

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Michael K Satherland Sr.

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ /
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,700 ⁻
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ /
4. TOTAL POLITICAL EXPENDITURES	\$ 5,796. ⁴⁶
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 440. ⁹¹
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,787. ⁸⁷

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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.



Michael K Satherland Sr.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael K Satherland Sr., this the 15 day of JAN, 20 15, to certify which, witness my hand and seal of office.

Becky M Aldridge
Signature of officer administering oath

BECKY M. ALDRIDGE
Printed name of officer administering oath

RECORDS MGR
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME Michael R. Southerland		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/29/2014	5 Full name of contributor <input type="radio"/> out-of-state PAC(ID#: _____) Steven Opersteny	7 Amount of contribution (\$) : 500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7744 Jones Rd CS, 77845		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/29/2014	Full name of contributor <input type="radio"/> out-of-state PAC(ID#: _____) George Richardson	Amount of contribution (\$) : 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4070 Sweetwater Dr CS, 77845		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/29/2014	Full name of contributor <input type="radio"/> out-of-state PAC(ID#: _____) Lloyd & Mary Joyce	Amount of contribution (\$) : 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3924 Parkmeadow Ln Bryan, 77802		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/27/2014	Full name of contributor <input type="radio"/> out-of-state PAC(ID#: _____) Donald Ball	Amount of contribution (\$) : 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1713 Broadmoor Ste 208 Bryan, 77802		(If travel outside of Texas complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/11/2014	Full name of contributor <input type="radio"/> out-of-state PAC (ID# _____) Alvin W Jones	Amount of contribution (\$) : 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2505 E Villia Maria Apt 331 Bryan, 77802		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME Michael R. Southerland		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/5/2014	5 Full name of contributor <input type="radio"/> out-of-state PAC(ID#: _____) John & Jeanne Delaney	7 Amount of contribution (\$) 150	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4313 Birchcrest LN Bryan, 77802		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="radio"/> out-of-state PAC(ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="radio"/> out-of-state PAC(ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="radio"/> out-of-state PAC(ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="radio"/> out-of-state PAC(ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME MICHAEL R Southward, Sr	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/27/14	5 Payee name THE EAGLE
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6 Amount (\$) 2410. ⁰⁰	7 Payee address; City; State; Zip Code 1729 Briarcrest Dr. Bryan TX 77802
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Ad Expense	(b) Description (If travel outside of Texas, complete Schedule T) Newspaper Ad <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 10/28/14	Payee name KBTX TV
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Amount (\$) 1020. ⁰⁰	Payee address; City; State; Zip Code 4141 E 29th St Bryan TX 77802 P.O. Box 14200 Tallahassee FL 32317-4200
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Ad Expense	Description (If travel outside of Texas, complete Schedule T) TV Ads <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 10/29/14	Payee name Bryan Broadcasting
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Amount (\$) 1944	Payee address; City; State; Zip Code 2700 Fudder Fwy STE 5000, College St TX 77845
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Ad Expense	Description (If travel outside of Texas, complete Schedule T) Radio Ads <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 10/31/14	Payee name Advertising Mail Corp, Inc
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Amount (\$) 422.96	Payee address; City; State; Zip Code 427 Dellwood St, Bryan, TX 77802
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Ad Expense	Description (If travel outside of Texas, complete Schedule T) MAILOUTS <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

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