

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID	2 Total pages filed: 5			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>		
	Charles "CB"					
	NICKNAME	LAST	SUFFIX	Date Received		
		Team		<b>received by Ellie Garcia on January 11, 2023 at 9:01 AM</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered or Date Postmarked		
	PO Box 470123					
	Fort Worth, TX 76147					
		Receipt #	Amount			
		Date Processed				
		Date Imaged				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
	Mr.	Bill				
	NICKNAME	LAST	SUFFIX			
		Tinsley				
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	6421 Camp Bowie Blvd.		Suite 302	Fort Worth	TX	76116
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(817)	737-5000				
8 REPORT TYPE	<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 modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	07	01	2022	THROUGH	12	31
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
				<input type="checkbox"/> General	<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)		
	None					

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 5

<b>13 C / OH NAME</b> Team, Charles "CB"	<b>14 Filer ID</b>
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**15 NOTICE FROM POLITICAL COMMITTEE(S)**  
 Additional Pages

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	<table border="1" style="width:100%"> <tr><td>COMMITTEE TYPE</td><td>COMMITTEE NAME</td></tr> <tr><td>COMMITTEE ADDRESS</td><td></td></tr> <tr><td>COMMITTEE CAMPAIGN TREASURER NAME</td><td></td></tr> <tr><td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td><td></td></tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS	
COMMITTEE TYPE	COMMITTEE NAME								
COMMITTEE ADDRESS									
COMMITTEE CAMPAIGN TREASURER NAME									
COMMITTEE CAMPAIGN TREASURER ADDRESS									

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	10,000.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	284.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	11,908.32
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said candidate, this the 11 day of January, 20 23, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering

Steven Stancukas  
\_\_\_\_\_  
Printed name of officer administering

Notary  
\_\_\_\_\_  
Title of officer administering oath

# SUBTOTALS - C/OH

<b>18 FILER NAME</b> Team, Charles "CB"	<b>19 Filer ID</b>
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<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,000.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 284.00	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/1 Rpt: 4/5
<b>2</b> FILER NAME Team, Charles "CB"		<b>3</b> Filer ID
<b>4</b> Date 11/28/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Will	<b>7</b> Amount of Contribution (\$) \$10,000.00
	<b>6</b> Contributor address; City; State; Zip Code 3712 Potomac Avenue Fort Worth, TX 76107	
<b>8</b> Principal occupation / Job title (See Instructions) Trash Man		<b>9</b> Employer (See Instructions) Pegasus

# POLITICAL EXPENDITURES 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.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 5/5	<b>2</b> FILER NAME Team, Charles "CB"	<b>3</b> Filer ID
<b>4</b> Date 07/27/2022	<b>5</b> Payee name CFO Shield dba: Red Elephant Reports	
<b>6</b> Amount (\$) \$150.00	<b>7</b> Payee address; City; State; Zip Code PO Box 953  Colleyville, TX 76034	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Bookkeeping Services
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/19/2022	Payee name USPS	
Amount (\$) \$67.00	Payee address; City; State; Zip Code Arlington Heights Finance Unit  Fort Worth, TX 76147	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO Box Rental Fee
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 12/16/2022	Payee name USPS	
Amount (\$) \$67.00	Payee address; City; State; Zip Code Arlington Heights Finance Unit  Fort Worth, TX 76147	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO Box Rental Fee
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	