

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filers) 2 Total pages filed:

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS/MRS/MR: Mr.      FIRST: Kyle      MI: J.  
 NICKNAME:      LAST:      SUFFIX:      Incardona

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 3821 Holly Drive, Bryan, TX 77802  
 change of address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE: (979)      PHONE NUMBER: 255 -      EXTENSION: 3038

**6 CAMPAIGN TREASURER NAME**  
 MS/MRS/MR: Mr.      FIRST: Glenn      MI: A.  
 NICKNAME:      LAST:      SUFFIX:      Duhon      Jr.

**7 CAMPAIGN TREASURER ADDRESS (residence or business)**  
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 3802 Kelli Lane      Bryan, TX      77802

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE: (979)      PHONE NUMBER: 450 - 3236      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 \$500 limit     Final report (Attach C/OH - FR)

**10 PERIOD COVERED**  
 Month Day Year      THROUGH      Month Day Year  
 07 / 16 / 2015      01 / 15 / 2016

**11 ELECTION**  
 ELECTION DATE: Month Day Year      ELECTION TYPE:  
 11 / 4 / 14       Primary     Runoff     General     Special

**12 OFFICE**      OFFICE HELD (if any): N/A      **13 OFFICE SOUGHT (if known)**: N/A.

**OFFICE USE ONLY**

Date Received: 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

RECEIVED  
 JAN 2016  
 CLERK SERVICES  
 CITY OF BRYAN

Date Hand-delivered or Registered:      Amount:      Receipt #:      Date Processed:      Date Imaged:

GO TO PAGE 2

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

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME Kyle J. Incardona 15 ACCOUNT # (Ethics Commission Filers)

16 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>8,065.16</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>4,683.00</u>

18 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.

  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kyle J. Incardona, this the 15 day of January, 20 16, to certify which, witness my hand and seal of office.

Mary K. Stratta Mary K. Stratta City Secretary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath