

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 Mr. Sheldon NICKNAME LAST SUFFIX "Buppy" Simank	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4018 Green Valley Dr. Bryan, TX 77802		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ()	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Kenneth NICKNAME LAST SUFFIX "Kenny" Lawson	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2901 Camelot Dr. Bryan, TX 77802	Date Processed	Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 220-4050 979-693-9664 x 602		
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 type="checkbox"/> July 15 <input checked="" 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 THROUGH Month Day Year 9 / 25 / 2015 THROUGH 10 / 24 / 2015		
11 ELECTION	ELECTION DATE Month Day Year 11 / 3 / 2015	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)	
		Bryan City Council At Large Candidate	

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

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)

\$ 12,475

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 21,822

CONTRIBUTION
BALANCE

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

\$ 7,182

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 26th day of Oct, 20 15, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Mary L. Stratta
Printed name of officer administering oath

City Secretary
Title of officer administering oath

SUBTOTALS - COH

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

19 FILER NAME

Sheldon "Buppy" Simank

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,000
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 475
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 14,418
6.	<input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 7,404
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0
9.	<input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
10.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
11.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1/8

2 FILER NAME

Sheldon "Buppy" Simank

3 Filer ID (Ethics Commission Filers)

4 Date

9/27/15

5 Full name of contributor

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

Roy & Merrill Kirkpatrick, Jr.

6 Contributor address;

City; State; Zip Code

3206 Woodcrest, Bryan, TX 77802

7 Amount of contribution (\$)

\$100⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/25/15

Full name of contributor

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

Sidney & Vicki Stevens

Contributor address;

City; State; Zip Code

8611 Rosewood, CS, TX 77845

Amount of contribution (\$)

\$300⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/15

Full name of contributor

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

David Fleeger

Contributor address;

City; State; Zip Code

1212 Westover, CS, TX 77845

Amount of contribution (\$)

\$25⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1/15

Full name of contributor

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

Lawrence Hodges

Contributor address;

City; State; Zip Code

5301 Woodall, CS, TX 77845

Amount of contribution (\$)

\$750⁰⁰

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: 2/8

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 (\$)

9/20/15

Russell & Norma Bradley
6 Contributor address; City; State; Zip Code

\$100⁰⁰

3401 Chinguapin, Bryan, TX 77803

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

9/24/15

Kenny Mallard
Contributor address; City; State; Zip Code

\$100⁰⁰

819 S. Rosemary, Bryan, TX 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

9/29/15

Anthony & Elizabeth Lampo
Contributor address; City; State; Zip Code

\$250⁰⁰

P.O. Box 3816, Bryan, TX 77805

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

9/28/15

Regina Aberle & Latisha Aberle
Contributor address; City; State; Zip Code

\$25⁰⁰

1100 W. Lubbock St, Slaton, TX 79364

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: 3/8

2 FILER NAME

Sheldon "Buppy" Simank

3 Filer ID (Ethics Commission Filers)

4 Date

10/5/15

5 Full name of contributor

Joe Hanover

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

7 Amount of contribution (\$)

\$250⁰⁰

6 Contributor address;

City; State; Zip Code

2100 Vinewood Dr, Bryan, TX 77802

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/14/15

Full name of contributor

Keith & Debra Ellis

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

Amount of contribution (\$)

\$500⁰⁰

Contributor address;

City; State; Zip Code

1507 Andover Ct, CS, TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/15

Full name of contributor

James Davis

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

Amount of contribution (\$)

\$250⁰⁰

Contributor address;

City; State; Zip Code

4722 Shoal Creek, CS, TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/13/15

Full name of contributor

Shipwreck Grill, LP

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

Amount of contribution (\$)

\$350⁰⁰

Contributor address;

City; State; Zip Code

206 E. Villa Maria, Bryan, TX 77801

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: 4/8

2 FILER NAME

"Buppy" Sheldon Simank

3 Filer ID (Ethics Commission Filers)

4 Date

10/13/15

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

Lina Lawson

6 Contributor address; City; State; Zip Code

2901 Camelot, Bryan, TX 77802

7 Amount of contribution (\$)

\$1000⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/13/15

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

Lee Ann & Jimmy Loup

Contributor address; City; State; Zip Code

5181 Portofino, Bryan, TX 77802

Amount of contribution (\$)

\$1000⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/13/15

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

Jeff Keys

Contributor address; City; State; Zip Code

709 Garden Acres, Bryan 77802

Amount of contribution (\$)

\$250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/13/15

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

Scott & Sharon Hickie

Contributor address; City; State; Zip Code

914 Park Ln, Bryan, TX 77802

Amount of contribution (\$)

\$350⁰⁰

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: 5/8

2 FILER NAME

Sheldon "Buppy" Simank

3 Filer ID (Ethics Commission Filers)

4 Date

10/13/15

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

Dr. Samuel Harrison

6 Contributor address; City; State; Zip Code

409 E. 26th St, Bryan, TX 77803

7 Amount of contribution (\$)

\$500⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/13/15

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

Johanna & Thomas Gressner

Contributor address; City; State; Zip Code

1018 Sanctuary Ct, CS, TX 77840

Amount of contribution (\$)

\$350

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/12/15

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

Philip Shackelford

Contributor address; City; State; Zip Code

817 Holliday, Plainview, TX 79072

Amount of contribution (\$)

\$350⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/15

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

The Outback Ranch

Contributor address; City; State; Zip Code

P.O. Box 12368, CS, TX 77845

Amount of contribution (\$)

\$1000⁰⁰

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: **6/8**

2 FILER NAME

Sheldon "Buppy" Simank

3 Filer ID (Ethics Commission Filers)

4 Date

10/13/15

5 Full name of contributor

Boyd & Kim Sheffield

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

7 Amount of contribution (\$)

\$ 750⁰⁰

6 Contributor address; City; State; Zip Code

4219 Tuscany Ct, Bryan, TX 77802

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/13/15

Full name of contributor

Ronald & Vicki Schmidt

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

Amount of contribution (\$)

\$ 350⁰⁰

Contributor address; City; State; Zip Code

835 N. Rosemary, Bryan, TX 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/13/15

Full name of contributor

Andrew & Shelley Nelson

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

Amount of contribution (\$)

\$ 350⁰⁰

Contributor address; City; State; Zip Code

720 N. Rosemary, Bryan TX 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/15

Full name of contributor

Jeremy DuBose

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

Amount of contribution (\$)

\$ 250⁰⁰

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: 7/8

2 FILER NAME

Sheldon "Buppy" Simank

3 Filer ID (Ethics Commission Filers)

4 Date

10/16/15

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

Hunter Goodwin

7 Amount of contribution (\$)

\$250⁰⁰

6 Contributor address; City; State; Zip Code

1011 Lyceum Ct, CS TX 77840

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/16/15

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

Casey Oldham

Amount of contribution (\$)

\$250⁰⁰

Contributor address; City; State; Zip Code

2003 Moses Creek Ct, CS, TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/6/15

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

Harvey & Deanna Simank

Amount of contribution (\$)

\$250⁰⁰

Contributor address; City; State; Zip Code

1609 Woodland Dr, Bryan, TX 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/15

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

Ronnie & Marvis Vaudt

Amount of contribution (\$)

\$50⁰⁰

Contributor address; City; State; Zip Code

154 Hadley Creek Blvd, Huntsville TX 77320

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: 8/8

2 FILER NAME

Sheldon "Buppy" Simank

3 Filer ID (Ethics Commission Filers)

4 Date

10/19/15

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

Brazos Golf Association

6 Contributor address; City; State; Zip Code

P.O. Box 4006, Bryan, TX 77805

7 Amount of contribution (\$)

\$ 100⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/20/15

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

George Nelson

Contributor address; City; State; Zip Code

P.O. Box 2781, Bryan, TX 77805

Amount of contribution (\$)

\$ 100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/13/15

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

TREPAC

Contributor address; City; State; Zip Code

P.O. Box 2246, Austin TX 78768

Amount of contribution (\$)

\$ 1500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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: <u>1</u>	
2 FILER NAME <u>Sheldon "Buppy" Simank</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>475⁰²</u>	
5 Date <u>10/05/15</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Buppy & Jennifer Simank</u>	8 Amount of Contribution \$ <u>\$350⁰²</u>	9 In-kind contribution description <u>Catering National High out</u>
7 Contributor address; City; State; Zip Code <u>4018 Green Valley, Bryan TX 77802</u>		<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 <u>10/20/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Buppy & Jennifer Simank</u>	Amount of Contribution \$ <u>\$175⁰²</u>	In-kind contribution description <u>Catering Forum</u>
Contributor address; City; State; Zip Code <u>4018 Green Valley, Bryan, TX 77802</u>		<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.

POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 114	2 FILER NAME Sheldon "Buppy" Simank	3 Filer ID (Ethics Commission Filers)
4 Date 9/27/15	5 Payee name Phil Shackelford Consulting	
6 Amount (\$) \$3920.08	7 Payee address; City; State; Zip Code 817 Holliday St, Plainview, TX 79072	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting 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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 9/30/15	Payee name Copy Corner	
Amount (\$) 95.91	Payee address; City; State; Zip Code 2307 TEXAS AVE, CS, TX 71840	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/5/15	Payee name USPS	
Amount (\$) \$22.00	Payee address; City; State; Zip Code 210 W. Wm J Bryan Pkwy, Bryan TX 77803	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - Box Rental	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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 F1: 2/4	2 FILER NAME Sheldon "Buppy" Simank	3 Filer ID (Ethics Commission Filers)
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4 Date 10/6/15	5 Payee name GotPrint.com
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6 Amount (\$) \$1074.13	7 Payee address; City; State; Zip Code 7651 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
------------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 10/5/15	Payee name Twinz Co.
------------------------	--------------------------------

Amount (\$) \$1259.44	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
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 10/6/15	Payee name C.C. Creations
------------------------	-------------------------------------

Amount (\$) \$173.20	Payee address; City; State; Zip Code 1800 Shiloh Ave, Bryan, TX 77803
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> 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 NEEDED

POLITICAL EXPENDITURES 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 F1: 3/4	2 FILER NAME Sheldon "Buppy" Simank	3 Filer ID (Ethics Commission Filers)
--	---	---------------------------------------

4 Date 10/8/15	5 Payee name Admail
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6 Amount (\$) \$3851.34	7 Payee address; City; State; Zip Code 427 Dellwood St, Bryan, TX 77801
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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
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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 10/21/15	Payee name Bryan Broadcasting
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Amount (\$) \$2204.00	Payee address; City; State; Zip Code P.O. Box 3248, Bryan TX 77805
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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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Date	Payee name The Eagle
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Amount (\$) \$1209.32	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

POLITICAL EXPENDITURES 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 F1: 4/4	2 FILER NAME Sheldon "Buppy" Simank	3 Filer ID (Ethics Commission Filers)
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4 Date 10/6/15	5 Payee name March of Dimes
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6 Amount (\$) \$600⁰⁰	7 Payee address; City; State; Zip Code 505 University Dr. E #502, CS, TX 77840
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) March of Dimes Other - Signature Checks	(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 9/30/15	Payee name PayPal
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Amount (\$) \$8.58	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: <i>1</i>	2 FILER NAME <i>Sheldon "Buppy" Simank</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ <i>7404.31</i>
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5 Date <i>8/3/15</i>	6 Payee name <i>C.C. Creations</i>
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7 Amount (\$) <i>\$7404.31</i>	8 Payee address; City; State; Zip Code <i>1800 Shiloh Ave, Bryan, TX 77803</i>
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9 TYPE OF EXPENDITURE	<input 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) <i>Printing Expense</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
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11 Complete <u>ONLY</u> 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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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)	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