

# 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>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <div style="text-align: center; font-size: 24px; font-weight: bold;">5</div>			
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="radio"/> MR	FIRST <div style="text-align: center; font-size: 18px; font-weight: bold;">CHRISTOPHER</div>	MI <div style="text-align: center; font-size: 18px; font-weight: bold;">J</div>	OFFICE USE ONLY		
	NICKNAME	LAST <div style="text-align: center; font-size: 18px; font-weight: bold;">ROOF</div>	SUFFIX		Date Received	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					
	5500 LAWSBERRY DR FORT WORTH, TX 76137					
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
	( )					
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="radio"/> MR	FIRST <div style="text-align: center; font-size: 18px; font-weight: bold;">CHRISTOPHER</div>	MI <div style="text-align: center; font-size: 18px; font-weight: bold;">J</div>	Receipt #		
	NICKNAME	LAST <div style="text-align: center; font-size: 18px; font-weight: bold;">ROOF</div>	SUFFIX	Amount \$		
Date Processed						
Date Imaged						
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
	SAME AS ABOVE					
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	( )					
<b>9</b> 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)					
<b>10</b> PERIOD COVERED	Month	Day	Year	Month	Day	Year
01 / 18 / 2017 THROUGH 04 / 06 / 2017						
<b>11</b> ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
05 / 06 / 2017			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
<b>12</b> OFFICE	OFFICE HELD (if any)			OFFICE SOUGHT (if known)		
	NONE			KELLER ISS BOARD OF TRUSTEES PLACE 4		

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME ROOF, CHRISTOPHER J. 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS


Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 10.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 627.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF 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

18 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.

Christopher J Roof  
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christopher J Roof, this the 17th day of April, 20 17, to certify which, witness my hand and seal of office.

Sallie W Ward Signature of officer administering oath  
Sallie W Ward Printed name of officer administering oath  
Notary Public Title of officer administering oath

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 10.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 627.09
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>ROOF, CHRISTOPHER J.</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>10.00</u>	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SHELIA FRANKLIN</u>	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code <u>12844 MOURNING DOVE LN FORT WORTH TX 76244</u>	<u>10.00</u>	<u>PRINTING</u>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		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)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> 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)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G:	<b>2</b> FILER NAME <i>CHRISTOPHER J. ROOF</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3/5/2017</i>	<b>5</b> Payee name <i>SIGNS ON THE CHEAP</i>	
<b>6</b> Amount (\$) <i>374.65</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>11525A STONEHOLLOW DR., SUITE 100, AUSTIN, TX 78758</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	<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
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>3/26/2017</i>	Payee name <i>STAPLES</i>	
Amount (\$) <i>122.54</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>8000 DEXTER HWY SUITE 108; WATHUGA, TX 76148</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>3/27/2017</i>	Payee name <i>JON PAUL'S PRINT SHOP</i>	
Amount (\$) <i>129.90</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>2131 ROFE SNOW STE 100 KELLER, TX 76248</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED