

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: 22														
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; font-size: small;">FIRST</td> <td style="width:30%; font-size: small;">MI</td> </tr> <tr> <td style="border-top: 1px dashed black; padding-top: 5px;">Christina</td> <td style="border-top: 1px dashed black; padding-top: 5px;">Beremann</td> <td style="border-top: 1px dashed black; padding-top: 5px;"></td> </tr> <tr> <td style="font-size: x-small;">NICKNAME</td> <td style="font-size: x-small;">LAST</td> <td style="font-size: x-small;">SUFFIX</td> </tr> </table>	MS / MRS / MR	FIRST	MI	Christina	Beremann		NICKNAME	LAST	SUFFIX	OFFICE USE ONLY Date Received 1-13-2016 3:18pm RS						
MS / MRS / MR	FIRST	MI															
Christina	Beremann																
NICKNAME	LAST	SUFFIX															
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE <div style="background-color: black; width: 100%; height: 30px;"></div>																
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; width: 100%; height: 30px;"></div>																
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; font-size: small;">FIRST</td> <td style="width:30%; font-size: small;">MI</td> </tr> <tr> <td style="border-top: 1px dashed black; padding-top: 5px;">Mr. Robert</td> <td style="border-top: 1px dashed black; padding-top: 5px;">Lisneros</td> <td style="border-top: 1px dashed black; padding-top: 5px;"></td> </tr> <tr> <td style="font-size: x-small;">NICKNAME</td> <td style="font-size: x-small;">LAST</td> <td style="font-size: x-small;">SUFFIX</td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr. Robert	Lisneros		NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged						
MS / MRS / MR	FIRST	MI															
Mr. Robert	Lisneros																
NICKNAME	LAST	SUFFIX															
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE 236 S. Main St. Boerne Tx 78006																
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (830) 249-9900																
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input 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 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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)						
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<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)														
10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: x-small;">Month</td> <td style="width:25%; font-size: x-small;">Day</td> <td style="width:25%; font-size: x-small;">Year</td> <td style="width:25%;"></td> <td style="width:25%; font-size: x-small;">Month</td> <td style="width:25%; font-size: x-small;">Day</td> <td style="width:25%; font-size: x-small;">Year</td> </tr> <tr> <td style="text-align: center; font-size: 2em;">7</td> <td style="text-align: center; font-size: 2em;">/30/</td> <td style="text-align: center; font-size: 2em;">15</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center; font-size: 2em;">1/</td> <td style="text-align: center; font-size: 2em;">13/</td> <td style="text-align: center; font-size: 2em;">16</td> </tr> </table>			Month	Day	Year		Month	Day	Year	7	/30/	15	THROUGH	1/	13/	16
Month	Day	Year		Month	Day	Year											
7	/30/	15	THROUGH	1/	13/	16											
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: small;">ELECTION DATE</td> <td colspan="2" style="font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: x-small;">Month Day Year</td> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> </tr> <tr> <td style="text-align: center; font-size: 2em;">5 / 1 / 2016</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td></td> <td colspan="2" style="font-size: x-small;">Other Description</td> </tr> </table>			ELECTION DATE	ELECTION TYPE		Month Day Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	5 / 1 / 2016	<input type="checkbox"/> General	<input type="checkbox"/> Special		Other Description			
ELECTION DATE	ELECTION TYPE																
Month Day Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff															
5 / 1 / 2016	<input type="checkbox"/> General	<input type="checkbox"/> Special															
	Other Description																
12 OFFICE	OFFICE HELD (if any) City Council Boerne Tx	13 OFFICE SOUGHT (if known) Kendall County Commissioner Pct. 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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> 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	\$ 427.-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4610.60
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 8921.65
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,921.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 174.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Christina Bergmann, this the 13th day of January, 2013, to certify which, witness my hand and seal of office.

Darlene Herrin
Signature of officer administering oath

DARLENE HERRIN, County Clerk
Kendall County, Texas
Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Christina Bergmann

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,850. ⁻
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 333. ⁶⁰
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	\$ 6,997.34
6.	<input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1,924.31
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: 7

2 FILER NAME
Christina Bergmann

3 Filer ID (Ethics Commission Filers)

4 Date
8.12.15

5 Full name of contributor out-of-state PAC (ID#: _____)
Jerry Knippa

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
Box 104
Boerne Tx 78006

250.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
8.18.15

Full name of contributor out-of-state PAC (ID#: _____)
Art Wilson

Amount of contribution (\$)

Contributor address; City; State; Zip Code
39665 IH-10 West
Boerne Tx 78006

175.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8.15.15

Full name of contributor out-of-state PAC (ID#: _____)
Ron Cisneros

Amount of contribution (\$)

Contributor address; City; State; Zip Code
122 Lehmann St.
Boerne Tx 78006

50.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8.17.15

Full name of contributor out-of-state PAC (ID#: _____)
Ann Bates

Amount of contribution (\$)

Contributor address; City; State; Zip Code
157 Oak Acres Ln.
Boerne Tx 78006

150.-

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

Christina Bergmann

3 Filer ID (Ethics Commission Filers)

4 Date

8-18-15

5 Full name of contributor out-of-state PAC (ID#: _____)

Kathy Kilson

7 Amount of contribution (\$)

175.-

6 Contributor address; City; State; Zip Code

39665 IH-10 West
Boerne Tx 78006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8-22-15

Full name of contributor out-of-state PAC (ID#: _____)

STEVEN KEENAN

Amount of contribution (\$)

250-

Contributor address; City; State; Zip Code

213 English Oaks
Boerne TX 78006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-26-15

Full name of contributor out-of-state PAC (ID#: _____)

DR. BRYAN STUCKEY

Amount of contribution (\$)

250.-

Contributor address; City; State; Zip Code

128 Spring Hill Dr.
Boerne Tx 78006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-14-15

Full name of contributor out-of-state PAC (ID#: _____)

CATHERIN CISNEROS

Amount of contribution (\$)

100.-

Contributor address; City; State; Zip Code

122 Lehman St.
Boerne Tx 78006

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

Christina Bergmann

3 Filer ID (Ethics Commission Filers)

4 Date

11-23-15

5 Full name of contributor out-of-state PAC (ID#: _____)

Mary Mellard

6 Contributor address; City; State; Zip Code

426 Paradise Point
Boerne Tx 78006

7 Amount of contribution (\$)

250.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-19-15

Full name of contributor out-of-state PAC (ID#: _____)

Armando Muequiz

Contributor address; City; State; Zip Code

121 Timbee Mountain Dr.
Boerne Tx 78006

Amount of contribution (\$)

250.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-18-15

Full name of contributor out-of-state PAC (ID#: _____)

Patricia Vertovec

Contributor address; City; State; Zip Code

419 Paradise Point
Boerne Tx 78006

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-10-15

Full name of contributor out-of-state PAC (ID#: _____)

Ron Cisneros

Contributor address; City; State; Zip Code

122 Lehmann St.
Boerne Tx 78006

Amount of contribution (\$)

200.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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: 7

2 FILER NAME
Christina Bergmann

3 Filer ID (Ethics Commission Filers)

4 Date
12.16.15

5 Full name of contributor out-of-state PAC (ID#: _____)
Frances Medaw

6 Contributor address; City; State; Zip Code
PO Box 1287
Boerne Tx 78006

7 Amount of contribution (\$)
100.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
12.16.15

Full name of contributor out-of-state PAC (ID#: _____)
Rose Mary Gilispin

Contributor address; City; State; Zip Code
130 Rangue Dr.
Boerne Tx 78006

Amount of contribution (\$)
50.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12.15.15

Full name of contributor out-of-state PAC (ID#: _____)
Matthew Whitt

Contributor address; City; State; Zip Code
104 Stendebach Pl.
Boerne Tx 78006

Amount of contribution (\$)
50.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12.16.15

Full name of contributor out-of-state PAC (ID#: _____)
Shelly Bergmann-Lardenas

Contributor address; City; State; Zip Code
241 Jordan Pl.
Boerne Tx 78006

Amount of contribution (\$)
150.-

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

Christina Bergmann

3 Filer ID (Ethics Commission Filers)

4 Date

12.16.15

5 Full name of contributor out-of-state PAC (ID#: _____)

Grant Meadows

7 Amount of contribution (\$)

50.-

6 Contributor address; City; State; Zip Code

116 Dawn Dr.
Boerne Tx 78006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12.17.15

Full name of contributor out-of-state PAC (ID#: _____)

TERESA KEENAN

Amount of contribution (\$)

250.-

Contributor address; City; State; Zip Code

213 English Oaks
Boerne Tx 78006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12.17.15

Full name of contributor out-of-state PAC (ID#: _____)

BARBARA CLARK

Amount of contribution (\$)

