

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 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Charles

R.

NICKNAME

LAST

SUFFIX

Shirley

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE; ZIP CODE

Spring, Texas 77386

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Ms.

Rebecca

M.

NICKNAME

LAST

SUFFIX

Mikolaj-Shirley

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

CITY;

STATE;

ZIP CODE

Spring, Texas 77386

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

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 Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

8

22

22

THROUGH

Month

Day

Year

9

29

22

11 ELECTION

ELECTION DATE

Month

Day

Year

11

8

22

ELECTION TYPE

Primary

Runoff

Other
Description

☒ General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Montgomery Cty Hospital District, #3

14 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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
CHARLES R SHIRLEY

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 951.92
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 951.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

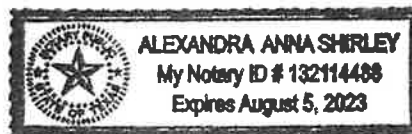
18 SIGNATURE

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.

Charles R. Shirley
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Charles R. Shirley this the 11th day of October

20 22 to certify which, witness my hand and seal of office.

Alexandra Shirley
Signature of officer administering oath

Alexandra Shirley
Printed name of officer administering oath

Notary Public
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is CHARLES R SHIRLEY and my date of birth is 12/15/1961

My address is [REDACTED] SPRING TX 77386
(street) (city) (state) (zip code) (country)

Executed in MONTGOMERY County, State of TEXAS, on the 11TH day of OCTOBER, 2022
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19** FILER NAME**CHARLES R SHIRLEY****20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 951.92
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 951.92
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME CHARLES R SHIRLEY		3 Filer ID (Ethics Commission Filers)
4 Date 08/25/2022	5 Full name of contributor out-of-state PAC (ID# _____) CHARLES SHIRLEY 6 Contributor address; City; State; Zip Code SPRING TX 77386	7 Amount of contribution (\$) 174.81
8 Principal occupation / Job title (See Instructions) REAL ESTATE INVESTOR		9 Employer (See Instructions) AIDAN CAPITAL MGMT
Date 09/04/2022	Full name of contributor out-of-state PAC (ID# _____) CHARLES SHIRLEY Contributor address; City; State; Zip Code SPRING TX 77386	Amount of contribution (\$) 174.81
Principal occupation / Job title (See Instructions) REAL ESTATE INVESTOR		Employer (See Instructions) AIDAN CAPITAL MGMT
Date 10/05/2022	Full name of contributor out-of-state PAC (ID# _____) CHARLES SHIRLEY Contributor address; City; State; Zip Code SPRING TX 77386	Amount of contribution (\$) 174.81
Principal occupation / Job title (See Instructions) REAL ESTATE INVESTOR		Employer (See Instructions) AIDAN CAPITAL MGMT
Date 10/05/2022	Full name of contributor out-of-state PAC (ID# _____) CHARLES SHIRLEY Contributor address; City; State; Zip Code SPRING TX 77386	Amount of contribution (\$) 164.41
Principal occupation / Job title (See Instructions) REAL ESTATE INVESTOR		Employer (See Instructions) AIDAN CAPITAL MGMT
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME CHARLES R SHIRLEY		3 Filer ID (Ethics Commission Filers)
4 Date 10/09/2022	5 Full name of contributor out-of-state PAC (ID#: CHARLES SHIRLEY	7 Amount of contribution (\$) 263.08
6 Contributor address; City; State; Zip Code , SPRING TX 77386		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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 F1: 2	2 FILER NAME CHARLES R SHIRLEY	3 Filer ID (Ethics Commission Filers)
4 Date 08/25/2022	5 Payee name VISTAPRINT	
6 Amount (\$) 174.81	7 Payee address; City; State; Zip Code XEROX TECHNOLOGY PARK, BLDG D DUNDALK, COUNTY LOUTH L2 A91 H9N9 IRELAND	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description DOOR HANGERS
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held CHARLES SHIRLEY MCHD BD #3	
Date 09/04/2022	Payee name VISTAPRINT	
Amount (\$) 174.81	Payee address; City; State; Zip Code XEROX TECHNOLOGY PARK, BLDG D DUNDALK, COUNTY LOUTH L2 A91 H9N9 IRELAND	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description DOOR HANGERS
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held CHARLES SHIRLEY MCHD BD #3	
Date 10/05/2022	Payee name VISTAPRINT	
Amount (\$) 174.81	Payee address; City; State; Zip Code XEROX TECHNOLOGY PARK, BLDG D DUNDALK, COUNTY LOUTH L2 A91 H9N9 IRELAND	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description DOOR HANGERS
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held CHARLES SHIRLEY MCHD BD #3	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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1 Total pages Schedule F1: 2	2 FILER NAME CHARLES R SHIRLEY	3 Filer ID (Ethics Commission Filers)
4 Date 10/05/2022	5 Payee name VISTAPRINT	
6 Amount (\$) 164.41	7 Payee address; City; State; Zip Code XEROX TECHNOLOGY PARK, BLDG D DUNDALK, COUNTY LOUTH L2 A91 H9N9 IRELAND	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description RACK CARDS
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held CHARLES SHIRLEY MCHD BD #3	
Date 10/09/2022	Payee name VISTAPRINT	
Amount (\$) 263.08	Payee address; City; State; Zip Code XEROX TECHNOLOGY PARK, BLDG D DUNDALK, COUNTY LOUTH L2 A91 H9N9 IRELAND	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description DOOR HANGERS & RACK CARDS
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held CHARLES SHIRLEY MCHD BD #3	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	

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