CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR MI 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER Dovis NAME NICKNAME 4 CANDIDATE / ADDRESS / PO BOX: ZIP CODE APT / SUITE # **OFFICEHOLDER** 903 MAILING **ADDRESS** BryanTX Change of Address AREA CODE 5 CANDIDATE/ **EXTENSION OFFICEHOLDER** 574-4052 **PHONE** 6 CAMPAIGN MS / MRS / MR **TREASURER** Date Processed NAME NICKNAME Date Imaged Arnold STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN STATE; ZIP CODE **TREASURER** Oakland Love **ADDRESS** (Residence or Business) PHONE NUMBER 8 CAMPAIGN EXTENSION **TREASURER PHONE** (979) 204-1448 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month **COVERED** THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff Other Month Dav Year Description **C**eneral Special OFFICE HELD (if any) 12 OFFICE OFFICE SOUGHT (if known) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 Fi	ler ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 50.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 300.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ O		
	4. TOTAL POLITICAL EXPENDITURES	\$ 4192.07.		
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	\$ 12,832.13		
40 SICNATURE 14	ayyour or affirm under nanothy of nation, that the accompanying constitutions	correct and includes all information		
	swear, or affirm, under penalty of perjury, that the accompanying report is true and	correct and includes all information		
re	quired to be reported by me under Title 15, Election Code.			
	V	(A, B)		
	Who A OVI a	change b.		
	- 10 tan t CE			
	Signature of Candidat	e or Officeholder		
	Please complete either option below:			
(1) Affidavit	CHRISTINA A CABRERA Notary Public, State of Texas Comm. Expires 07-24-2023 Notary ID 12868657-2			
NOTARY STAMP/SEAL				
Sworn to and subscribed	before me by Don's Machinski this the 114	n day of October,		
20 A to certify	which witness my hand and seal of office. A Cabrera	n day of October. Notany Public		
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath		
OR				
(2) Unsworn Declaration				
My name is	and my data of high is			
iviy ilailie is	, and my date of birth is	·		
My address is		·		
	(street) (city) (state)	(zip code) (country)		
Evenuted in	County Chata of an the device	20		
Executed in	County, State of , on the day of(month)	, 20 (year)		
	(month)	G /		
	Signature of Candidate/Of	ficeholder (Declarant)		

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	Dovis Mac	ninski		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Kaven Hall	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
7/28/22	1298 N FM 20	City;	State; Zip Code	250.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
1	retived		retired	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
	Sommand, address,	∪y ,	sato, zip oodo	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
	77			
Principal occur	pation / Job title (See Instructions)		Employer (See Instruc	itions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Deire in all a serve		·	Franksian (Cas Instruc	4:
Principal occup	pation / Job title (See Instructions)	: 	Employer (See Instruc	alons)

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

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co		mmission Filers)	
	Dovis Machinski			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	250.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	2	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	•	\$	e e e e e e e e e e e e e e e e e e e
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	4192.07
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 CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	

SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/V The Instruction Guide explains how to o	Vages/Contract Labor	Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME DOVIS WOCKINSKI		3 Filer ID (Ethics Commission Filers)
Date 7125122	5 Payee name Copy Stop		
Amount (\$)	7 Payee address; 2290 Booneville Rd Bryan Tx 77808	City; - 5 † 8 00	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) 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		
9/6/22	Copy Stop		
Amount (\$)	Payee address;	City;	State; Zip Code
227-33	Bryan TX 77808	ST 800	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Busin E	SS CARDS
	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		
9/8/22	Copy Stop		·
Amount (\$)	Payee address;	City;	State; Zip Code
181.86	2290 Booneville Bryan TX 77808	rd st sc	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Printing	Banneus	, posters, flyer
	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 NEE	DED

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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Expense Office Over Gift/Awards/Memorials Expense Printing Expense Salaries/N	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Doris Machinski		3 Filer ID (Ethics Commission Filers)
4 Date 9 9 22	5 Payee name Copy Swop		
6 Amount (\$)	3290 Booneulle Rd Bryan TX 7780	_	State; Zip Code
	Bryan TX 7780	7	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	printing	Tyeus	, magnets
	(c) Check if travel outside of Texas. Complete Schedule T.		, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/4/22	VistaPrint		
a / (m)			
Amount (\$)	Payee address;	City;	State; Zip Code
48.7D		city;	State; Zip Code
			State; Zip Code
	170 Date Dr Waltham 1	AA 02451 Description	State; Zip Code
48.7D PURPOSE	170 Date Or Waltham N Category (See Categories listed at the top of this schedule)	Description Busine	
48.7D PURPOSE	170 Data Dr Waltham N Category (See Categories listed at the top of this schedule) Printing Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Busine	55 CARDS
PURPOSE OF EXPENDITURE	170 Data Dr Waltham N Category (See Categories listed at the top of this schedule) Printing Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description BUSINE	55 CARDS , TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh	Category (See Categories listed at the top of this schedule) Printing Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description BUSINE	55 CARDS , TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh	Category (See Categories listed at the top of this schedule) Printing Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description BUSINE	55 CARDS , TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date SI4 22	Category (See Categories listed at the top of this schedule) Printing Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name JG Creatures	Description BUSINE Check if Austin Office sought	55 CARDS TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date SI4 22 Amount (\$)	Category (See Categories listed at the top of this schedule) Printing Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name AG Creatures Payee address;	Description BUSINE Check if Austin Office sought	55 CARDS TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date SI4 22 Amount (\$)	Category (See Categories listed at the top of this schedule) Printing Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name AG Creatives Payee address; 2020 Kimmy Pr Bryen TX 17807	Description BUSINE Check if Austin Office sought City;	SS CARDS TX, officeholder living expense Office held State; Zip Code
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Of Date 8 4 22 Amount (\$) 216.50 PURPOSE OF	Category (See Categories listed at the top of this schedule) Printing Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name AG Creatives Payee address; 2020 Kimmy Pr Bryan Tx 77807 Category (See Categories listed at the top of this schedule)	Description BUSINE Check if Austin Office sought City; Description PNOTOR	SS CARDS TX, officeholder living expense Office held State; Zip Code

SCHEDULE F1

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

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Of Food/Beverage Expense Programmer Street	oan Repayment/Reimbursement ffice Overhead/Rental Expense billing Expense inting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
oroal outer dymone	The Instruction Guide explains h	ow to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Dovis Machinski		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
9/17/22	16 Creatives		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
97.37	2020 KIMMY Dr Bryan TX 77807		
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
PURPOSE OF EXPENDITURE	other	Photog	vaphy
	(C) Check if travel outside of Texas, Complete Sched	uleT. Check if Aus	tin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/15/22	Specialties Photo	gvopny	
Amount (\$)	Payee address;	City;	State; Zip Code
107.17	3644 Coppercrest Bryan TX 77802	Dr Ste 100	
PURPOSE	Category (See Categories listed at the top of this sched	ule) Description	
OF EXPENDITURE	other	Photo	gvaphy
			•
	Check if travel outside of Texas. Complete Schedu	le T. Check if Aust	iin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/22/22	Restaurant San	Sose	
Amount (\$)	Payee address;	City;	State; Zip Code
72.48	414 N Main St.	2	
	Category (See Categories listed at the top of this sched	ule) Description	
PURPOSE OF EXPENDITURE	Food /Beverage		Weets Greet
		NOT Chart if the	in TV officeholder living owners
	Check if travel outside of Texas, Complete Schedu		in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
,	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

SCHEDULE F1

If the requested into	ormation is not applicable, DO NOT include t	nis page in the re	port.
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex Y Gift/Awards/Memorials Expense Printing E	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME DOVIS Machinek		3 Filer ID (Ethics Commission Filers)
4 Date 8 29 22	5 Payee name Restauront Son 2006	් . ව	
6 Amount (\$)	7 Payee address; 414 N Main St	City;	State; Zip Code
41.10	Bryan TX 77803		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	to all a see a chara
PURPOSE OF	,	Friday K	heet a great
EXPENDITURE	FOOD BEUERNGE		
	(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	Payee name		
9/26/22	Restaurant Son Jose		
Amount (\$)	Payee address; HIY N Main St.	City;	State; Zip Code
30.29	Bryan TX 77803		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			
EXPENDITURE	Food/beverage	trigony w	act a greet
	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		
9/8/22	Best Buy		
Amount (\$)	Payee address;	City;	State; Zip Code
1109.52	805 Texas Ave S College Station TX77	840	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	OTHER	compute	er asoftware
	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

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed shove)

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/V The Instruction Guide explains how to o		ther (enter a category not listed above)
1 Total pages Schedule F1:	2 filer name Doris Machinski	3	Filer ID (Ethics Commission Filers)
4 Date 9 21 22	5 Payee name Bryan Broad costing		
6 Amount (\$)	Bryan Broad casting 7 Payee address; 2700 Earl Rudder Ful College Station TX	y 5 ^{city;} 77845	State; Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	alo oak
OF EXPENDITURE	Advertising		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	A	
9/22/22	wal-Mart		
Amount (\$)	Payee address;	City;	State; Zip Code
63.87	1815 Brothers Blud College Station TX 7	7245	
· · · · · · · · · · · · · · · · · · ·	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			the second
OF EXPENDITURE	other	Compute	<i>s</i> pointer
:	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		
9/29/22	Lowes		
Amount (\$)	Payee address; 3225 Freedom Blud	City;	State; Zip Code
44.90	Bryan TX 77802		•
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			•
OF EXPENDITURE	Other	stakes	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX	C, 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 NEEDE	D