## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

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The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission File	ers) 2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	boris	MI	OFFICE USE ONLY		
NAME	NICKNAME	Machins	SUFFIX	OFFICE USE ONLY  Date Received 2 13 12 75 75 75 75 75 75 75 75 75 75 75 75 75		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 903 Bry	Brian Be	city; state; zip code 2nd Ct. 77802	COUNCIL SERVICES CITY OF BRYAN		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 574-405		Date Hand-delivered or Date Bostmarked  CSZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST Mariani LAST	MI LE SUFFIX	Date Processed		
		Avnold		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	503	100 PO BOX PLEASE): APT/S 59 N Oak 1an TX 7	kend Lu	STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER  DY-1448	7808 EXTENSION			
9 REPORT TYPE	January 15  July 15	30th day before e	Supposed Madific	15th day after campaign treasurer appointment (Officeholder Only) d Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month O	Day Year / 15 / 2021	Moi	nth Day Year 06/30 / 2021		
11 ELECTION	Month Day	Year Primary	Runoff Other Descripti			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (IF N Dryan Ci- Mambarat L			
14 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.					
	COMMITTEE TYPE	COMMITTEE NAME		· .		
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME		6 Filer ID (Ethics Commission Filers)
Doris	Machinski	· · · · · · · · · · · · · · · · · · ·
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 6
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ O
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	the \$ $\mathcal{O}$
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	On and Mar	$\hat{Q}$ . $\hat{Q}$
	Signature of Can	didate or Officeholder
	Signature of Can	didate of Officeriolder
	Please complete either option below:	
(1) Affidavit	CHELEEN MCQUAIDE 205651-7 Notary Public, State of Texas My Commission Expires November 21, 2021	tiet – Angeles anderen eine en konstantin der State in S Angeles anderen eine eine eine eine eine eine eine
NOTARY STAMP/SEA		3th \
Sworn to and subscribed	before me by DOMS INACHINSKI this the	day of 3010,
	which, witness my hand and seal of office. Which, witness my hand and seal of office. Cheleeu Mariae Ch	y Secretary Div Asst
Signature of officer administ		J Title of officer administering oath
	OR	
(2) Unsworn Declarat	ion	
My name is	, and my date of birth is	·
My address is		
	(61.55)	ate) (zip code) (country)
Executed in	County, State of , on the day of (month)	, 20 (year)
	Signature of Candida	ate/Officeholder (Declarant)