

# 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: **9**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr</b>	FIRST <b>Christopher</b>	MI <b>J</b>	<b>OFFICE USE ONLY</b>	
	NICKNAME	LAST <b>Cimino</b>	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; <b>114 Dellwood Drive</b>	APT / SUITE #;	CITY; <b>San Angelo, TX 76903</b>		Date Received <b>4/1/24 @ 2:11 pm</b>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>( 325 )</b>	PHONE NUMBER <b>450-6650</b>	EXTENSION		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr</b>	FIRST <b>Christopher</b>	MI <b>J</b>		Receipt #
	NICKNAME	LAST <b>Cimino</b>	SUFFIX		Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>114 Dellwood Drive San Angelo, TX 76903</b>				Date Processed
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>( 325 )</b>	PHONE NUMBER <b>450-6650</b>	EXTENSION		Date Imaged
9 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 Modified Reporting Limit		<input type="checkbox"/> Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month <b>12</b>	Day <b>19</b>	Year <b>23</b>	THROUGH	
	Month <b>3</b>	Day <b>25</b>	Year <b>24</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>5 / 4 / 24</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <b>San Angelo Chief of Police</b>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>San Angelo Police Chief</b>			
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.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

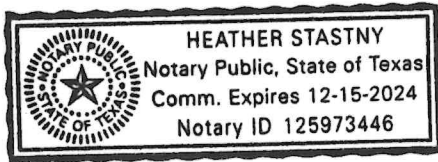
<b>15 C/OH NAME</b> Christopher J Cimino		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,173.45
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 899.38
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,449.43
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Christopher Cimino this the 1<sup>st</sup> day of April, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath: [Handwritten Signature] Printed name of officer administering oath: Heather Stastny Title of officer administering oath: City Clerk

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME Christopher J Cimino	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,173.45
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 724.02
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. ■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 175.36
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# 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: <b>3</b>
2 FILER NAME <b>Christopher J Cimino</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/19/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Christopher J Cimino</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>114 Dellwood Dr. San Angelo, TX 76903</b>		
8 Principal occupation / Job title (See Instructions) <b>Peace Officer</b>		9 Employer (See Instructions) <b>San Angelo PD</b>
Date <b>01/16/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Emory McAndrews</b>	Amount of contribution (\$) <b>75.00</b>
Contributor address; City; State; Zip Code <b>1208 Jacie Ln. San Angelo, TX 76905</b>		
Principal occupation / Job title (See Instructions) <b>Peace Officer</b>		Employer (See Instructions) <b>San Angelo PD</b>
Date <b>01/17/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Kelly Lajoie</b>	Amount of contribution (\$) <b>198.45</b>
Contributor address; City; State; Zip Code <b>3726 Briargrove Ln. San Angelo, TX 76904</b>		
Principal occupation / Job title (See Instructions) <b>Peace Officer</b>		Employer (See Instructions) <b>San Angelo PD</b>
Date <b>01/23/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Billie MacMahon</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>1929 Valleyview Dr. San Angelo, TX 76904</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>

**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: <b>3</b>
2 FILER NAME <b>Christopher J Cimino</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/23/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Roy and Ramona Lane</b>	7 Amount of contribution (\$) <b>400.00</b>
6 Contributor address; City; State; Zip Code <b>1503 Grierson St. San Angelo, TX 76901</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>Retired</b>
Date <b>02/06/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Barbara Shouse</b>	Amount of contribution (\$) <b>300.00</b>
Contributor address; City; State; Zip Code <b>116 Greenwood Oak Dr. Weatherford, TX 76088</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>02/20/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Rhonda Mida</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>6750 FM 2034 Robert Lee, TX 76945</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>02/20/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Irma Rodriguez</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>121 E. Riverside Dr. San Angelo, TX 76903</b>		
Principal occupation / Job title (See Instructions) <b>Peace Officer</b>		Employer (See Instructions) <b>Tom Green County Constables Office</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME  
**Christopher J Cimino**

3 Filer ID (Ethics Commission Filers)

4 Date  
**02/20/2024**

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**John Rodriguez**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**121 E. Riverside Dr. San Angelo, TX 76903**

**250.00**

8 Principal occupation / Job title (See Instructions)  
**Peace Officer**

9 Employer (See Instructions)  
**Tom Green County Contables Office**

Date  
**03/19/2024**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Irma Rodriguez**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**121 E. Riverside Dr. San Angelo, TX 76903**

**1,000.00**

Principal occupation / Job title (See Instructions)  
**Peace Officer**

Employer (See Instructions)  
**Tom Green County Contables Office**

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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.

<b>1</b> Total pages Schedule F1: <u>2</u>	<b>2</b> FILER NAME Christopher J Cimino	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/28/2023	<b>5</b> Payee name Chk Order Harland Clarke PPD - 1st Financial Bank	
<b>6</b> Amount (\$) 32.45	<b>7</b> Payee address; City; State; Zip Code 222 S. Koenigheim, San Angelo, TX 76903	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Banking	<b>(b)</b> Description Order Checks for Political Account
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 01/19/2024	Payee name 1st Financial Bank	
Amount (\$) 2.00	Payee address; City; State; Zip Code 222 S. Koenigheim, San Angelo, TX 76903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	Description Statement Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 01/20/2024	Payee name Signs on the Cheap	
Amount (\$) 308.44	Payee address; City; State; Zip Code <a href="https://www.signsonthecheap.com/">https://www.signsonthecheap.com/</a>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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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.

<b>1</b> Total pages Schedule F1: <span style="font-size: 2em; margin-left: 20px;">2</span>	<b>2</b> FILER NAME Christopher J Cimino	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/23/2024	<b>5</b> Payee name Office Depot	
<b>6</b> Amount (\$) <span style="font-size: 1.5em;">50.30</span>	<b>7</b> Payee address; City; State; Zip Code POS Office Depot # 2956 Grand Prairie, TX 75050	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Business Cards
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float: right;">Office held</span>
Date 01/28/2024	Payee name Signs on the Cheap	
Amount (\$) <span style="font-size: 1.5em;">330.83</span>	Payee address; City; State; Zip Code <a href="https://www.signsonthecheap.com/">https://www.signsonthecheap.com/</a>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard Signs
	Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float: right;">Office held</span>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float: right;">Office held</span>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

# SCHEDULE G

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.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Christopher J. Cimino	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/02/2024	<b>5</b> Payee name Wix.Com	
<b>6</b> Amount (\$) 175.36 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code https://wix.com	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description website cost
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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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