

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 (Ethics Commission Filers)

2 Total pages filed: **3**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Ms.
NICKNAME

Christine
LAST

E.
SUFFIX

Sederquist

OFFICE USE ONLY

Date Received

RECEIVED

JAN 09 2020

Scratch

Date Hand-delivered or Date Postmarked

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1428 Bovina Dr.

Leander, TX 78641

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

921-9181

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Ms.
NICKNAME

Christine
LAST

E.
SUFFIX

Sederquist

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1428 Bovina Dr.

Leander

TX

78641

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

921-9181

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

07 / 01 / 2019

THROUGH

Month

Day

Year

12 / 31 / 2019

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Leander, City Council, Place 4

13 OFFICE SOUGHT (if known)

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