# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

				1		T		
The C/OH Instruction (	Guide explains how	v to comple	ete this form.	1 Filer ID (Ethics	s Commission Filers)	2 Tota	I pages filed	9
3 CANDIDATE/	MS / MRS / MR		FIRST		MI		~==:o==	
OFFICEHOLDER NAME	Mr	Kyl	le		R		OFFICE	SEONLY
INAIVIE	NICKNAME	••••••	LAST	••••••	SUFFIX	Date RQ	erved	82
			humann		001177	1 25	4	19 19 20 27
4 CANDIDATE/	ADDRESS / PO BOX			CITY; STATE	; ZIP CODE	8	CE!	75
OFFICEHOLDER	2107 Stubbs				,	10	ANT S	502 6
MAILING ADDRESS			•			17	UU1 4	PRINCIP 8
Change of Address						/km c	OURCLAIL.	STANAN A
5 CANDIDATE/	AREA CODE	PHONE	NUMBER	EVTEN	CON	100	Citi .	
OFFICEHOLDER				EXTEN	SION	Date Haif	d-delivered or	Date Postmarked
PHONE	(979 )	540-	0744				.8 <b>57</b> 595	
6 CAMPAIGN	MS / MRS / MR		FIRST		MI	Receipt #		Amount \$
TREASURER NAME	Ms.	Da	avie		V	Date Proc	essed	
I WAIVILL	NICKNAME	••••••	LAST	***************************************	SUFFIX	<b>D</b> G.0		
		Fo	orrest			Date Imag	ged	
7 CAMPAIGN	STREET ADDRESS	····		UITE #; CIT	V.		STATE;	772 0005
TREASURER	1		**	ion, Tx, 7784	*	•	SIAIE;	ZIP CODE
ADDRESS		ui O., 0	onogo otat.	1011, 1A, 110-	3			
(Residence or Business)								
8 CAMPAIGN	AREA CODE	PHONE	NUMBER	EXTENS	SION			
TREASURER PHONE	,070	220	0000					
THORE	(979)	229-	0663					
9 REPORT TYPE	Innuary 15	procedurament of	20th day hofare o	I - 4'	**	Probleman 4	File day offer.	
	January 15	Andrew Company	30th day before el	lection	unoff	) . tu	5th day after reasurer appoi	intment
	July 15	American de Constitution de la c	Oth development	·· - Fx	ceeded Modified	\$6004-000000-	Officeholder O	
	J., July 15	1	8th day before ele	Ouom ;	eporting Limit	77	іпаі Кероп (А	ttach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year		Month	Day	Year	
COVERED	7	/1,	/ 22	THROUGH	10	/ 10	/ 22	
11 ELECTION	ELECTION DA	ATE	1		ELECTION TYPE			
" LLLOTTON			Primary	Runoff	Other			
	Month Day	Year			Description			
	11 / 8	<b>/ 22</b>	■ General	Special	*****			
12 OFFICE	OFFICE HELD (if any)		<u> </u>	13 OFFICE	SOUGHT (if known			· · · · · · · · · · · · · · · · · · ·
	Brazos Co Republic	can Precinc	t Chair, Precinct	1	•	•	Memb	er District 5
14 NOTICE FROM							····	
POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. <i>TH</i>	HESE EXPENDITURES	ACCEPTED OR POLITICAL MAY HAVE BEEN MADE RED TO REPORT THIS INFO	WITHOUT THE CAND	IDATE'S OR C	DFFICEHOLDER	S'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTE	<del></del>	RED TO REPORT THIS INF	ORMATION ONLY IF I	HEY RECEIVE	NOTICE OF SU	CH EXPENDITURES.
	GOMMATTEE TIPE	OOMMITTE	T IVANIE					
	GENERAL	COMMITTÉ	E ADDRESS					
Additional Pages	32772.0.12							
,	SPECIFIC	COMMITTE	E CAMPAIGN TREA	ASURER NAME				
	,							
		COMMITTE	E CAMPAIGN TRE	ASURER ADDRESS				
			COTO	DACE 2				
			GO TO I	FAGE 2			**************************************	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

CAMPAIG	N FINANCE REPO	RT	CC	OVER S	SHEET PG 2
15 C/OH NAME Kyle Schumann			16 File	r ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			\$	25.00
	2. TOTAL POLITICAL CON (OTHER THAN PLEDGES,	NTRIBUTIONS LOANS, OR GUARANTEES OF LOA	· ANS)	\$	1,825.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POL	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.			242.90
	4. TOTAL POLITICAL EXP	ENDITURES		\$	1,116.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTR OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF THE	LAST DAY	\$	758.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOU! LAST DAY OF THE REPO	NT OF ALL OUTSTANDING LOANS A	S OF THE	\$	0.00
	Please co	mplete either option be	low:		
	Please co	mplete either option be	low:		
(1) Affidavit					
NOTARY STAMP/SEAL	-				
Sworn to and subscribed	before me by	this	the	day of_	**************************************
20, to certify \	which, witness my hand and seal of offic	ce.			
Signature of officer administer	ring oath Printed name o	of officer administering oath	***************************************	Title of offic	er administering oath
		OR			
(2) Unsworn Declaratio	on				
<sub>My name is</sub> Kyle Schu	ımann	, and my date of birt	h is		
My address is 2107 Stu		Bryan		7807	USA
Executed in Brazos	(street) County, State of Texas	(city)		zip code) . 20 <b>22</b>	(country)

Signature of Candidate/Officeholder (Declarant)

## SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Kyle Schumann	Filer ID (Ethics Commissi	on Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,825.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. SCHEDULE E: LOANS	\$	203.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS \$	1,116.64
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	,
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL COI	NTRIBUTIONS \$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	ISINESS OF C/OH \$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTI	RIBUTIONS \$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED \$	

#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to complete the	nis form.	1 Total pages Schedule A1:
2 FILER NAME Kyle Schu	ımann		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state I Nick Lundquist	PAC (ID#:)	7 Amount of contribution (\$)
09/07/2022	6 Contributor address; City; 290 Junipero Cmn, Fremont,	State; Zip Code	100.00
•	pation / Job title (See Instructions) Strategic Enterprise Solutions	9 Employer (See Instruction Comcast Cable	ions)
Date	Full name of contributor out-of-state f	PAC (ID#:)	Amount of contribution (\$)
09/12/2022	Contributor address; City; 2803 Majestic Prince St., Celi	State; Zip Code	20.00
	pation / Job title (See Instructions) ID Direct Sales	Employer (See Instruction Spectrum Cable	ions)
Date 09/13/2022	Full name of contributor out-of-state if  Anthony Cirillo  Contributor address; City;	PAC (ID#:) State; Zip Code	Amount of contribution (\$) 50.00
	2201 Millpine Dr., Raleigh, NO	C, 27614	
· · · · · · · · · · · · · · · · · · ·	pation / Job title (See Instructions) eless Sales & Developement	Employer (See Instruct Glow Networks, Inc.	
Date	Full name of contributor out-of-state to Tom Walkoviak	PAC (ID#:)	Amount of contribution (\$)
09/22/2022	Contributor address; City;  2023 Polmont Dr., Brya	State; Zip Code	20.00
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Self Employe	· ·	N/A	ions
	ATTACH ADDITIONAL COPIE		

#### SCHEDULE A1

If the reque	sted information is not applicable, <b>DO NOT i</b>	nclude this page in the	report.
The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME  Kyle Schu	ımann		3 Filer ID (Ethics Commission Filers)
4 Date	Aries Fong	AC (fD#:)	7 Amount of contribution (\$)
08/30/2022	6 Contributor address; City; State; Zip Code 500 Pinewood Dr, San Rafael, CA, 97903		100.00
8 Principal occu Account Exec	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 09/02/2022	Full name of contributor out-of-state Particle P	AC (ID#:)	Amount of contribution (\$)
03/02/2022	Contributor address; City; 342 Landsburg Lane, College Station	State; Zip Code	150.00
Principal occup Owner/Partne	ation / Job title (See Instructions)	Employer (See Instruct SLC Capital	ions)
Date 09/06/2022	Chase Schandelmeier	State; Zip Code	Amount of contribution (\$) 40.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct Birds Eye Insurance	•
Date	Full name of contributor out-of-state P/	AC (ID#:)	Amount of contribution (\$)
09/07/2022	Contributor address; City; 1212 PR 4531, Dime Box, Tx,	State; Zip Code	1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED
	ATTACH ADDITIONAL COPIES  If contributor is out-of-state PAC, please see Inst		

### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

			•
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME  Kyle Schu	mann		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA  Dennis Norris	7 Amount of contribution (\$)	
07/30/2022	6 Contributor address; City; P.O. Box 1455, College Station	100.00	
8 Principal occu Self Employe	pation / Job title (See Instructions)	9 Employer (See Instruct Batteries Plus	ions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
08/23/2022	Ricky Blea  Contributor address; City;	State; Zip Code	50.00
	1447 Fincastle Loop, College Statio	n, Tx, 77845	33133
Principal occup Technical Lea	ation / Job title (See Instructions) ad	Employer (See Instruct Atos	ions)
Date	Full name of contributor out-of-state PAC (ID#:)  Jon Howell		Amount of contribution (\$)
08/26/2022	Contributor address; City; State; Zip Code  2034 Dumfries Drive, Bryan, Tx, 77807		50.00
Principal occup Programmer	pation / Job title (See Instructions)	Employer (See Instruct Texas A&M Univers	•
Date		\C (ID#:)	Amount of contribution (\$)
08/29/2022	Kay Biskup  Contributor address; City;	State; Zip Code	20.00
	338 Landsburg Lane, College Station	on, Tx, 77845	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
•			
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

				•
The	Instruction Guide explains how to com	plete this	form.	1 Total pages Schedule A1: 4
<sup>2</sup> FILER NAME Kyle Schu	mann			3 Filer ID (Ethics Commission Filers)
4 Date	Stefen Tucker  CO22  6 Contributor address; City; State; Zip Code 1200 N Gateway Blvd, Apt 5139, Forney, Tx, 75126			7 Amount of contribution (\$)
09/24/2022				50.00
8 Principal occu Farmer	pation / Job title (See Instructions)		Employer (See Instruct  Self	ions)
Date	Full name of contributor out-	of-state PAC	(ID#:)	Amount of contribution (\$)
10/01/2022	Contributor address; Cit 2030 Stubbs Dr., Br	•	State; Zip Code Tx, 77807	30.00
Principal occup Stroker/Surve	eyor		Employer (See Instructi Harding Directional	· ·
Date 10/08/2022	Full name of contributor out-	-of-state PAC	(ID#:)	Amount of contribution (\$)
10/00/2022	Contributor address; City; State; Zip Code  1327 Rogers Ave, Springdale, AR, 76762		20.00	
Principal occup Planner	oation / Job title (See Instructions)		Employer (See Instructi Washington County	
Date	Date Full name of contributor out-of-state PAC (ID#:		(ID#:)	Amount of contribution (\$)
	Contributor address; Cit	у;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
maked, district controlled to the register or transferring of the order transferring				
	ATTACH ADDITIONAL If contributor is out-of-state PAC, please		OF THIS SCHEDULE AS Nuction guide for additional r	

## LOANS

#### SCHEDULE E

If the requested	information is not applicable, DO NO	Finclude this page in the rep	oort.		
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Kyle Schuma	nn				
4 TOTAL OF UN	IITEMIZED LOANS		\$ 203.00		
5 Date of loan	7 Name of lender  ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)		
07/08/2022	Kyle Schumann		50.00		
6 Is lender a financial Institution?	8 Lender address; City; 2107 Stubbs Dr., Bryan, Tx, 77	State; Zip Code	10 Interest rate 0.00		
Y N			11 Maturity date		
•	on / Job title (See Instructions)	13 Employer (See Instructions)			
Project Coord		Viasat			
14 Description of Colla	ateral	Check if personal fund account (See Instruction	ls were deposited into political ons)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	49 Outside Address Char	State: 7in Code			
■ not applicable	18 Guarantor address; City;	State; Zip Code			
		04			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender ☐ out-of-state	PAC (ID#:)	Loan Amount (\$)		
07/02/2022	Kyle Schumann	,	153.00		
ls lender a financial	Lender address; City; 2107 Stubbs Dr,. Bryan, Tx, 77	State; Zip Code	Interest rate 0.00		
Institution?	2107 Stubbs Dr., Bryan, 1X, 17		Maturity date		
Principal occupation Project Coord	on / Job title (See Instructions)	Employer (See Instructions)  Viasat			
Description of Collateral		Check if personal fund account (See Instruct	ds were deposited into political ions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupati	on (See Instructions)	Employer (See Instructions)			
16 10	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE			

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memoriats 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) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kyle Schumann 4 Date 5 Payee name 09/12/2022 Super Cheap Signs 6 Amount (\$) 7 Payee address; State; Zip Code 9200 Waterford Centre Blvd,. Ste 100, Austin, Tx. 78758 610.16 (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense **PURPOSE** Yard Signs OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/08/2022 Vista Print Amount (\$) Payee address: City; State: Zip Code 11 Bonney Ln, Norwood, MA, 02062 263.58 Category (See Categories listed at the top of this schedule) Description Advertising Expense **PURPOSE** Door Hangers OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address: City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED