergmann</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>1-18-20</u>		5 Payee name <u>Home Depot</u>			
6 Amount (\$) <u>\$26.72</u>		7 Payee address; City; State; Zip Code <u>633 W. Bardena Boerne, Tx 78006</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense Signs</u>		(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	
Date <u>1-17-20</u>		Payee name <u>Home Depot</u>			
Amount (\$) <u>\$16.78</u>		Payee address; City; State; Zip Code <u>633 W. Bardena Boerne, Tx 78006</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Advertising Expense Signs</u>		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	
Date <u>2-3-20</u>		Payee name <u>Postmaster</u>			
Amount (\$) <u>\$300.00</u>		Payee address; City; State; Zip Code <u>607 E. Blanco Boerne, Tx 78006</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Solicitation</u>		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	

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME: Christina Bergmann	3 Filer ID (Ethics Commission Filers)
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4 Date: 2-3-20	5 Payee name: Boerne Printing
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6 Amount (\$): \$ 185.00	7 Payee address; City; State; Zip Code: 904 E. Blanco Boerne TX 78006
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Printing 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	Payee name
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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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Date	Payee name
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED