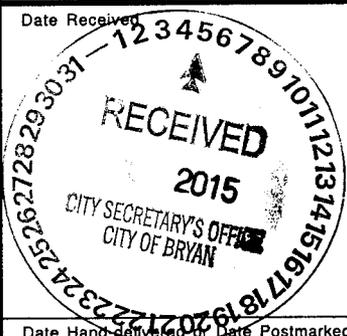


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <i>Mr.</i> FIRST: <i>Sheldon</i> MI: _____ NICKNAME: <i>"Buppy"</i> LAST: <i>Simank</i> SUFFIX: _____	OFFICE USE ONLY  Date Received: _____ Date Hand-delivered or Date Postmarked: _____ Receipt #: _____ Amount \$: _____ Date Processed: _____ Date Imaged: _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <i>4018 Green Valley Drive</i> CITY: <i>Bryan, TX</i> STATE: _____ ZIP CODE: <i>77802</i> APT / SUITE #: _____		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: () PHONE NUMBER: _____ EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>Mr.</i> FIRST: <i>Kenneth</i> MI: <i>D.</i> NICKNAME: <i>"Kenny"</i> LAST: <i>Lawson</i> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE): <i>2901 Camelot Dr.</i> CITY: _____ STATE: _____ ZIP CODE: <i>Bryan, TX 77802</i> APT / SUITE #: _____		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <i>(979)</i> PHONE NUMBER: <i>220-4050</i> EXTENSION: _____ <i>(979) 693-9664 x 602</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input 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: <i>7 / 16 / 2015</i> THROUGH Month Day Year: <i>9 / 24 / 2015</i>		
11 ELECTION	ELECTION DATE: Month Day Year: <i>11 / 3 / 2015</i>	ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>Bryan City Council At Large Candidate</i>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Sheldon "Buppy" Simank 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.

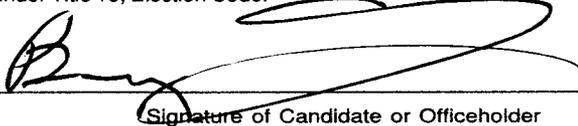
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,125.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,390.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,734.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 Buppy Simank, this the 5th day of October, 20 15, to certify which, witness my hand and seal of office.

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

SUBTOTALS - C/OH

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

19 FILER NAME <i>Sheldon "Buppy" Simank</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>10,125.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>1,726.66</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2,390.52</i>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>8,404.31</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME

Sheldon "Buppy" Simank

3 Filer ID (Ethics Commission Filers)

4 Date

7/22/15

5 Full name of contributor out-of-state PAC (ID#: _____)

Mark Kristen

6 Contributor address; City; State; Zip Code

1501 Independence Ave, Bryan, TX 77803

7 Amount of contribution (\$)

\$500⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/23/15

Full name of contributor out-of-state PAC (ID#: _____)

AAA Animal Clinic

Contributor address; City; State; Zip Code

PO Box 2628
3011 S. College Ave, Bryan, TX 77805

Amount of contribution (\$)

\$100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/1/15

Full name of contributor out-of-state PAC (ID#: _____)

Harvey & Deanna Simank

Contributor address; City; State; Zip Code

1609 Woodland Dr., Bryan TX 77802

Amount of contribution (\$)

\$250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/7/15

Full name of contributor out-of-state PAC (ID#: _____)

Jimmie & Madaleen Weedon

Contributor address; City; State; Zip Code

5355 Elmo Weedon, College Station, TX 77845

Amount of contribution (\$)

\$100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

Sheldon "Buppy" Simank

3 Filer ID (Ethics Commission Filers)

4 Date

8/18/15

5 Full name of contributor out-of-state PAC (ID#: _____)

Kenneth & Lira Lawson

6 Contributor address; City; State; Zip Code

2501 Camelot, Bryan, TX 77802

7 Amount of contribution (\$)

\$3,000⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/14/15

Full name of contributor out-of-state PAC (ID#: _____)

Melanie Reed

Contributor address; City; State; Zip Code

3053 CR 229, Cameron, TX 76520

Amount of contribution (\$)

\$25⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/14/15

Full name of contributor out-of-state PAC (ID#: _____)

Timothy & Cynthia Ottinger

Contributor address; City; State; Zip Code

3000 Cochise Ct, College Station, TX 77845

Amount of contribution (\$)

\$50⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/15/15

Full name of contributor out-of-state PAC (ID#: _____)

D Mark & Cathy Conlee

Contributor address; City; State; Zip Code

833 S. Rosemary, Bryan, TX 77802

Amount of contribution (\$)

\$1,000⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

9/15/15

Joseph Patranella

6 Contributor address;

City; State; Zip Code

801 Rosemary, Bryan TX 77802

\$100⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/15/15

Abbie & Kevin Krolczyk

Contributor address;

City; State; Zip Code

1411 S. Texas Ave, Bryan, TX 77802

\$200⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/15/15

John Bond

Contributor address;

City; State; Zip Code

4016 Green Valley Dr., Bryan, TX 77802

\$250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/15/15

Michael & Melanie Phillips

Contributor address;

City; State; Zip Code

1507 Barak Ln, Bryan, TX 77802

\$50⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

Sheldon "Buppy" Simank

3 Filer ID (Ethics Commission Filers)

4 Date

9/15/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

Robert Gutierrez

7 Amount of contribution (\$)

\$250⁰⁰

6 Contributor address;

City; State; Zip Code

404 N Haswell Dr, Bryan, TX 77803

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/15/15

Full name of contributor

out-of-state PAC (ID#: _____)

Larry & Charlene Catlin

Amount of contribution (\$)

\$750⁰⁰

Contributor address;

City; State; Zip Code

1509 E 31st St, Bryan, TX 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/15/15

Full name of contributor

out-of-state PAC (ID#: _____)

Michael & Joanne Patranella

Amount of contribution (\$)

\$100⁰⁰

Contributor address;

City; State; Zip Code

1506 E 31st St, Bryan, TX 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/15/15

Full name of contributor

out-of-state PAC (ID#: _____)

Robertson Neal Attorney at Law

Amount of contribution (\$)

\$100⁰⁰

Contributor address;

City; State; Zip Code

409 E 26th St, Bryan, TX 77803

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Sheldon "Buppy" Simank

3 Filer ID (Ethics Commission Filers)

4 Date

8/13/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

Michael & Sandra Schaefer

6 Contributor address;

City; State; Zip Code

18599 Anasazi Bluff, College Station TX 77845

7 Amount of contribution (\$)

\$250⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/18/15

Full name of contributor

out-of-state PAC (ID#: _____)

Jim Davis

Contributor address;

City; State; Zip Code

4722 Shoal Creek, College Station TX 77845

Amount of contribution (\$)

\$500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/19/15

Full name of contributor

out-of-state PAC (ID#: _____)

Tony & Glenna Jones

Contributor address;

City; State; Zip Code

6022 Augusta Circle, College Station, TX 77845

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/20/15

Full name of contributor

out-of-state PAC (ID#: _____)

Anthony L Jones

Contributor address;

City; State; Zip Code

1401 Sebesta, College Station, TX 77845

Amount of contribution (\$)

\$500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME

Sheldon "Buppy" Simank

3 Filer ID (Ethics Commission Filers)

4 Date

8/27/15

5 Full name of contributor out-of-state PAC (ID#: _____)

Kim Eubanks

6 Contributor address; City; State; Zip Code

351 Adriatic Pkwy, McKinney, TX 75070

7 Amount of contribution (\$)

\$250⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/4/15

Full name of contributor out-of-state PAC (ID#: _____)

Paul Kolasci & Patsy Wade

Contributor address; City; State; Zip Code

3600 Brighton, Bryan, TX 77822

Amount of contribution (\$)

\$50⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/3/15

Full name of contributor out-of-state PAC (ID#: _____)

Courtney Pitman

Contributor address; City; State; Zip Code

4318 Rock Bend Ct, College Station, TX 77845

Amount of contribution (\$)

\$100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/15

Full name of contributor out-of-state PAC (ID#: _____)

Mark & Christen Maltzberger

Contributor address; City; State; Zip Code

219 E William J. Bryan Pkwy, Bryan TX 77803

Amount of contribution (\$)

\$200⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

Sheldon "Buppy" Simank

3 Filer ID (Ethics Commission Filers)

4 Date

9/15/15

5 Full name of contributor

Harry & Margie Yerrington

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100⁰⁰

6 Contributor address;

City; State; Zip Code

405 W 27th St, Bryan, TX 77803

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/31/15

Full name of contributor

Bradley Hurt

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50⁰⁰

Contributor address;

City; State; Zip Code

208 Cecilia Ct., College Station, TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

Sheldon "Buppy" Simank

3 Filer ID (Ethics Commission Filers)

4 Date

7/16/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

Ivan & Candy Olson

6 Contributor address; City; State; Zip Code

3008 Coronado Dr, College Station 77845

7 Amount of contribution (\$)

\$150⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/19/15

Full name of contributor

out-of-state PAC (ID#: _____)

Michael & Kara Holmgren

Contributor address; City; State; Zip Code

5118 Bellevue Bend, College Station 77845

Amount of contribution (\$)

\$250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/19/15

Full name of contributor

out-of-state PAC (ID#: _____)

