

# 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: <b>8</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Charles</b>	MI <b>D</b>
	NICKNAME	LAST <b>Byrn</b>	SUFFIX <b>Jr.</b>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>1954 Denton St., Apt. C Abilene, TX, 79605</b>		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE: <b>(325)</b> PHONE NUMBER: <b>333-8095</b> EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Eric</b>	MI
	NICKNAME	LAST <b>Abercrombie</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>2310 Cicily Ln Abilene, TX 79606</b>		
	8 CAMPAIGN TREASURER PHONE AREA CODE: <b>(325)</b> PHONE NUMBER: <b>338-2917</b> EXTENSION:		
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month Day Year     Month Day Year <b>02 / 15 / 19</b> THROUGH <b>04 / 04 / 19</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>05 / 04 / 19</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <b>Abilene City Council Place 6</b>

**OFFICE USE ONLY**

Date Received

Filed for Record

**APR 04 2019**

Abilene City Secretary

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Charles Byrn 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

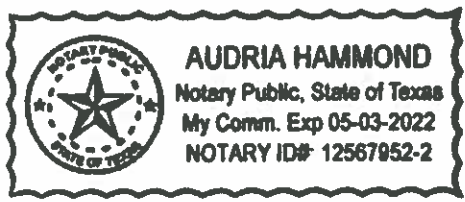
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		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	\$ 140.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,405.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 43.58
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,372.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 817.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



**AUDRIA HAMMOND**  
Notary Public, State of Texas  
My Comm. Exp 05-03-2022  
NOTARY ID# 12567952-2

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.

Charles D. Byrn Jr.  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CHARLES D. BYRN JR., this the 4TH day of APRIL, 20 19, to certify which, witness my hand and seal of office.

Audria Hammond AUDRIA HAMMOND NOTARY PUBLIC  
Signature of officer administering oath 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>Charles Byrn</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	\$ <i>3,050.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>25.00</i>
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	\$ <i>2,329.03</i>
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:

1 of 2

2 FILER NAME

Charles Byrn

3 Filer ID (Ethics Commission Filers)

4 Date

2/23/19

5 Full name of contributor

Winston Ohlhansen

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 500.<sup>00</sup>

6 Contributor address;

City; State; Zip Code

426 Ohlhansen Rd, Abilene, TX, 79606

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/23/19

Full name of contributor

Bob Thomas

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100.<sup>00</sup>

Contributor address;

City; State; Zip Code

100 Shephard Cr, Abilene, TX, 79605

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/19

Full name of contributor

Brad Birtchum

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100.<sup>00</sup>

Contributor address;

City; State; Zip Code

9 Greenthread St, Abilene, TX, 79606

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/19

Full name of contributor

Bruce Kreidler

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 500.<sup>00</sup>

Contributor address;

City; State; Zip Code

517 Lexington, Abilene, TX, 79605

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: **2 of 2**

2 FILER NAME **Charles Byrn**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/8/19**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Terry Smith**

7 Amount of contribution (\$)

**\$1,000.00**

6 Contributor address; City; State; Zip Code  
**13 Hoylake Dr., Abilene, TX, 79606**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**3/8/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Mary Whitten**

Amount of contribution (\$)

**\$250.00**

Contributor address; City; State; Zip Code  
**7810 Saddle Creek Rd, Abilene, TX, 79602**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/11/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Steve Savage**

Amount of contribution (\$)

**\$100.00**

Contributor address; City; State; Zip Code  
**4810 Mary Lou, Abilene, TX, 79606**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/27/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Mike Carter**

Amount of contribution (\$)

**\$500.00**

Contributor address; City; State; Zip Code  
**PO Box 2451, Abilene, TX, 79604**

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: *1 of 1*

2 FILER NAME *Charles Byrn*

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ *0*

5 Date  
*3/1/19*

6 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*SignTex*

7 Contributor address; City; State; Zip Code

*2442 S. 14th St., Abilene, TX, 79605*

8 Amount of Contribution \$

*\$215.00*

9 In-kind contribution description

*Mobile Sign*

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

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  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

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	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: 1 of 2	2 FILER NAME Charles Byrn	3 Filer ID (Ethics Commission Filers)
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4 Date 03/04/19	5 Payee name SignTex
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6 Amount (\$) \$463. <sup>00</sup>	7 Payee address; City; State; Zip Code 2442 S. 14th St., Abilene, TX 79605
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8 <b>PURPOSE OF EXPENDITURE</b>	(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 03/11/19	Payee name Texas Screen Printers
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Amount (\$) \$328. <sup>00</sup>	Payee address; City; State; Zip Code 2617 S. 1st St., Abilene, TX 79605
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<b>PURPOSE OF EXPENDITURE</b>	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 02/28/19	Payee name US Postal Service
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Amount (\$) \$177. <sup>00</sup>	Payee address; City; State; Zip Code 2501 Buffalo Gap Rd, Abilene, TX 79605
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Postal Services	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: <i>2 of 2</i>	2 FILER NAME <i>Charles Byrn</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>03/18/19</i>	5 Payee name <i>SignTex</i>
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6 Amount (\$) <i>\$605.88</i>	7 Payee address; City; State; Zip Code <i>2442 S. 14th St, Abilene, TX 79605</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(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 <i>04/03/19</i>	Payee name <i>SignTex</i>
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Amount (\$) <i>\$755.15</i>	Payee address; City; State; Zip Code <i>2442 S. 14th St., Abilene, TX 79605</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	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	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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