

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

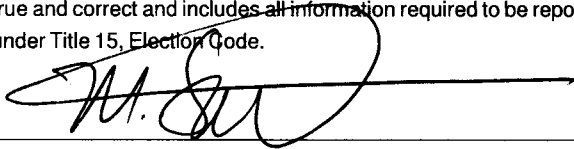
14 C/OH NAME Michael R "Mike" Southerland, Sr	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES 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 TYPE 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	\$ 210.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,210.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 70.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 284.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,630.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,787.87

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 Michael R "Mike" Southerland, Sr, this the 10th day of October, 2017, to certify which, witness my hand and seal of office.

 Signature of officer administering oath	<u>Mary K. Stratta</u> Printed name of officer administering oath	<u>City Secretary</u> Title of officer administering oath
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SUBTOTALS - C/OH

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

19 FILER NAME Michael R "Mike" Southerland, Sr		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,000.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2,000.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 214.07
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME
Michael R "Mike" Southerland, Sr

3 Filer ID (Ethics Commission Filers)

4 Date
9/1/2017

5 Full name of contributor out-of-state PAC (ID#: _____)
CG Mancuso
6 Contributor address; City; State; Zip Code
PO Box 5611 Bryan TX 77805

7 Amount of contribution (\$)
\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9/15/17

Full name of contributor out-of-state PAC (ID#: _____)
Richard Pena
Contributor address; City; State; Zip Code
2902 W 28th St Bryan TX 77803

Amount of contribution (\$)
\$300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/22/2017

Full name of contributor out-of-state PAC (ID#: _____)
Mary K Joyce
Contributor address; City; State; Zip Code
3924 Park Meadow Ln Bryan TX 77802

Amount of contribution (\$)
\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/22/2017

Full name of contributor out-of-state PAC (ID#: _____)
Lloyd Joyce
Contributor address; City; State; Zip Code
3924 Park Meadow Ln Bryan TX 77802

Amount of contribution (\$)
\$250.00

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
Michael R "Mike" Southerland, Sr

3 Filer ID (Ethics Commission Filers)

4 Date
9/22/2017

5 Full name of contributor out-of-state PAC (ID#: _____)
Karen Hall
6 Contributor address; City; State; Zip Code
6111 SH 21 E Bryan TX 77803

7 Amount of contribution (\$)
\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
7/21/2017

Full name of contributor out-of-state PAC (ID#: _____)
Karen Hall
Contributor address; City; State; Zip Code
6111 SH 21 E Bryan TX 77803

Amount of contribution (\$)
\$50.00

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)

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: **1**

2 FILER NAME **Michael R "Mike" Southerland, Sr**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan
9/6/2017

7 Name of lender out-of-state PAC (ID#: _____)
Michael R "Mike" Southerland Sr

9 Loan Amount (\$)
\$2,000.00

6 Is lender a financial Institution?
Y N

8 Lender address; City; State; Zip Code
3401 Parkway Ter Bryan TX 77802

10 Interest rate
/

11 Maturity date
/

12 Principal occupation / Job title (See Instructions)
Retired

13 Employer (See Instructions)

14 Description of Collateral
 none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION
 not applicable

17 Name of guarantor
.....
18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender 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
 none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION
 not applicable

Name of guarantor
.....
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

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 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
Credit Card Payment

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: 1	2 FILER NAME Michael R "Mike" Southerland, Sr	3 Filer ID (Ethics Commission Filers)
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4 Date 8/30/2017	5 Payee name Brazos County Voter Registration
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6 Amount (\$) \$35.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 302 E 24th St Bryan TX 77803
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Voter List	(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 9/25/2017	Payee name Vistaprint USA Inc
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Amount (\$) \$57.58 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 95 Hayden Av Lexington, MA 02421
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Print Expense - Business Cards	(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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/17/2017	Payee name Vistaprint USA Inc
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Amount (\$) \$121.49 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 95 Hayden Av Lexington, MA 02421
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other- Website 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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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