

# 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	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR John	FIRST MI Kerry	<div>OFFICE USE ONLY</div> <div>RECEIVED BY</div> <div>CITY SECRETARY</div> <div>OCT - 3 2019</div>
	NICKNAME LAST Schwartz	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 700 Padre Blvd Ste A South Padre island, TX 78597		ZIP CODE  Date Hand-delivered or Date Postmarked CITY OF SOUTH PADRE ISLAND Receipt # Date Processed Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Bob	MI
	NICKNAME LAST Garlock	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 226 W Carolyn Dr. APT / SUITE #; CITY; South Padre Is STATE; TX ZIP CODE 78597		
7 CAMPAIGN TREASURER PHONE	AREA CODE 956	PHONE NUMBER 279-6367	EXTENSION
8 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)		
9 PERIOD COVERED	Month Day Year 08/01/2019 THROUGH Month Day Year 10/04/2019		
10 ELECTION	ELECTION DATE Month Day Year 11 5 2019		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other
11 OFFICE	OFFICE HELD (if any) Councilman Place 2 South Padre Island		12 OFFICE SOUGHT (if known) Same

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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13 C / OH NAME Schwartz, John

14 Filer ID

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.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1,618.77

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 2,143.01

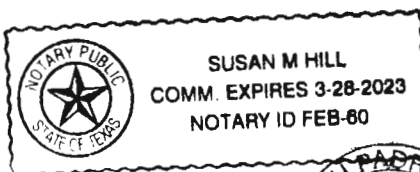
CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

17 AFFADAVIT



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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kerry Schwartz this the 4th day of Oct., 2019, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering/oath

**SUBTOTALS - C/OH****FORM C/OH**  
**COVER SHEET PG 3**

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<b>18 FILER NAME</b> Schwartz, John		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,408.77
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 210.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,143.01
	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
	<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: 1/2 Rpt: 4/11
<b>2</b> FILER NAME Schwartz, John		<b>3</b> Filer ID
<b>4</b> Date 09/07/2019	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____ ) Best, Bill <hr/> <b>6</b> Contributor address; City; State; Zip Code PO Box 3148  South Padre Island, TX 78597	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/21/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Best, Bill <hr/> Contributor address; City; State; Zip Code PO Box 3148  South Padre Island, TX 78597	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Best, Bill <hr/> Contributor address; City; State; Zip Code PO Box 3148  South Padre Island, TX 78597	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campaign to Elect Eva-Jean Dalton <hr/> Contributor address; City; State; Zip Code  South Padre Island, TX 78597	Amount of Contribution (\$) \$508.77
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/03/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fletcher, Norris <hr/> Contributor address; City; State; Zip Code 6 Golf House Rd  Laguna Vista, TX 78578	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/2 Rpt: 5/11
<b>2</b> FILER NAME Schwartz, John		<b>3</b> Filer ID
<b>4</b> Date 09/09/2019	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____ ) Marra, Kori <b>6</b> Contributor address; City; State; Zip Code PO Box 3063  South Padre Island, TX 78597	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/10/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McNulty, Patrick Contributor address; City; State; Zip Code 5813 Padre Blvd  South Padre Island, TX 78597	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meyer, Lavina Contributor address; City; State; Zip Code PO Box 2582  South Padre Island, TX 78597	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A2:  
Sch: 1/1 Rpt: 6/11

**2** FILER NAME  
Schwartz, John

**3** Filer ID

**4** TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

Date  
09/26/2019

**6** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
D'Pizza Joint

Amount of  
contribution (\$)  
\$60.00

**8** In-kind contribution  
description  
5 Pizzas at Meet and  
Greet

**7** Contributor address; City; State; Zip Code  
2413 Padre Blvd

South Padre Island, TX 78597

☐ Check if travel outside of Texas. Complete Schedule T.

**9** Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

**10** 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  
09/30/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Louies Backyard

Amount of  
contribution (\$)  
\$150.00

In-kind contribution  
description  
Food at Party for  
Campaign

Contributor address; City; State; Zip Code  
2305 Laguna Drive South

South Padre Island, TX 78597

☐ 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)

## EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: Sch: 1/5 Rpt: 7/11	2 FILER NAME Schwartz, John	3 Filer ID
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## TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

4 Date 09/20/2019	5 Payee name Home Depot
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6 Amount (\$) \$23.83	7 Payee address; City; State; Zip Code 4551 Padre Island Highway  Brownsville, TX 78521
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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) Advertising 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 Sign Post Materials
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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 09/30/2019	Payee name Just Yard Signs
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Amount (\$) \$265.00	Payee address; City; State; Zip Code  TX
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Yard Signs
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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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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: Sch: 2/5 Rpt: 8/11	2 FILER NAME Schwartz, John	3 Filer ID
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TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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4 Date 09/13/2019	5 Payee name Port Isabel Press	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 525 Maxam Port Isabel, TX 78526	
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) Advertising 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 Newspaper Ad

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/20/2019	Payee name Port Isabel Press	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 525 Maxam Port Isabel, TX 78526	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Newspaper Ad

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: Sch: 3/5 Rpt: 9/11		2 FILER NAME Schwartz, John		3 Filer ID	
TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					\$
4 Date 09/25/2019		5 Payee name Port Isabel Press			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code 525 Maxam  Port Isabel, TX 78526			
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) Advertising 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 Newspaper Ad	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/03/2019		Payee name Port Isabel Press			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 525 Maxam  Port Isabel, TX 78526			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising 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 Newspaper Ad	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: Sch: 4/5 Rpt: 10/11	2 FILER NAME Schwartz, John	3 Filer ID
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TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

4 Date 09/11/2019	5 Payee name Sea Ranch Restaurant	
6 Amount (\$) \$345.57	7 Payee address; City; State; Zip Code 33330 State Park Rd 100  South padre Island, TX 78597	
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) Event 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 Food and Beverage

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/17/2019	Payee name Southerlands	
Amount (\$) \$70.25	Payee address; City; State; Zip Code  TX	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Sign Posts and material

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: Sch: 5/5 Rpt: 11/11		2 FILER NAME Schwartz, John		3 Filer ID	
TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					\$
4 Date 09/13/2019		5 Payee name Toucan Graphics			
6 Amount (\$) \$188.36		7 Payee address; City; State; Zip Code 14725 S Padre sland Drive  Corpus Christi, TX 78418			
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) Advertising 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 Stickers for Campaign Signs	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	