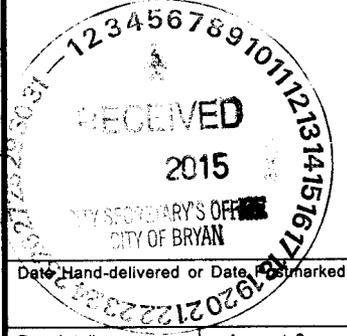


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Mr. Sheldon</i>	
	NICKNAME LAST SUFFIX <i>"Buppy" Simank</i>	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$
	5 ORIGINAL PERIOD COVERED Month Day Year Month Day Year <i>4 / 1 / 15</i> THROUGH <i>7 / 15 / 15</i>	Date Processed Date Imaged

6 EXPLANATION OF CORRECTION
Addition of missing contributions on Schedule A1 (page 6). Total amount of contributions does not change.

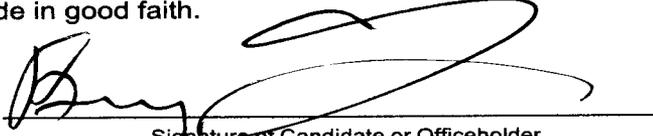
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.


 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.


 Signature of officer administering oath

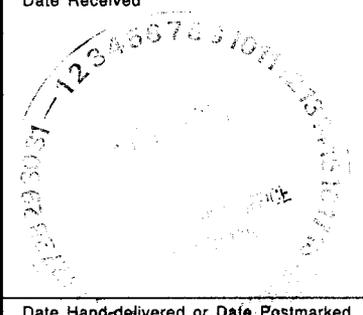
Mary L. Stratta
 Printed name of officer administering oath

City Secretary
 Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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 <i>Mr. Sheldon</i>	OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged			
	NICKNAME LAST SUFFIX <i>Buppy Simank</i>				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>4018 Green Valley Dr. Bryan, TX 77802</i>				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>()</i>				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Mr. Kenneth D.</i>				
	NICKNAME LAST SUFFIX <i>Kenny Lawson</i>				
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2901 Camelot Dr. Bryan, TX 77802</i>				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(979) 220-4050 (979) 693-9664 x 602</i>				
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 THROUGH Month Day Year <i>4 / 1 / 15</i> <i>7 / 15 / 15</i>				
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 3 / 15</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**

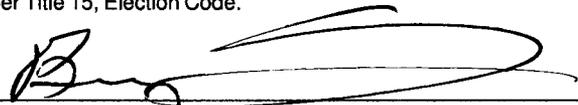
14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
---------------------	---

16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 5424 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4000 ⁰⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1424 ⁰⁰
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.

 Signature of officer administering oath	<u>Mary H. Stratta</u> Printed name of officer administering oath	<u>City Secretary</u> 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>5424⁰⁰</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</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>4000⁰⁰</i>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>2000⁰⁰</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 <u>4/10/15</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>J. Michael Martin</u>	7 Amount of contribution (\$) <u>\$250⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>17288 Indian Lakes Dr., C.S. TX 77845</u>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <u>4/10/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jeffrey & Mary McDougal</u>	Amount of contribution (\$) <u>\$250⁰⁰</u>
Contributor address; City; State; Zip Code <u>704 Canterbury Dr. C.S. TX 77845</u>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>4/10/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Joseph & Janet Johnson</u>	Amount of contribution (\$) <u>\$250⁰⁰</u>
Contributor address; City; State; Zip Code <u>P.O. Box 800, Coleman, TX 76834</u>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>4/13/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>David W. Scarmardo</u>	Amount of contribution (\$) <u>\$250⁰⁰</u>
Contributor address; City; State; Zip Code <u>929 Grand Oaks Cir, C.S. TX 77840</u>		

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

4/15/15

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

Mark D. Humphrey

7 Amount of contribution (\$)

\$250⁰⁰

6 Contributor address; City; State; Zip Code

4406 Regal Oaks, C.S. TX 77845

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/20/15

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

Bill Luo

Amount of contribution (\$)

\$250⁰⁰

Contributor address; City; State; Zip Code

4421 Nottingham, Bryan, TX 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/15

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

Louis A. Malcheck III

Amount of contribution (\$)

\$250⁰⁰

Contributor address; City; State; Zip Code

9300 S. FM 2038, Bryan TX 77808

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/15

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

Lawrence B. Hodges, Jr.

Amount of contribution (\$)

\$250⁰⁰

Contributor address; City; State; Zip Code

5301 Woodall, C.S TX 77845

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

Sheldon "Buppy" Simank

3 Filer ID (Ethics Commission Filers)

4 Date

4/21/15

5 Full name of contributor

John R. Clark

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

7 Amount of contribution (\$)

\$249⁰⁰

6 Contributor address;

3828 S. College Ave, Bryan TX 77801

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/23/15

Full name of contributor

Randy & Cheryl French

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

Amount of contribution (\$)

\$250⁰⁰

Contributor address;

4301 Clipstone Pl. CS, TX 77845

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/25/15

Full name of contributor

Wallace & Dawn Phillips

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

Amount of contribution (\$)

\$250⁰⁰

Contributor address;

4490 Castlegate Dr, CS TX 77845

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/15

Full name of contributor

Jeff & Patricia Blanton

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

Amount of contribution (\$)

\$250⁰⁰

Contributor address;

4904 Bay Oaks Ct, C.S., TX 77845

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:

4

2 FILER NAME

Sheldon "Buppy" Simank

3 Filer ID (Ethics Commission Filers)

4 Date

4/27/15

5 Full name of contributor

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

Greg Scarmardo

7 Amount of contribution (\$)

\$250⁰⁰

6 Contributor address; City; State; Zip Code

2303 E. Briargate, Bryan, TX 77802

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/27/15

Full name of contributor

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

W. Jeff Paradowski

Amount of contribution (\$)

\$250⁰⁰

Contributor address; City; State; Zip Code

1604 Copperfield Pkwy, C.S. TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/15

Full name of contributor

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

John W. Clanton

Amount of contribution (\$)

\$250⁰⁰

Contributor address; City; State; Zip Code

2501 Earl Rudder Frwy, C.S. TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/15

Full name of contributor

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

John & Sarah Brieden

Amount of contribution (\$)

\$125⁰⁰

Contributor address; City; State; Zip Code

5120 Bellerive Bend, C.S. TX 77845

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

4/28/15

5 Full name of contributor

William & Phoebe Watts

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

7 Amount of contribution (\$)

\$250⁰⁰

6 Contributor address; City; State; Zip Code

1203 Royal Adelaide, C.S. TX 77845

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/27/15

Full name of contributor

Thomas Salazar

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

Amount of contribution (\$)

\$250⁰⁰

Contributor address; City; State; Zip Code

2805 E Earl Rudder Frwy, C.S. TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/15

Full name of contributor

Christopher & Sandra Lampo

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

Amount of contribution (\$)

\$100⁰⁰

Contributor address; City; State; Zip Code

3481 Chaco Canyon Dr, C.S. TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/1/15

Full name of contributor

Jeffrey & Virginia Brown

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

Amount of contribution (\$)

\$250⁰⁰

Contributor address; City; State; Zip Code

3312 Willow Ridge, Bryan, TX 77807

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 FILER NAME

Sheldon "Buppy" Simank

3 Filer ID (Ethics Commission Filers)

4 Date

5/4/15

5 Full name of contributor

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

Robert & Cindy Kolkhorst Jr.

6 Contributor address;

City; State; Zip Code

P.O. Box 966, Brenham TX 77834

7 Amount of contribution (\$)

\$100⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/19/15

Full name of contributor

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

Mark Kristen

Contributor address;

City; State; Zip Code

1501 Independence Bryan, TX 77803

Amount of contribution (\$)

\$250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/15

Full name of contributor

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

Cal McNeil

Contributor address;

City; State; Zip Code

8401 Spring Creek, C.S. TX 77845

Amount of contribution (\$)

\$100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/19/15

Full name of contributor

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

Patricia & Jeffrey Blanton

Contributor address;

City; State; Zip Code

4904 Bay Oaks Ct., C.S. TX 77845

Amount of contribution (\$)

\$250⁰⁰

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.

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)
---	--	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ <i>2000</i>
--	----------------

5 Date <i>4/29/15</i>	6 Payee name <i>Twine Co. Marketing</i>
---------------------------------	---

7 Amount (\$) <i>\$2000</i>	8 Payee address; City; State; Zip Code <i>200 S. Main, Ste 300, Bryan, TX 77803</i>
---------------------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Marketing / Consulting Expense (Balance Due)</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
----------------------------------	---	---

11 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
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	---

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
-------------------------------	--	---

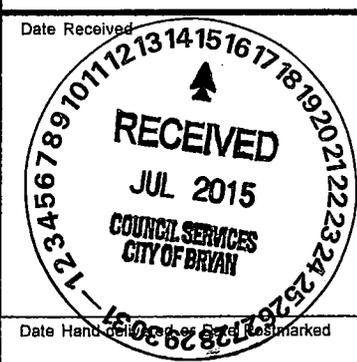
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

--	--	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Receipt #	Amount \$
	NICKNAME LAST SUFFIX	Date Processed	
		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS <input type="checkbox"/> Residence <input type="checkbox"/> Business	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
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 THROUGH Month Day Year 4 / 1 / 2015 7 / 15 / 2015		
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<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

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)

\$ 5424⁰⁰

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 4000⁰⁰

CONTRIBUTION
BALANCE

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

\$ 1424⁰⁰

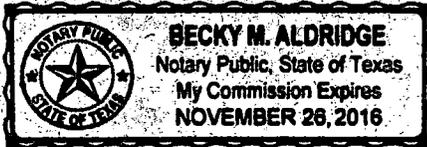
OUTSTANDING
LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

[Handwritten Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said SHeldon "BUPPY" SIMANK this the 15th day of JULY, 2015, to certify which, witness my hand and seal of office.

[Handwritten Signature] BECKY M. ALDRIDGE RECORDER/MGR
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME SHELDON "BUDDY" 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	\$ 5424 ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
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	\$ 4000 ⁰⁰
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 2000 ⁰⁰
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:

1/6

2 FILER NAME

SHELDON "BUPPY" SIMANK

3 Filer ID (Ethics Commission Filers)

4 Date

4/10/15

5 Full name of contributor

J. MICHAEL MARTIN

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

7 Amount of contribution (\$)

\$250⁰⁰

6 Contributor address; City; State; Zip Code

17288 INDIAN LAKES DR. C.S., TX. 77845

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/10/15

Full name of contributor

JEFFREY & MARY McDougall

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

Amount of contribution (\$)

\$250⁰⁰

Contributor address; City; State; Zip Code

704 CANTERBURY DR. C.S., TX. 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/15

Full name of contributor

JOSEPH & JANET JOHNSON

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

Amount of contribution (\$)

\$250⁰⁰

Contributor address; City; State; Zip Code

PO BOX 800 COLEMAN, TX 76834

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/15

Full name of contributor

DAVID W. SCARMARDO

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

Amount of contribution (\$)

\$250⁰⁰

Contributor address; City; State; Zip Code

929 GRAND OAKS CIR C.S., TX. 77840

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:

2/6

2 FILER NAME

SHELDON "BUPPY" SIMANK

3 Filer ID (Ethics Commission Filers)

4 Date

4/15/15

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

MARK D. HUMPHREY

7 Amount of contribution (\$)

\$ 250⁰⁰

6 Contributor address; City; State; Zip Code

4406 REGAL OAKS C.S., TX. 77845

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/20/15

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

BILL LERO

Amount of contribution (\$)

\$ 250⁰⁰

Contributor address; City; State; Zip Code

4421 NOTTINGHAM BRYAN, TX. 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/15

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

LOUIS A. MALECHECK III

Amount of contribution (\$)

250⁰⁰

Contributor address; City; State; Zip Code

9300 SOUTH FM 2038 BRYAN, TX. 77808

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/15

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

LAWRENCE B. HODGES JR.

Amount of contribution (\$)

250⁰⁰

Contributor address; City; State; Zip Code

5301 WOODALL C.S., TX 77845

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:

3/6

2 FILER NAME

SHELDON "BUDDY" SIMANK

3 Filer ID (Ethics Commission Filers)

4 Date

4/21/15

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

JOHN R. CLARK

7 Amount of contribution (\$)

\$249⁰⁰

6 Contributor address; City; State; Zip Code

3828 SOUTH COLLEGE AV. BRYAN, TX 77801

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/23/2015

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

RANDY & CHERYL FRENCH

Amount of contribution (\$)

\$250⁰⁰

Contributor address; City; State; Zip Code

4301 CLIPSTONE PL. C.S., TX. 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/25/15

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

WALLACE & DAWN PHILLIPS

Amount of contribution (\$)

\$250⁰⁰

Contributor address; City; State; Zip Code

4490 CASTLEGATE DR. C.S., TX. 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/15

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

JEFF & PATRICIA BLANTON

Amount of contribution (\$)

\$250⁰⁰

Contributor address; City; State; Zip Code

4904 BAY OAKS CT. C.S., TX. 77845

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:

4/6

2 FILER NAME

SHELDON "BUPPY" SIMANK

3 Filer ID (Ethics Commission Filers)

4 Date

4/27/15

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

GREG SCARMARDO

7 Amount of contribution (\$)

\$ 250⁰⁰

6 Contributor address; City; State; Zip Code

2303 E. BRIARBATE BRYAN, TX 77802

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/27/15

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

W. JEFF PARADOWSKI

Amount of contribution (\$)

\$ 250⁰⁰

Contributor address; City; State; Zip Code

1604 COPPERFIELD PKWY CS., TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/15

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

JOHN W. CLANTON

Amount of contribution (\$)

\$ 250⁰⁰

Contributor address; City; State; Zip Code

2501 EARL RUDDER FRWY so. CS., TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/15

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

JOHN & SARAH BRIEDEN

Amount of contribution (\$)

\$ 125⁰⁰

Contributor address; City; State; Zip Code

5120 BELLERIVE BEND. C.S., TX 77845

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:

5/6

2 FILER NAME

SHELDON "BUDDY" SIMANK

3 Filer ID (Ethics Commission Filers)

4 Date

4/28/15

5 Full name of contributor

WILLIAM & PHOEBE WATTS

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

7 Amount of contribution (\$)

\$250⁰⁰

6 Contributor address;

1203 ROYAL ADELADE C.S., TX. 77845

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/27/15

Full name of contributor

THOMAS SALZER

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

Amount of contribution (\$)

\$250⁰⁰

Contributor address;

2805 E EARL RUDDER FRWY C.S., TX. 77845

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/15

Full name of contributor

CHRISTOPHER & SANDRA LAMPO

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

Amount of contribution (\$)

\$100⁰⁰

Contributor address;

3481 CHACO CANYON DR. C.S., TX. 77845

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/1/15

Full name of contributor

JEFFREY & VIRGINIA BROWN

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

Amount of contribution (\$)

\$250⁰⁰

Contributor address;

3312 WILLOW RIDGE BRYAN, TX. 77870

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:

6/6

2 FILER NAME

SHELDON "BUPPY" SIMANK

3 Filer ID (Ethics Commission Filers)

4 Date

5/4/15

5 Full name of contributor

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

ROBERT & CINDY KOLKHORST JR.

7 Amount of contribution (\$)

\$ 100⁰⁰

6 Contributor address;

City; State; Zip Code

P.O. Box 966 BRENHAM, TX. 77834

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/19/15

Full name of contributor

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

MARK KRISTEN

Amount of contribution (\$)

\$ 250⁰⁰

Contributor address;

City; State; Zip Code

1501 INDEPENDENCE BRYAN, TX. 77803

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:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code		
		<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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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
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: **1** 2 FILER NAME **SHELDON "BUDDY" SIMANK** 3 Filer ID (Ethics Commission Filers)

4 Date **4/29/2015** 5 Payee name **TWINZ CO. MARKETING**

6 Amount (\$) **\$4,000⁰⁰** 7 Payee address; City; State; Zip Code **200 S. MAIN, SUITE 300 BRYAN, TX. 77803**

8 PURPOSE OF EXPENDITURE **MARKETING CONSULTING EXPENSE**

(a) Category (See categories listed at the top of this schedule)

(b) Description
 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

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

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)

Description
 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

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

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)

Description
 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 NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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 F2: 1 2 FILER NAME SHELDON "BUDDY" SIMANK. 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 2000⁰⁰

5 Date 4/29/15 6 Payee name TWINZ CO. MARKETING

7 Amount (\$) \$2000⁰⁰ 8 Payee address; City; State; Zip Code 200 S. MAIN, SUITE 300, BRYAN, TX. 77803

9 TYPE OF EXPENDITURE Political Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) MARKETING CONSULTING EXPENSE (BALANCE DUE) (b) Description
 Check if travel outside of Texas, complete Schedule T
 Check if Austin, TX, officeholder living expense

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

Date Payee name

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

TYPE OF EXPENDITURE Political Non-Political

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description
 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 NEEDED

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City; State; Zip Code	
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City; State; Zip Code	
	Description of investment	
	Amount of investment (\$)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
---------------------------	--------------	---------------------------------------

4 Date	5 Payee name
--------	--------------

6 Amount (\$)	7 Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(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
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	(b) 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
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	(b) 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

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought
Complete ONLY if direct expenditure to benefit C/OH	Office held	
Date	Business name	
Amount (\$)	Business 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
	Candidate / Officeholder name	Office sought
Complete ONLY if direct expenditure to benefit C/OH	Office held	
Date	Business name	
Amount (\$)	Business 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
	Candidate / Officeholder name	Office sought
Complete ONLY if direct expenditure to benefit C/OH	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder