

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT#
(Ethics Commission filers)

2 Total monies filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS/MRS/MR

FIRST

MI

Mr.

Robert

R.

NICKNAME

Rehholder

SUFFIX

OFFICE USE ONLY

Date Received

ADDRESS

Change of Address

4 CANDIDATE /

AREA CODE

PHONE NUMBER

EXTENSION

5 OFFICEHOLDER

Receipt #

Amount

PHONE

(512) 286-4876

Date Processed

6 CAMPAIGN
TREASURER
NAME

Mrs.

Linda

NICKNAME

LAST

Gibeaut

CAMPAIGN

MS/MRS/MR

MRS

Date Imaged

7 CAMPAIGN
TREASURER

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:

CITY: STATE: ZIP CODE

2021 Dec Monday Drive

Austin, Texas 70710

ADDRESS

(RESIDENCE OR BUSINESS)

PERIOD COVERED

10 / 27 / 2014

THROUGH

01 / 15 / 2015

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year

11 / 01 / 2014

Primary

Special

General

Special

12 OFFICE

OFFICE HELD (if any)

A.I.S.D. Board Trustee, District 7

13 OFFICE HELD (if any)

A.I.S.D. Board Trustee, District 7

14 NOTICE

STATE OF TEXAS
COMMISSION ON CAMPAIGN FINANCE

Direct campaign expenditures are campaign expenditures and candidates are required to disclose this information only if they re

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT & TOTALS

COVER SHEET PG 2

17 NOTICE FROM POLITICAL COMMITTEE(S)

This box is for notice of political expenditures 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 DESIRED ADDRESS

18 CONTRIBUTION TOTALS (TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR C...

2. TOTAL POLITICAL C...

EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES	\$ 3307.88
OUTSTANDING LOAN TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5.90
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT



I swear, or affirm to true and correct me under Title 1

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

Robert R. Schneider

4 Date 10/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Schneider 6 Contributor address; City; State; Zip Code 8031 Doe Meadow Drive Austin Texas 78749	7 Amount of contribution (\$) \$765.00	8 In-kind contribution description (if applicable)
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(if travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)	10 Employer (See instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(if travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(if travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(if travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(if travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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POLITICAL EXPENDITURES **SCHEDULE F**

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In-District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Printing Expense | Travel Out-Of District | OTHER (enter a category not listed above) |
| Fees | | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F	2 FILER NAME	3 ACCOUNT # (Ethics Commission Files)
1	Robert R. Schneider	

4 Date	5 Payee name
10/27/2011	Worley Printing
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2259.18	3217 North Interstate 35, Austin, Texas 78722

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Robert R. Schneider	A.I.S.D. District 7 Board	A.I.S.D. District 7 Board
Date	Payee name		
10/27/2011	Worley Printing		

EXPENDITURE	Advertising Expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office
	Robert R. Schneider	A.I.S.D.

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

Date	Payee name