

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |   |                                       |  |
|--|---|---------------------------------------|--|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                    |   | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed:   |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / <b>MR</b>  | FIRST<br><b>HARRY</b>                 | MI<br><b>Neil</b>  |
|  | NICKNAME  | LAST<br><b>Opliger</b>                | SUFFIX   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX  | APT / SUITE #                         | CITY; STATE; ZIP CODE  |
|  | <b>6016 Airpark Rd<br/>MANVEL, TX 77578</b>   |                                       |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE   | PHONE NUMBER                          | EXTENSION  |
| <b>(713) 305-6265</b>  |   |                                       |  |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR   | FIRST                                 | MI   |
|  | NICKNAME  | LAST                                  | SUFFIX   |
|  |   | <b>HARRY</b>                          | <b>Neil</b>  |
|  |   | <b>Opliger</b>                        |  |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);  | APT / SUITE #;                        | CITY; STATE; ZIP CODE  |
| <b>6016 Airpark Rd<br/>MANVEL, TX 77578</b>  |   |                                       |  |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER                          | EXTENSION  |
| <b>(713) 305-6265</b>  |   |                                       |  |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR) |                                       |  |
| 10 PERIOD COVERED  | Month   | Day                                   | Year   |
| <b>4 / 17 / 23 THROUGH 4 / 28 / 23</b>   |   |                                       |  |
| 11 ELECTION  | ELECTION DATE   |                                       | ELECTION TYPE  |
|  | Month   | Day                                   | Year   |
|  |   | <b>05 / 06 / 23</b>                   | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special <b>City Election</b> |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)           |  |
|  |   | <b>City Council Place 3</b>           |  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><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. 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                        |  |
|  | <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

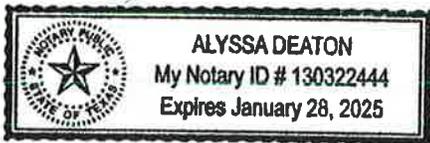
|                         |   |  |
|-------------------------|---|--|
| 15 C/OH NAME            |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0                                   |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 0                                   |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 1,345.00                            |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$                                     |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 0                                   |
| 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.

*Harry Opliger*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Harry Opliger this the 28<sup>th</sup> day of April, 2023 to certify which, witness my hand and seal of office.

Alyssa Deaton Signature of officer administering oath  
Alyssa Deaton Printed name of officer administering oath  
Assistant City Secretary Title of officer administering oath

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<br><b>HARRY N OPLIGER</b>   |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 0                                   |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 0                                   |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 0                                   |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$ 0                                   |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 0                                   |
| 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                                      | \$ 1,448.00                            |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 200.00                              |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0                                   |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0                                   |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0                                   |

# 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:  | <b>2</b> FILER NAME<br>Harry N Opliger   | <b>3</b> Filer ID (Ethics Commission Filers)                              |
| <b>4</b> Date<br>50.00  | <b>5</b> Payee name<br>Home Depot  |   |
| <b>6</b> Amount (\$)<br>4-27-23<br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address: City; State; Zip Code<br>140 N ByPass<br>Alvin Texas                   |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br>Sign posts                                      |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.     | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name  | Office sought Office held   |
| Date<br>45.00   | Payee name<br>Meta   |   |
| Amount (\$)<br>4-27-23<br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address: City; State; Zip Code<br>1 Hacker Way<br>Menlo Park CA 94025                    |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Advertising Expense            | Description<br>Facebook Ads   |
|   | <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.                | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought Office held   |
| Date<br>4-22-23   | Payee name<br>HS-1 + HS-2 (High school students)   |   |
| Amount (\$)<br>220.00<br><input type="checkbox"/> Reimbursement from political contributions intended           | Payee address: City; State; Zip Code<br>MANUEL, TX 77578                                       |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Solicitation Expense           | Description<br>Push card Delivery   |
|   | <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.                | <input type="checkbox"/> 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

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F4:   | <b>2</b> FILER NAME<br><i>HARRY N OPLIGER</i>  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD  |  | \$   |
| <b>5</b> Date<br><i>4-22-23</i>   | <b>6</b> Payee name<br><i>Copy Doctor</i>  |  |
| <b>7</b> Amount (\$)<br><i>950.00</i>   | <b>8</b> Payee address; City; State; Zip Code<br><i>1101 S. Friendswood TX 77546</i> |  |
| <b>9</b> TYPE OF EXPENDITURE  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |  |
| <b>10</b> PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)                     | (b) Description                              |
|   | <i>Push CARDS / Signs Printing</i>   |  |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |  |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name  | Office sought      Office held               |
| Date  | Payee name   |  |
| <i>86.00</i>  | <i>Campaign Partner</i>  |  |
| Amount (\$)   | Payee address; City; State; Zip Code   |  |
| <i>86.00</i>  | <i>Campaign Partner PO Box 118 Still River MASSACHUSETTS 01467</i>                   |  |
| <b>TYPE OF EXPENDITURE</b>  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |  |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)                         | Description                                  |
|   | <i>website host      Harry for monvel.com</i>  |  |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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               |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

*Harry N Opliger* HARRY N OPLIGER

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

*Harry N Opliger*  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

•• Complete A & B below *only* if you are not an officeholder. ••

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

*Harry N Opliger*  
Signature of Candidate

**5 OFFICEHOLDER**

•• Complete this section *only* if you are an officeholder ••

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder