

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: **5**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR
MR

FIRST
JUSTIN

MI
K

NICKNAME

LAST
LINDEMANN

SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
PO BOX 656, LISSIE, TX 77454-0656

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE
(979)

PHONE NUMBER
942-7892

EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR
MS

FIRST
LISA

MI
R

NICKNAME

LAST
KRENEK

SUFFIX

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
7219 HIGHWAY 71, GARWOOD, TX 77442-4185

8 CAMPAIGN TREASURER PHONE

AREA CODE
(979)

PHONE NUMBER
578-1947

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
01 / 01 / 2025

THROUGH Month Day Year
06 / 30 / 2025

11 ELECTION

ELECTION DATE

Month Day Year
11 / 05 / 2024

Primary

Runoff

ELECTION TYPE

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

SHERIFF

13 OFFICE SOUGHT (if known)

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

Additional Pages

GENERAL

COMMITTEE ADDRESS

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**

15 C/OH NAME JUSTIN K LINDEMANN		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)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	1825.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	100.00

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath _____ Printed name of officer administering oath _____ Title of officer administering oath _____

(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 JUSTIN K LINDEMANN		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 type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 60.00
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

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 I: 2		2 FILER NAME JUSTIN K LINDEMANN		3 Filer ID (Ethics Commission Filers)	
4 Date 01/31/2025		5 Payee name FIRST NATIONAL BANK OF EAGLE LAKE			
6 Amount (\$) \$10.00		7 Payee address: PO BOX 247, EAGLE LAKE, TX 77434		City State Zip Code	
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories.) BANK CHARGES		(b) Description (See instructions regarding type of information required.) MAINETANCE FEE	
Date 02/28/2025		Payee name FIRST NATIONAL BANK OF EAGLE LAKE			
Amount (\$) \$10.00		Payee address: PO BOX 247, EAGLE LAKE, TX 77434		City State Zip Code	
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) BANK CHARGES		Description (See instructions regarding type of information required.) MAINETANCE FEE	
Date 03/31/2025		Payee name FIRST NATIONAL BANK OF EAGLE LAKE			
Amount (\$) \$10.00		Payee address: PO BOX 247, EAGLE LAKE, TX 77434		City State Zip Code	
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) BANK CHARGES		Description (See instructions regarding type of information required.) MAINETANCE FEE	
Date 04/30/2025		Payee name FIRST NATIONAL BANK OF EAGLE LAKE			
Amount (\$) \$10.00		Payee address: PO BOX 247, EAGLE LAKE, TX 77434		City State Zip Code	
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) BANK CHARGES		Description (See instructions regarding type of information required.) MAINETANCE FEE	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

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1 Total pages Schedule I: 2	2 FILER NAME JUSTIN K LINDEMANN	3 Filer ID (Ethics Commission Filers)
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4 Date 05/31/2025	5 Payee name FIRST NATIONAL BANK OF EAGLE LAKE
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6 Amount (\$) \$10.00	7 Payee address; PO BOX 247, EAGLE LAKE, TX 77434	City	State	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) BANK CHARGES	(b) Description (See instructions regarding type of information required.) MAINETANCE FEE
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Date 06/30/2025	Payee name FIRST NATIONAL BANK OF EAGLE LAKE
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Amount (\$) \$10.00	Payee address; PO BOX 247, EAGLE LAKE, TX 77434	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) BANK CHARGES	Description (See instructions regarding type of information required.) MAINETANCE FEE
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Date	Payee name
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Amount (\$)	Payee address;	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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Date	Payee name
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Amount (\$)	Payee address;	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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