OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction	Guide explains how to complete this form.		6
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR M M NICKNAME LAST TRIKE	MI Suffix	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; 7516 DEEN PMK, AREA CODE PHONE NUMBER (\$17) 762-075	EXTENSION	RECEIVED JUL 17 2017 CITY OF FORT WORTH CITY SELECURY Discorpod-delivered or Date 9 Americal
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MR. MAG. NICKNAME LAST STRIKE	MI SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	TST 6 DEER PMK		76137
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (877) 262-674	EXTENSION	
9 REPORT TYPE	July 15 30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 4 / 28 / 201 7	THROUGH 6	30 /2d 7
11 ELECTION	Month Day Year Primary 5/ 6/2017 General	Runoff Cher Description Special	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known) PORT WORT	HCITY COSMCIE STRICT Y
	GO ТО І	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)	DLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZES.	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ &
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		
	4. TOTAL POLITICAL EXPENDITURES \$ 2, 373.93		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 853. 99		
AFFIX NOTARY STAME	OF TEARS.	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is ormation required to be reported by me didate or Officeholder
Sworn to and subsori	1	y the said Max Str. Ker o certify which, witness my hand and seal of office.	, this the _ / 7
Mille	They	Christophy - Vacins	Notary Cabli
Signature of officer ad	Iministering oath	Prirted name of officer administering oath	Tite of officer administering oa th

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics	Commission Filers)
	MAX STRIKER	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,369.93
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OF	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expense	e /Contract Labor	Transportation Equipment & Helated Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 7-1		ete tris iorn.	
1 Total pages Schedule F4:	2 FILER NAME MAR SMIKER		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRED	IT CARD	s
5 Date 5-3-17	6 Payee name VOICEBRUNDCASTING -60M		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
985.02	985.02 1527 S. COSPER St, ARLINGTON, TR 76010		
9 TYPE OF EXPENDITURE	Political Non-Political		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	n
PURPOSE	# AGVORTBING DX 18088	Check if	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	* ROBUCICS	Check t	Austin, TX, officeholder living expense
11 Complete ONLY if direct			
Date 5-9-17	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
729.44	7451 N.BBOCH ST, STE	168, FT	WORTH, TR 76137
TYPE OF EXPENDITURE	Political Non-Political		
	Category (See Categories listed at the top of this schedule)	Description	n
PURPOSE	A TRANSPORTATION Gas I Amest		travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	* mock	Check i	Austin, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NE	EDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Office Overhead Polling Expense Printing Expense Salaries/Wages/		Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
	The Instruction Guide explains	how to comple	ete this form.	
1 Total pages Schedule F4:	2 FILER NAME MAX SMIKE 3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$			\$
5 Date 4-29-17	6 Payee name			
7 Amount (\$)	8 Payee address; City; State; Zip Code			
155.47	275 WATMANST, WATHAM, MA OZUST			
9 TYPE OF EXPENDITURE	Political Non-Political			
10	(a) Category (See Categories listed at the top of this s		(b) Description	n
PURPOSE	* MUDATISING DOPB	uso	Check if t	travel outside of Texas, Complete Schedule T.
OF EXPENDITURE	* CAMPAIGN SIGNS		Check if	Austin, TX, officeholder living expense
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date 5-2-17	Payee name PT WORTH	WE	EKLY	
Amount (\$)	Payee address; City; State; Z	ip Code		
500.00	3311 HAMILIE AVE, FT WORTH TX 76107			
TYPE OF EXPENDITURE	Political	Non-Political	l	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s # NO VORTISME BROOMS **NewSPAPOR AD-			Π ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office	sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
	ALIMOLI ADDITIONAL COPIES OF	THIS SUITE	DULE NO NEI	-0-0

POLITICAL EXPENDITURES MADE 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Mages/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/Politica Credit Card Payment	al Committee Legal Services Salaries The Instruction Guide explains how to	es/Wages/Contract Labor Other (enter a category not listed above) to complete this form.
1 Total pages Schedule F1:	2 FILER NAME MM ST	N/VCL 3 Filer ID (Ethics Commission Filers)
4 Date 5 -3 -17	5 Payee name THE MAIL	Room
6 Amount (\$) U. 00	7 Payee address: City: State: 7in Code	TWM, ITURST, TX 76054
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) * BROWN TSIX PRIBURE * MALDIS	(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 H	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	S SCHEDULE AS NEEDED