100.-

Contributor address; City; State; Zip Code

PO Box 536
Boerne Tx 78006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1.6.16

Full name of contributor out-of-state PAC (ID#: _____)

Ron Klootreff

Amount of contribution (\$)

50.-

Contributor address; City; State; Zip Code

113 Creekside Tr.
Boerne Tx 78006

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7**

2 FILER NAME

CHRISTINA BERGMANN

3 Filer ID (Ethics Commission Filers)

4 Date

1-7-16

5 Full name of contributor out-of-state PAC (ID#: _____)

FERNANDO CAMARILLO

7 Amount of contribution (\$)

100.-

6 Contributor address; City; State; Zip Code

**8260 Jameston Sq.
Boerne Tx 78006**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-7-16

Full name of contributor out-of-state PAC (ID#: _____)

Adalberto Camarillo

Amount of contribution (\$)

100.-

Contributor address; City; State; Zip Code

**236 Rolling View Dr.
Boerne Tx 78006**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-7-16

Full name of contributor out-of-state PAC (ID#: _____)

JOE BALLENGER

Amount of contribution (\$)

100.-

Contributor address; City; State; Zip Code

**184 Riverwood
Boerne Tx 78006**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-7-16

Full name of contributor out-of-state PAC (ID#: _____)

THOMAS MATTHEWS II

Amount of contribution (\$)

250.-

Contributor address; City; State; Zip Code

**106 Busby Rd.
Boerne Tx 78006**

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

Christina Berhmann

3 Filer ID (Ethics Commission Filers)

4 Date

1-7-16

5 Full name of contributor

Russell Tisdak

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

7 Amount of contribution (\$)

100.-

6 Contributor address;

City; State; Zip Code

862 Rolling Acres Trails
Fair Oaks TX 78015

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-7-16

Full name of contributor

Russell Voight

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

Amount of contribution (\$)

200.-

Contributor address;

City; State; Zip Code

118 Christen Court
Boerne TX 78006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

~~12-15-15~~

Full name of contributor

~~Matthew Ellett~~

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

104 St

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Christina Bergmann		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 1-7-16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald Cisneros	8 Amount of Contribution \$ 18.95	9 In-kind contribution description Event Supplies
7 Contributor address; City; State; Zip Code 122 Lehmann Boerne, TX 78006		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Insurance		11 Employer (FOR NON-JUDICIAL) (See Instructions) Self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 1-7-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald Cisneros	Amount of Contribution \$ 114.65	In-kind contribution description Food for Event
Contributor address; City; State; Zip Code 122 Lehmann Boerne, TX 78006		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Insurance		Employer (FOR NON-JUDICIAL) (See Instructions) Self	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME CHRISTINA BERGMANN		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12-18-15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Cisneros	8 Amount of Contribution \$ 200-	9 In-kind contribution description Photo's
7 Contributor address; City; State; Zip Code 122 Lehmann Boerne TX 78006		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Insurance		11 Employer (FOR NON-JUDICIAL) (See Instructions) Self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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: 8	2 FILER NAME Christina Bergmann	3 Filer ID (Ethics Commission Filers)
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4 Date 7-20-15	5 Payee name Andrew Slimp
--------------------------	-------------------------------------

6 Amount (\$) 200.-	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) Consulting	(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
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Date 8-9-15	Payee name Andrew Slimp
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Amount (\$) 250.-	Payee address; City; State; Zip Code PO Box 15282 San Antonio Tx 78212
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	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 10-14-15	Payee name Andrew Slimp
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Amount (\$) 250.-	Payee address; City; State; Zip Code PO Box 15282 San Antonio Tx 78212
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	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: 8	2 FILER NAME CHRISTINA BERGMANN	3 Filer ID (Ethics Commission Filers)
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4 Date 11.11.15	5 Payee name Andrew Slimp
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6 Amount (\$) 250.-	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) Consulting - Advertising	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12.18.15	Payee name Andrew Slimp
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Amount (\$) 250.-	Payee address; City; State; Zip Code PO Box 15282 San Antonio Tx 78212
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting - Advertising	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1.12.16	Payee name Andrew Slimp
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Amount (\$) 333.34	Payee address; City; State; Zip Code PO Box 15282 San Antonio Tx 78212
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting - Advertising	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 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

