CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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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 Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI .	OFFICEUSEONLY		
NAME	NICKNAME LAST	SUFFIX	Date Bedeived		
	Machin				
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	RECEIVED RECEIVED RECEIVED RECEIVED RUCES		
OFFICEHOLDER MAILING	903 Brian Bend	. Ct	B DCILLSERVIN N		
ADDRESS Change of Address	Bryan TX 7780	02	RECE DERVICES TIZ		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Hand delivered or Date, Bostmarked		
OFFICEHOLDER PHONE	(979) 574-4052				
6 CAMPAIGN	MS / MRS / MR FIRST	~~~ <u>_</u> MI	Receipt # Amount \$		
TREASURER NAME	Mavianne	-	Date Processed		
•••••		SUFFIX	Date Imaged		
	Avnold				
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE; ZIP CODE		
TREASURER ADDRESS	5059 N Oakland	Lone			
(Residence or Business)	Buyan TX 77	808			
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION			
PHONE	(979) 204-1448				
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	Month	Day Year		
COVERED	9/30/22		30 22		
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Month Day Year Primary	Runoff Other Description			
	IL 8 22 General) Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known))		
		Bryan C	ity Council		
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL COMMITTEE ADDRESS				
Additional Pages					
	SPECIFIC COMMITTEE CAMPAIGN TRE	ASURER NAME			
	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
GO TO PAGE 2					

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

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15 С/ОН NAME Dor	s Machinski	5 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)	\$ 20.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20.00
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 179.86
	4. TOTAL POLITICAL EXPENDITURES	\$ 3481,84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I OF REPORTING PERIOD	DAY \$ O
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	HE \$ 12,832.13
	wear, or affirm, under penalty of perjury, that the accompanying report is true a uired to be reported by me under Title 15, Election Code.	nd correct and includes all information
	Signature of Candi	idate or Officeholder
	Please complete either option below:	
(1) Affidavit	JENNIFER LEA HALFMAN Notary ID #133786278 My Commission Expires May 27, 2026	
NOTARY STAMP/SEAL		
	Noite Mashingle	ist of Attaber
	before me by $\underline{IDHSIM}(ACHIEDK)$ this the $\underline{\leq}$ which, witness my hand and seal of office.	day of <u>LCTOPEN</u> ,
	to the the the terms	Notan Rublic
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is		,,
		te) (zip code) (country)
Executed in	County, State of, on theday of(month)	, 20 (year)
		e/Officeholder (Declarant)

FROM POLIT	EXPENDITURES MADE FICAL CONTRIBUTIONS	his page in the r	SCHEDULE F1
	EXPENDITURE CATEGORIES F		······································
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repay Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	ment/Reimbursement head/Rental Expense ense ages/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 Douis Machinski		3 Filer ID (Ethics Commission Filers)
4 Date (0123)22	5 Payee name Copy Stop	0.1	Shata Zin Goda
6 Amount (\$)	7 Payee address: 2990 Boonville Rd During TX 77800	City; # 800	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing		·
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date $ 0 \gtrsim (2.2.$ Amount (\$)	Payee name <u>Copy</u> Stop Payee address;	City;	State; Zip Code
\$159.67	Payee address; 2990 Boonville Rd #9 Buyan TA 77800	<u> </u>	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Drinting Checkif traveloutside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name Ovazos Vallay Community Fdn Junction 505 9795894305		
10/21/22	Junction 505	<u>.</u>	9795894305
Arrount (\$) \$159-75	Payee address; CURRESIDE CURSENT 1793 BULLEURST BULLEURST BULLEURST	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	table contribution
	Check if travel outside of Texas, Complete Schedule T.		tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Dovig Machinski	Office sought Byten CITY	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

	EXPENDITURES MADE	SCHEDULE F1
If the requested info	ormation is not applicable, DO NOT include thi	s page in the report.
	EXPENDITURE CATEGORIES FC	DR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhe Food/Beverage Expense Polling Exper Gift/Awards/Memorials Expense Printing Exper	nse Travel Out Of District es/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
<u>~</u>	Dovis Machinski	
4 Date 1013(22	5 Payee name Buzzos Valley Blessi	Nas
6 Amount (\$)	7 Payee address; 3232 Briancrest	City: State: Zip Code Pr
		(b) Description
PURPOSE OF EXPENDITURE	other	Charitable contribution
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Of	Candidate / Officeholder name	Office sought Office held
Date	Payee name Restauvant San Jo	se
Amount (\$)	Payee address; 414 N Wain St Bryan TX 7786	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beversge	Description Weet and creet
	Check if travel outside of Texas. Complete Schedule T.	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
Date	Payee name	
10 4 22	Walmant	
Amount (\$)	Bryan TX 77807	City; State; Zip Code Ell Pour Euro y
·····	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	other	Event supplies
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name DOVIS Machinski	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	
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