

# 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: |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR      FIRST      MI<br>Mr.      Sheldon<br>NICKNAME      LAST      SUFFIX<br>"Buppy"      Simank   | <b>OFFICE USE ONLY</b><br>Date Received<br><br>Date Hand Delivered or Date Postmarked                                     |                      |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> Change of Address                           | ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE<br>4018 Green Valley Dr<br>Bryan, TX 77802   |  |                      |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE      PHONE NUMBER      EXTENSION<br>(979)      779      6417  |  |                      |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR      FIRST      MI<br>Mr.      Kenneth<br>NICKNAME      LAST      SUFFIX<br>"Kenny"      Lawson   | Receipt #  | Amount \$            |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(Residence or Business)  |   | Date Processed      CAC 2:46 PM<br>Date Imaged   |                      |
| STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE<br>2901 Camelot Dr<br>Bryan, TX 77802 |   |  |                      |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE      PHONE NUMBER      EXTENSION<br>(979)      623      9664  |  |                      |
| <b>9 REPORT TYPE</b>  | <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)<br><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) |  |                      |
| <b>10 PERIOD COVERED</b>  | Month    Day    Year      THROUGH      Month    Day    Year<br>07 / 01 / 2018      09 / 30 / 2018   |  |                      |
| <b>11 ELECTION</b>  | ELECTION DATE<br>Month    Day    Year<br>11 / 06 / 2018   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                      |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)<br>Bryan City Council<br>Place 6   | <b>13 OFFICE SOUGHT (if known)</b>   |                      |

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)

\$ 0

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION  
BALANCE

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

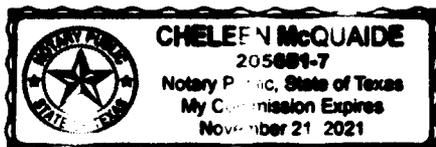
\$ 1312.01

OUTSTANDING  
LOAN TOTALS

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

\$

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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Buppy Simank, this the 10th day of October, 2018, to certify which, witness my hand and seal of office.

Cheleen McQuaide  
Signature of officer administering oath

Cheleen McQuaide  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath