

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">10</div>												
3 COMMITTEE NAME Bryannewdirections.com		OFFICE USE ONLY													
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 508 East Pease Bryan TX 77803		Date Received <div style="text-align: center; border: 1px solid black; padding: 5px; transform: rotate(-15deg);"> RECEIVED JUL 2017 COUNCIL SERVICES CITY OF BRYAN </div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged												
5 CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address	MS / MRS / MR FIRST MI Anita H. Ramay NICKNAME LAST SUFFIX		Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged												
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 508 E Pease Bryan TX 77803														
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE														
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 779-8101 220 4692 <i>aa</i>														
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Dissolution (Attach PAC-DR)</td> </tr> <tr> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 10th day after campaign treasurer termination</td> <td></td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)	<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination				
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<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination														
10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">04 / 21 / 2017</td> <td></td> <td style="text-align: center;">06 / 30 / 2017</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	04 / 21 / 2017		06 / 30 / 2017						
Month Day Year	THROUGH	Month Day Year													
04 / 21 / 2017		06 / 30 / 2017													
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">ELECTION DATE</td> <td colspan="2" style="text-align: center;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center;">Month Day Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> </tr> <tr> <td style="text-align: center;">11 / 07 / 2017</td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td></td> <td colspan="2"><input type="checkbox"/> Other Description</td> </tr> </table>			ELECTION DATE	ELECTION TYPE		Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	11 / 07 / 2017	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		<input type="checkbox"/> Other Description	
ELECTION DATE	ELECTION TYPE														
Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff													
11 / 07 / 2017	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special													
	<input type="checkbox"/> Other Description														

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME **Bryannewdirections.com** 13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE
(Attach lists on plain paper to complete this report if necessary.)

SUPPORT (Candidate or Measure)

OPPOSE (Candidate or Measure)

ASSIST (Officeholder)

CANDIDATE

OFFICEHOLDER

MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

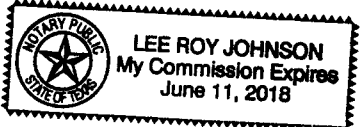
ELECTION DATE
Month Day Year
11 / 7 / 2017

DESCRIPTION
BryanNewDirections.com Charter Amendments

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 875
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ —
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 875
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

16 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.



Anita Ramsey
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Anita Ramsey, this the 16th day of July, 20 17, to certify which, witness my hand and seal of office.

Lee Roy Johnson **LEE ROY JOHNSON** **NOTARY**
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME <i>BRYAN NEW DIRECTIONS.COM</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 875-
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 396.26
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 015

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

Bryannewdirections.com

3 Filer ID (Ethics Commission Filers)

4 Date
5/5/17

5 Full name of contributor out-of-state PAC (ID#: _____)

Janis Atkins

7 Amount of contribution (\$)

\$10.00

6 Contributor address; City; State; Zip Code

4303 S Texas Av Bryan TX 77802

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/5/17

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

Debbie Miller

Amount of contribution (\$)

\$10.00

Contributor address; City; State; Zip Code

714 Williamson Bryan TX 77801

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/5/17

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

Lloyd Joyce

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

1302 Groesbeck St Bryan TX 77803

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME **Bryannewdirections.com**

3 Filer ID (Ethics Commission Filers)

4 Date
6/2/17

5 Full name of contributor out-of-state PAC (ID#: _____)

Karen Hall

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code

6111 SH21E Bryan TX 77803

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
6/8/17

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

Mary Joyce

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code

3924 Park Meadow Bryan TX 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/8/17

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

Lloyd Joyce

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code

3924 Park Meadow Bryan TX 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/8/17

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

Debbie Miller

Amount of contribution (\$)
\$5.00

Contributor address; City; State; Zip Code

714 Williamson Dr Bryan TX 77801

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME
Bryannewdirections.com

3 Filer ID (Ethics Commission Filers)

4 Date
6/8/17

5 Full name of contributor out-of-state PAC (ID#: _____)

Terry Anderson

7 Amount of contribution (\$)

\$200.00

6 Contributor address; City; State; Zip Code

728 Garden Acres Bryan TX 77802

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
7/6/17

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

Robert Van Brunt

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

310 Texas Av Bryan TX 77803

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)

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3	
2 FILER NAME Bryannewdirections.com		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 5/18/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R Southerland, Sr 7 Contributor address; City; State; Zip Code 3401 Parkway Ter Bryan TX 77802	8 Amount of Contribution \$ \$45.00	9 In-kind contribution description website <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 4/26/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R Southerland, Sr Contributor address; City; State; Zip Code 3401 Parkway Ter Bryan TX 77802	Amount of Contribution \$ \$43.99	In-kind contribution description business cards <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3	
2 FILER NAME Bryannewdirections.com		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 5/12/17 to 6/9/17	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R Southerland, Sr 7 Contributor address; City; State; Zip Code 3401 Parkway Ter Bryan TX 77802	8 Amount of Contribution \$ \$45.27	9 In-kind contribution description copies <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3	
2 FILER NAME Bryannewdirections.com		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 4/21/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R Southerland, Sr 7 Contributor address; City; State; Zip Code 3401 Parkway Ter Bryan TX 77802	8 Amount of Contribution \$ \$12.00	9 In-kind contribution description domain name <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 5,6,7,8/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R Southerland, Sr Contributor address; City; State; Zip Code 3401 Parkway Ter Bryan TX 77802	Amount of Contribution \$ \$250.00	In-kind contribution description meeting room rental <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: **1**

2 FILER NAME **Bryannewdirections.com**

3 Filer ID (Ethics Commission Filers)

4 Date
6/30/17

5 Name of person from whom amount is received

Prosperity Bank

8 Amount (\$)

\$.15

6 Address of person from whom amount is received; City; State; Zip Code

2807 S Texas Av, Bryan TX 77802

7 Purpose for which amount is received

interest on account

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED