

# 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: <p style="text-align:center;">7</p>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Keith	MI
	NICKNAME	LAST Muncey	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 447  San Angelo, TX 76902		ZIP CODE
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Timothy	MI
	NICKNAME	LAST Reid	SUFFIX
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6005 Westminster San Angelo, TX 76901		
	AREA CODE	PHONE NUMBER	EXTENSION
7 CAMPAIGN TREASURER PHONE	(325) 245-7793		
	8 REPORT TYPE		
<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
		<input type="checkbox"/> Final Report (Attach C/OH-FR)	
9 PERIOD COVERED	Month	Day	Year
	12/20/2019	THROUGH	12/31/2019
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
03/03/2020		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
			Sheriff of Tom Green County

CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 7

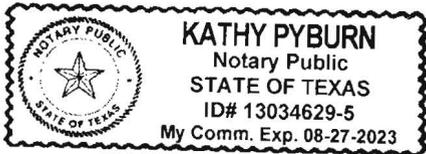
13 C / OH NAME Muncey, Keith	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL  <input type="checkbox"/> 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	\$ 75.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,925.00
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 33.00
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,675.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFADAVIT

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.



*Keith Muncey*  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Keith Muncey, this the 27<sup>th</sup> day of Jan., 2020, to certify which, witness my hand and seal of office.

*Kathy Pyburn*      Kathy Pyburn

JAN 27 2020

**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: 5/7
<b>2</b> FILER NAME Muncey, Keith		<b>3</b> Filer ID
<b>4</b> Date 12/30/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacy, Betty	<b>7</b> Amount of Contribution (\$)  \$100.00
	<b>6</b> Contributor address; City; State; Zip Code 7601 Chaparral Run  San Angelo, TX 76901	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
<b>Date</b> 12/20/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, Ilka	<b>Amount of Contribution (\$)</b>  \$150.00
	<b>Contributor address; City; State; Zip Code</b> 10560 Southwest Waterway Ln  Port St. Lucie, TX 34987	
<b>Principal occupation / Job title (See Instructions)</b> Doctor		<b>Employer (See Instructions)</b> St. Lucie Medical Center
<b>Date</b> 12/20/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Timothy and Sally	<b>Amount of Contribution (\$)</b>  \$500.00
	<b>Contributor address; City; State; Zip Code</b> 6005 Westminister Lane  San Angelo, TX 76901	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>
<b>Date</b> 12/30/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Uherik, Beth	<b>Amount of Contribution (\$)</b>  \$200.00
	<b>Contributor address; City; State; Zip Code</b> 3330 Canyon Creek  San Angelo, TX 76904	
<b>Principal occupation / Job title (See Instructions)</b> Owner		<b>Employer (See Instructions)</b> Pro Auto Supply

JAN 27 2020

# 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: 6/7	
2 FILER NAME Muncey, Keith		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/30/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Trisha 7 Contributor address; City; State; Zip Code 27 Southridge Dr. San Angelo, TX 76904	8 Amount of contribution (\$) \$250.00	9 In-kind contribution description Host dinner event at her residence  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		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)			

JAN 27 2020

**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: 4/7
<b>2</b> FILER NAME Muncey, Keith		<b>3</b> Filer ID
<b>4</b> Date 12/30/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Binns, Linda	<b>7</b> Amount of Contribution (\$)  \$100.00
	<b>6</b> Contributor address; City; State; Zip Code 3617 Old Post Ct.  San Angelo, TX 76904	
<b>8</b> Principal occupation / Job title (See Instructions) Fin Analst		<b>9</b> Employer (See Instructions) Housely Communication
Date 12/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown , Emma	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code 21773 Toe Nail Trail  Christoval, TX 76935	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Healy, Matt or Leslie	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code PO Box 60711  San Angelo, TX 76906	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Healy Realtor
Date 12/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Ricky or Trisha	Amount of Contribution (\$)  \$2,500.00
	Contributor address; City; State; Zip Code 27 Southridge Dr  San Angelo, TX 76904	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kotrla, Blossom	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code 6186 Allen Lane  Christoval, TX 76935	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**SUBTOTALS - C/OH**

**JAN 27 2020**

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

3 of 7

<b>18 FILER NAME</b> Muncey, Keith	<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	\$ 4,675.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 250.00
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 type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 33.00
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	\$

JAN 27 2020

**POLITICAL EXPENDITURES FROM PERSONAL FUNDS**

**SCHEDULE G**

**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 G: Sch: 1/1 Rpt: 7/7		2 FILER NAME Muncey, Keith		3 Filer ID	
4 Date 12/27/2019		5 Payee name US Postal Service			
6 Amount (\$) \$33.00  <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1 North Abe Street  San Angelo, TX 76902			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) PO Box rental		(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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought                      Office held	