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: 8	2 FILER NAME Christina Berhmann	3 Filer ID (Ethics Commission Filers)
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4 Date 9.24.15	5 Payee name SMV TEXAS
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6 Amount (\$) 450-	7 Payee address; City; State; Zip Code 930 E. Blanco Rd. #200 Boerne Tx 78006
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10.28.15	Payee name SMV TEXAS
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Amount (\$) 350-	Payee address; City; State; Zip Code 930 E. Blanco Rd. #200 Boerne Tx 78006
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11.20.15	Payee name SMV TEXAS
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Amount (\$) 350-	Payee address; City; State; Zip Code 930 E. Blanco Rd. #200 Boerne Tx 78006
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 8	2 FILER NAME Christina Bergmann	3 Filer ID (Ethics Commission Filers)
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4 Date 1-6-16	5 Payee name SMV TEXAS
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6 Amount (\$) 350-	7 Payee address; City; State; Zip Code 930 E. Blanco Rd. #200 Boerne Tx 78006
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-3-15	Payee name Go Daddy
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Amount (\$) 64.01	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Web Page	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-3-15	Payee name Christina Bergmann
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Amount (\$) 189.41	Payee address; City; State; Zip Code PO Box 293 Boerne Tx 78006
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement GamePlan B - Website	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 8	2 FILER NAME Christian Beegmann	3 Filer ID (Ethics Commission Filers)
4 Date 8.14.15	5 Payee name Kendall County Fair Assn.	
6 Amount (\$) 26.	7 Payee address; City; State; Zip Code 1307 River Rd. Boerne Tx 78006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee-Parade	(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 9.4.15	Payee name KJAL-MART	
Amount (\$) 11.60	Payee address; City; State; Zip Code 1381 S. Main St. Boerne Tx 78006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Parade Decorations	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 9.9.15	Payee name M+M Donuts	
Amount (\$) 27.99	Payee address; City; State; Zip Code 1415 E. Blanco Boerne Tx 78006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	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: _____	

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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: 8	2 FILER NAME Christina Bergmann	3 Filer ID (Ethics Commission Filers)
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4 Date 9.29.15	5 Payee name Circle H Signs
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6 Amount (\$) 1,370.45	7 Payee address; City; State; Zip Code 113 S. Plant Ave. Ste G Boerne TX 78006
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Exp. - Signs	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11.25.15	Payee name Boerne Star
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Amount (\$) 200.-	Payee address; City; State; Zip Code 941 N. School St. Boerne TX 78006
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12.18.15	Payee name Rainbow Senior Center
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Amount (\$) 1,000.-	Payee address; City; State; Zip Code PO Box 1039 Boerne TX 78006
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Exp.	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 8	2 FILER NAME Christina Bergmann	3 Filer ID (Ethics Commission Filers)
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4 Date 11.27.15	5 Payee name Rainbow Senior Center
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6 Amount (\$) 100.-	7 Payee address; City; State; Zip Code PO Box 1039 Boerne TX 78006
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Exp	(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 1.11.16	Payee name Kendall County Elections office
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Amount (\$) 5.-	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees Records Ref	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 1.11.16	Payee name Circle H Signs
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Amount (\$) 500.-	Payee address; City; State; Zip Code 113 S. Plant Ave. Ste G Boerne TX 78006
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Signs	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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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: 8	2 FILER NAME Christina Bergmann	3 Filer ID (Ethics Commission Filers)
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4 Date 9.29.15	5 Payee name Christina Bergmann
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6 Amount (\$) 69.54	7 Payee address; City; State; Zip Code PO Box 293 Boerne Tx 78006
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reim. for Party City - KCFR Parade	(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 12.31.15	Payee name Boerne Star
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Amount (\$) 400.-	Payee address; City; State; Zip Code 941 N. School St. Boerne Tx 78006
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 2	2 FILER NAME CHRISTINA BERGMANN	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 11-27-15	6 Payee name CHRISTINA BERGMANN
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7 Amount (\$) 144.92	8 Payee address; City; State; Zip Code PO Box 293 Boerne TX 78006
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Exp.	(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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11 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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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 2	2 FILER NAME Christina Bergmann	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 8.8.15	6 Payee name Andy Slimp
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7 Amount (\$) 666.66	8 Payee address; City; State; Zip Code PO Box 15285 San Antonio TX 78206
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting - to Advertising	(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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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12.8.15	Payee name Circle H Signs
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Amount (\$) 1,112.93	Payee address; City; State; Zip Code 113 S. Plant Ave. G Boerne TX 78006
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising - Signs	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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