Rick & Nora Thompson

Contributor address; City; State; Zip Code

11722 Wickson Lake, Bryan, TX 77808

Amount of contribution (\$)

\$100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/25/15

Full name of contributor

out-of-state PAC (ID#: _____)

Gerry Holmgren

Contributor address; City; State; Zip Code

707 E 31st St, Bryan, TX 77803

Amount of contribution (\$)

\$100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9

2 FILER NAME

Sheldon "Buppy" Simank

3 Filer ID (Ethics Commission Filers)

4 Date

8/20/15

5 Full name of contributor

Timothy Bryan

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250⁰⁰

6 Contributor address;

City; State; Zip Code

P.O. Box 5847, Bryan, TX 77805

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/31/15

Full name of contributor

Bryan Brown

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250⁰⁰

Contributor address;

City; State; Zip Code

4589 Sendera Ct, College Station TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/1/15

Full name of contributor

Ronnie & Gray Craig

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100⁰⁰

Contributor address;

City; State; Zip Code

2817 Persimmon Ridge, Bryan, TX 77807

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5/15

Full name of contributor

M.F. & K. Thurmond

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250⁰⁰

Contributor address;

City; State; Zip Code

4234 Fm 2549, Hearne, TX 77859

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

9/4/15

Jack Culpepper

\$200⁰⁰

6 Contributor address; City; State; Zip Code

1700 George Bush, Ste 240, College Station 77840

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/11/15

C.R. Gowder Haddock

\$50⁰⁰

Contributor address; City; State; Zip Code

PO Box DT, College Station, TX 77841

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>1/2</i>	
2 FILER NAME <i>Sheldon "Buppy" Simank</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>1,726.66</i>	
5 Date <i>9/10/15</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael & Sandra Schaefer</i>	8 Amount of Contribution \$ <i>\$400⁰⁰</i>	9 In-kind contribution description <i>Rental for Braos Cotton Exchange Facility</i>
7 Contributor address; City; State; Zip Code <i>18599 Anasazi Bluff, C.S. TX 77845</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>9/10/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Events to Remember</i>	Amount of Contribution \$ <i>\$2800⁰⁰</i>	In-kind contribution description <i>Linen s</i>
Contributor address; City; State; Zip Code <i>216 W. Washington Ave, Newaseta TX 77868</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.	
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2/2	
2 FILER NAME <i>Sheldon "Buppy" Simank</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>9/10/15</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Buppy & Jennifer Simank</i>	8 Amount of Contribution \$ <i>\$941.00</i>	9 In-kind contribution description <i>Catering</i>
7 Contributor address; City; State; Zip Code <i>4018 Green Valley Dr, Bryan TX 77802</i>		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>9/10/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Luke Ruffino</i>	Amount of Contribution \$ <i>\$105.00</i>	In-kind contribution description <i>Bar Services</i>
Contributor address; City; State; Zip Code <i>6699 Ethan Ln, Bryan, TX 77808</i>		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1/2	2 FILER NAME Sheldon "Buppy" Simank	3 Filer ID (Ethics Commission Filers)
4 Date 7/23/15	5 Payee name Matt Sweeney	
6 Amount (\$) \$750⁰⁰	7 Payee address; City; State; Zip Code 418 Price Dr., Wharton, TX 77488	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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
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Date 8/18/15	Payee name Twinz Co.
Amount (\$) \$1,000⁰⁰	Payee address; City; State; Zip Code 200 S. Main, Ste 300, Bryan TX 77803

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/16/15	Payee name Twinz Co.
Amount (\$) \$179⁷⁸	Payee address; City; State; Zip Code 200 S. Main, Ste 300, Bryan, TX 77803

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES 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

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: 2/2	2 FILER NAME Sheldon "Puppy" Simank	3 Filer ID (Ethics Commission Filers)
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4 Date 9/9/15	5 Payee name GotPrint
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6 Amount (\$) \$458.99	7 Payee address; City; State; Zip Code 7625 N. San Fernando, Burbank, CA 91505
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/31/15	Payee name Pay Pal
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Amount (\$) \$1.75	Payee address; City; State; Zip Code 2221 N. First St, San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME Sheldon "Buppy" Simark	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 1000 ⁰⁰
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5 Date	6 Payee name Twinz Co.
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7 Amount (\$) \$1,000 ⁰⁰	8 Payee address; City; State; Zip Code 200 Main, Ste 300, Bryan, TX 77803
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (Balance Due)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/3/15	Payee name C.C. Creations
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Amount (\$) \$7,404.31	Payee address; City; State; Zip Code 1800 Shiloh Ave, Bryan, TX 77803
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED