CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: KEITH | MI: E |
| | NICKNAME | LAST: SCHROEDER | SUFFIX |

OFFICE USE ONLY

Date Received: FILED at 10:30 o'clock A M
NOV 26 2025
ANNA L. SCHLACK
COUNTY CLERK, BURLESON CO. TEX
BY _____ Deputy

| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE |
| | 11322 CR 244 CALDWELL, TX. 77836 |

Date Hand-delivered or Date Postmarked

| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (979) PHONE NUMBER 220-8882 EXTENSION |

| Receipt # | Amount $ |

| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: MR | FIRST: BEN FLETCHER | MI |
| | NICKNAME | LAST: FLETCHER | SUFFIX |

Date Processed

Date Imaged

| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE |
| | 11322 CR 244 CALDWELL, TX 77836 |

| 8 CAMPAIGN TREASURER PHONE | AREA CODE (979) PHONE NUMBER 586-1421 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 THROUGH Month / Day / Year

11 ELECTION

ELECTION DATE
Month 3 Day 5 Year 2026

ELECTION TYPE
☑ Primary ☐ Runoff ☐ Other Description
☐ General ☐ Special

12 OFFICE — OFFICE HELD (if any): BURLESON Co. JUDGE

13 OFFICE SOUGHT (if known): BURLESON Co. JUDGE

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

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

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	KEITH SCHROEDER	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)	$ 1,200 00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 645 00
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	$ 0

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
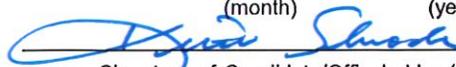
OR

(2) Unsworn Declaration

My name is _KEITH SCHROEDER_, and my date of birth is _3/22/1974_.

My address is _11322 CC 244_, _CALDWELL_, _TX_, _77836_, _BURLESON_.
               (street)   (city)   (state)   (zip code)   (country)

Executed in _BURLESON_ County, State of _TX_, on the _26th_ day of _NOVEMBER_, 20_25_.
                                                 (month)   (year)

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
KEITH SCHROEDER	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☑ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1,200 00
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	$ 645 00
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	$

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: **1**	2 FILER NAME *KEITH SCHROEDER*	3 Filer ID (Ethics Commission Filers)

4 Date **9/29/25** ~~14/5/25~~	5 Payee name *BURLESON COUNTY TRIBUNE*			

6 Amount ($) **$780.00**	7 Payee address; *306 W HW 21*	City; *CALDWELL*	State; *TX*	Zip Code *77836*

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) *POLITICAL ADVERTISEMENT*	(b) Description *PRINTED ADVERTISEMENT*

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date **9/29/2025**	Payee name *BURLESON COUNTY FRONT PORCH MAGAZINE*			

Amount ($) **$365.00**	Payee address; *301 TX-21*	City; *CALDWELL*	State; *TX*	Zip Code *77836*

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) *POLITICAL ADVERTISEMENT*	Description *ADVERTISEMENT IN PRINTED MAG.*

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 KEITH SCHROEDER	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
	KEITH SCHROEDER	$200.00
	6 Contributor address; City; State; Zip Code	
	11322 CR 244 CALDWELL TX 71836	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
COUNTY JUDGE	BURLESON COUNTY

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	JOHN T BANKS	$ 1,000.00
	Contributor address; City; State; Zip Code	
	2811 LINCOLN COURT ROUND ROCK TX 78681	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
TAX LAWYER	PERDUE BRANDON FIELDER COLLINS + MOTT LLP

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.