

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|---|--|----------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em; margin: 5px 0;">REUBEN MAREN</div> NICKNAME LAST SUFFIX | OFFICE USE ONLY <div style="text-align: center; margin-top: 10px;">  </div> Date Received Date Hand Delivered Receipt # Amount \$ Date Processed Date Imaged | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em; margin: 5px 0;">1006 ACHESON ST. BRYAN, TX 77803</div> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (979) 775 - 5750 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em; margin: 5px 0;">JOSEPH</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em; margin: 5px 0;">RODRIGUEZ</div> | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em; margin: 5px 0;">308 E. 27TH ST. BRYAN, TX 77805</div> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (979) 823 - 3000 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year <div style="text-align: center; font-size: 1.2em; margin: 5px 0;">01 / 01 / 19 THROUGH 06 / 30 / 19</div> | | |
| 11 ELECTION | ELECTION DATE Month Day Year / / | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) <div style="text-align: center; font-size: 1.2em; margin: 5px 0;">COUNCIL SMD#1</div> | 13 OFFICE SOUGHT (if known) | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 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)

\$

0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 125.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

57.81

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

5,500.00

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.

Reuben Marvin

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Reuben Marvin, this the 15th day of July, 2019, to certify which, witness my hand and seal of office.

Mary H Strotta

Signature of officer administering oath

Mary H Strotta

Printed name of officer administering oath

City Secretary

Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

| | | |
|---|---|---|
| 19 FILER NAME | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/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 | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|---------------------|--|

| | |
|---------------|--------------------------------------|
| 4 Date | 5 Payee name <i>M.A.S.</i> |
|---------------|--------------------------------------|

| | |
|---|---|
| 6 Amount (\$) <i>125⁰⁰</i> | 7 Payee address; City; State; Zip Code |
|---|---|

| | | |
|---|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>sponsorship</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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 |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED