

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	2 Total pages filed: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST CHRIS	MI
	NICKNAME	LAST WISCHKAEMPER	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1760 Pheasant Road Lubbock , TX 79407		ZIP CODE
	Date Received RECEIVED MAY 20 2024		
	Receipt #	Amount	
	Date Processed 5/21/2024		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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)		
9 PERIOD COVERED	Month	Day	Year
	02/25/2024		THROUGH
			05/20/2024
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	05/28/2024		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

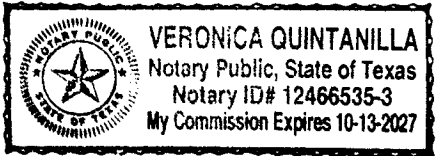
13 C / OH NAME WISCHKAEMPER, CHRIS	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.											
<table style="width:100%"> <tr> <td style="width:25%">COMMITTEE TYPE</td> <td style="width:75%">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS				
	COMMITTEE TYPE	COMMITTEE NAME										
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
	<input type="checkbox"/> SPECIFIC											
COMMITTEE CAMPAIGN TREASURER NAME												
COMMITTEE CAMPAIGN TREASURER ADDRESS												

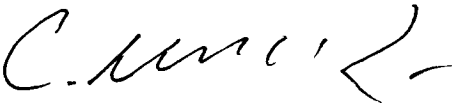
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,850.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,408.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,496.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 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.




AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Christopher Wischwaepfer, this the 20 day of May, 2024, to certify which, witness my hand and seal of office.



Signature of officer administering

Veronica Quintanilla

Printed name of officer administering

Deputy

Title of officer administering oath

18 FILER NAME WISCHKAEMPER, CHRIS	19 Filer ID
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,850.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,408.77
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/9
2 FILER NAME WISCHKAEMPER, CHRIS		3 Filer ID
4 Date 03/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Patti	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code 3208 56th Street Lubbock, TX 79413	
8 Principal occupation / Job title (See Instructions) Business Manager		9 Employer (See Instructions) Bill Wischkaemper
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Ricky	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 201 Duvall Levelland, TX 79336	
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Self
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bush, Dryl	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1848W. State Hwy 114 Levelland, TX 79336	
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Self
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, David	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 3385S. US Hwy 385 Levelland, TX 79336	
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Charles	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 915 Texas Ave. Lubbock, TX 79401	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/9
2 FILER NAME WISCHKAEMPER, CHRIS		3 Filer ID
4 Date 03/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnell, Clay	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 824 N Alamo Road Levelland, TX 79336	
8 Principal occupation / Job title (See Instructions) Business		9 Employer (See Instructions) Self
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Egert, Scott	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 16618 CR1640 LUBBOCK, TX 79382	
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Self
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, DeAnn	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 401 Avenue T Levelland, TX 79336	
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Self
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Keno	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 401 Avenue T Levelland, TX 79336	
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Self
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kauffman, Bobby	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 4937 E. State Rd 114 Levelland, TX 79336	
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/9
2 FILER NAME WISCHKAEMPER, CHRIS		3 Filer ID
4 Date 03/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macha, Jay	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 3178 South FM 3261 Levelland, TX 79336		
8 Principal occupation / Job title (See Instructions) Business		9 Employer (See Instructions) Self
Date 05/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macha, Jay	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 3178 South FM 3261 Levelland, TX 79336		
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Self
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellinger, Glenn	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 6106 101st Street Lubbock, TX 79424		
Principal occupation / Job title (See Instructions) Title IX Investigator		Employer (See Instructions) Texas Tech University
Date 05/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montford J.D., John T (The Honorable)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 1 Buckingham CT. San Antonio, TX 78257		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Douglas	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 413 Flint Avenue Lubbock, TX 79415		
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) Texas Tech Police Department

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/9
2 FILER NAME WISCHKAEMPER, CHRIS		3 Filer ID
4 Date 04/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinson, Michael	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 940 Broadway Lubbock, TX 76403	
8 Principal occupation / Job title (See Instructions) Constable		9 Employer (See Instructions) Lubbock County
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Len	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 190 W. State Road 2306 Levelland, TX 79336	
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Richard	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2852 N. Hwy 385 Levelland, TX 79336	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Sam	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2950 N. Hwy 385 Levelland, TX 79336	
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ware, Travis	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 1915 Broadway Lubbock, TX 79424	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 8/9	2 FILER NAME WISCHKAEMPER, CHRIS	3 Filer ID
4 Date 04/23/2024	5 Payee name Action Printing	
6 Amount (\$) \$213.27	7 Payee address; City; State; Zip Code 2407 82nd Street Lubbock, TX 79423	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door Hangers
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/20/2024	Payee name Lamar Companies	
Amount (\$) \$695.50	Payee address; City; State; Zip Code PO Box 746966 Atlanta, GA 30374-6966	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bill Board
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/02/2024	Payee name Lamar Companies	
Amount (\$) \$750.00	Payee address; City; State; Zip Code PO Box 746966 Atlanta, GA 30374-6966	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bill Boards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 9/9	2 FILER NAME WISCHKAEMPER, CHRIS	3 Filer ID	
4 Date 05/08/2024	5 Payee name Lamar Companies		
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code PO Box 746966 Atlanta, GA 30374-6966		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bill Board	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held