## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

OFFICIAL RECORD CITY SECRETARY FORM GOH

FORM C/OH

		FI. WORTH	, TX
The C/OH Instruction G	auide explains how to complete this form.	1 Filer ID (Errics Commission Filers	2 Jatal pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MMX  NICKNAME LAST  STULLED	SUFFIX	Date Head of the Control of the Cont
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / PO BOX: APT / SUITE #: 1	CITY: STATE; ZIP CODE  WE PT WOLTH  TX 76137  EXTENSION	Date Han degrered where Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MB FIRST MAX  NICKNAME LAST  STRIKE	SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 7516 DBBL RM		ZIP GODE , TR 76137
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (87) 762-07	758 EXTENSION	
9 REPORT TYPE	January 15 30th day before ele		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 3 /18/17	THROUGH	Day Year / 14/17
11 ELECTION	ELECTION DATE  Month Day Year Prigrary  5 / 6 / W17 General	Runoff Other Description	
12 OFFICE	OFFICE HELD (It any)	13 OFFICE SOUGHT (IF IONE)  PAT WON!  DISC	THE CITY COUNCIL
	go то	PAGE 2	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	5 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITY ORDITE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT. INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	YPE COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
_ 60.70	COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 250.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0	
			\$ 958.89	
CONTRIBUTION BALANCE			\$ 340.64	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 853.99			
18 AFFIDAVIT	Willing			
HHITOPH	ER WINI		erjury, that the accompanying report is	
JAR TAR	Y PUR G		rmation required to be reported by me	
20:00	6:0	under Title 15, Election Code.	('-)	
* 0,	Y 5 *		X	
O'AFEC	OF TEXT	Signature of Cand	idate or Officeholder	
IIIII TY	PIRES 18 IIII	y gradure or our		
AFFIX NOTARY STAN	⊕ regytheone			
Sworn to and subsc	ribed before me,	by the said Max Striker	, this the $28$	
day of Anc.		to certify which, witness my hand and seal of office.		
Mit	1/2	Christopher Wiggins	NOTACY PUBLIC	
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath	

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME  M BY SMIKEL  20 Filer ID (Ethics Com	nmission Filers)			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1,	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$ 129.73			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 741.28			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 621.56			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 129.23			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$			
11,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$			

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) 250.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date 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 (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) City; State; Zip Code Contributor address; 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 comp	lete this form.	1 Total pages Schedule E:	
2 FILER NAME  MM SMIKEL	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED LOANS	\$ 129.73		
5 Date of loan U-Ue-17 Name of lender   Out-of-state  MAR SMINOR			
a financial	State; Zip Code	10 Interest rate	
Institution? 7516 DEBN RMK,	76137	11 Maturity date	
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Collateral  none	15 Check if personal funds were account (See Instructions)	deposited into political	
16 GUARANTOR INFORMATION 17 Name of guarantor		19 Amount Guaranteed (\$)	
18 Guarantor address; City; State; Zip Code  not applicable  20 Principal Occupation (See Instructions)  21 Employer (See Instructions)			
Date of loan Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)	
Is lender Lender address; City; State; Zip Code a financial		Interest rate	
Institution? Y N			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Description of Collateral	Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)	
Guarantor address; City;	State; Zip Code		
not applicable			
Principal Occupation (See Instructions)	Employer (See Instructions)		
ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NE		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Comm Printing Expens Travel Out Of District The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MAR SMIKEL 5 Payee name AMB DOYOT 6 Amount (\$) 7100 W PRODWAY, FT WORTH, 12 76137 16.76 (a) Category (See Categories listed at the top of this schedule) | Description | Check if travel outside of Texas. Complete Schedule T. PURPOSE Comparen Sien Eguipuat EXPENDITURE Office held 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Payee name 01-24-17 WARMMIT Payee address; City; State; Zip Code 3851 STRPONT PRECUM, PT WEETH TR 76/11 27.61 Category (See Categories listed at the top of this schedule) Description Check if transcription Check if transcription PURPOSE Check if Austin, TX, officeholder living expense **EXPENDITURE** X CAMPMEN OFFICE GUIPILES Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Pavee name 4-24 100005 City; State; Zip Code Amount (\$) 770 GEMENING HOWN, HONET TR76054 14.47 Category (See Categories listed at the top of this schedule) XXXXBRITING BREEKS Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Comprising con By simult Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations M Event Expense Loen Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In Obstrict Travel Out Of District Fees Food/Beverage Expens re/Admorries Candidate/Officeholder/Political Commit The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MOR STRIKE 5 Payee name 4-20-17 6 Amount (\$) 211 WORTH PIRST STREET, SIN SORE COMPORNIA 96131 7.55 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if traval outside of Recas. Complete Schedule T. Chack if Austin, TX, officeholder living expense EXPENDITURE \* marskin Pee 9 Complete ONLY it direct expenditure to benefit C/OH Office held Candidate / Officeholder name Office sought Homo 2840T 4-21-17 Payee address; City; State; Zip Code Amount (\$) - 7100 W. PRECEDER, PT WORTH, TR 76137 21.04 Category (See Categories listed at the top of this schedule) \* \*\*ARVBRIBING Expense\* \* Campaga Significant Signi Description **PURPOSE** EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 4-21-17 Louge City; State; Zip Code Amount (\$) 770 GRAVENING HYW, HURST TX 76054 01-16 Category (See Categories listed at the top of this schedule) \* ARVERTISING BRIENGE Check if travel outside of Torons, Complete Schedule T. PURPOSE OF EXPENDITURE Check if Asstin, TX, officeholder living expense \* comprin Sion Equipment Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributors/Donations Meda By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense GIM/Awards/Momorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Pulnting Expense SubmissAllermes/Contract Labor

Solicitation/Fundrateing Expense
Transportation Equipment & Related Expense
Travel fout Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politics Credit Card Payment	al Committee Legal Services Salaries/Wi The Instruction Guide explains how to co	agea/Contract Labor complete this form.	Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME MAY STK	iNon	3 Filer ID (Ethics Commission Filers)
Date 4-20-17	5 Payee name / Nom & DOP		
1 U. 57	7 Payee address; City, State; Zip Code 7 (00 NORTH TRECWM, PT	WORTH, T	76137
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  HRUBKT (SINB EXFORE  **Complete SIGN Equipment		outside of Taxas. Complete Schedule T. In, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 4-20-17	Payee name  / Form & DEKOT		·
Amount (\$) 43.08	Payee address: City: State: Zip Code 7100 N. McCunf, PT wol	TA TX 761	37
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  * NRVER TISH'S BRECESE  * COMPATEN SIEN BOULDNEW		uteide af Tiones. Complete Schedule T. in, TX, officehelder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 4-21-17	Payee name  WAR MINT		
Amount (\$)	Payee address: City; State; Zip Code 389 MRANT Mesony,	8T rodth	7611
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  XOPPICE ON BRITTHO / ROUTH  PRESSE  ACMERICAN SOPPICES		outside of Texas. Corruptete Schedule T. in. TX. officeholder Hving expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIN E AC NE	EDED

#### SCHEDULE F1

#### **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 Gilf/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)

3 Filer ID (Ethics Commission Filers)

The second secon	MAX SIRING		
Date 1-24-17	5 Payee name		
Amount (\$)	7 Payee address; City; State; Zip Code		
17.81	770 GLARBUINE HTW, 1	trust TX	76054
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	* ADVERTIZING BEFEREST		tside of Texas. Complete Schedule T.
OF EXPENDITURE	* commenion Sion Equipment	Check if Austi	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-24-17	THE MAIL ROOM		
Amount (\$)	Payee address; City; State; Zip Code		
45.50	729 GRAPBVINB 17	tewy 11to	MST, /X 16039
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	HARVENTIZING BREENSE		tside af Texas. Complete Schedule T. , TX, officeholder living expense
EXPENDITURE	* MINICERS	CHECK II NUSIII	. IA, unicessada avaig expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-26-17	mount		
Amount (\$)	Payee address; City; State; Zip Code		
	Payee address; City; State; Zip Code 3857 MILPORT PASSM	M, Roy W	set4,12 76111
Amount (\$)	2857 MILPORT PLOBER	Description	SET4, 12 76111
Amount (\$)	2857 MILPORT PLOBER	Description Check if traval or	staide of Texas, Complete Schedule T.
Amount (\$)  PURPOSE	3857 MILPORT PROBU	Description  Check if travel or	

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Advertising Expense Accounting/Banking Consulting Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MAS SMIKOR 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO ACREDIT CARD \$ 5 Date 4-24-17 6 Payee name B SIGNS 8 Payee address; City; State; Zip Code 350.00 1659 MICKERY PRIVE, SUITE A, ANTHOUNCITY 1617 TYPE OF Political Non-Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description A NO VERTISING BE / ouse Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE CAMPATION SIGNIS 11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held PEDER OFFICE Amount (\$) WOST PIPERSNE, SUITE 200, HURST, PL76053 TYPE OF Non-Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) \* ADUBATISING EXPENSE Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE \* CAMPAGEN SIGNS Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 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 Credit Card Payment Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Sala  The Instruction Guide explains how	ries/Wages/Contract Labor v to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME MAX STULL	COL	3 Filer ID (Ethics Commission Filers)
4 Date 4-26-17	5 Payee name PCD BR OPFI	CE	
6 Amount (\$) 129.73  Reimbursement from political contributions intended	7 Payee address; City: State; Zip Cod		76053
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if travel outs	ide of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Pa <del>yee</del> name		
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Cod	e	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Check if travel outs	ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	2000	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Cod	е	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Check if travel outsi	ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	DED