CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	auide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	ms/mrs (mr) First Bryan	P	OFFICE USE ONLY
NAME	NICKNAME LAST	suffix	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	address / PO BOX: APT / SUITE #: 8221 Rio Grande st	ow city: state: zip code Jersey Village TX 77040	2:208-
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (213) 280 3459	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST T:Ffany	J.	Receipt # Amount \$ Date Processed
NAME	NICKNAME LAST	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	Fictrous street address (NO PO BOX PLEASE); APT 18 8221 Rio Grande St.		ZIP CODE 7 7040
8 CAMPAIGN TREASURER PHONE	(281) 608 9446	EXTENSION	
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before e	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	02/18/2016	THROUGH $04/$	06/2016
11 ELECTION	ELECTION DATE Month Day Year Primary		
	65/07/2016 AGeneral	Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	None	City Coun	cil place #5
GO TO PAGE 2			
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Boyers	D. Engledows	5 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		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THASS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1080.00	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 817.05	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 262.95			
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.				
Signature of Candidate or Officeholder				
		y Signature of Carr	didute of Onlognologi	
AFFIX NOTARY STAM	P/SEALABOVE	` \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/ —/h .	
Sworn to and subse	ribed before me, l	by the said Bryon D. Engled	ON, this the	
day of 1001, 20 of to certify which, witness my hand and seal of office.				
1	administrative	Printed name of officer administrating path	Title of officer administrating path	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Cor		mmiss	ion Filers)
	Bryan D. Engledow		_	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1080.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	Ø
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	Ø
4.	SCHEDULE E: LOANS		\$	6
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	817.05
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	Ø
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	S
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	Ø
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	Ø
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TIONS	\$	0

MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.		1 Total pages Schedu 1:
2 FILER NAME	Bryan D. Engledow		3 Filer ID (Ethics Commission Filers)
4 Date 3-10-2016	5 Full name of contributor out-of-state_PAC (ID#:)	7 Amount of contribution (\$)
3-10		Code	\$ 60.00
	8221 Rio Grande St Jersey Village Topation / Job title (See Instructions)	17340	·
	ect Manager Page 1 (See Instructions) Page 2 (See Instructions) Page 2 (See Instructions)	Self	employed
Date	Full name of contributor out-of-state PAC (ID#: Bryan D. Engledow)	Amount of contribution (\$)
03-14-2016	Bryan D. Engledow Contributor address; City; State; Zip (8221 Rio Grande St. Jeusey Village	ode 77040	\$ 20.00
Principal occup	ation / Job title (See Instructions)	ployer (See Instruct	ions)
Date . 2018	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
03/4-2016	Tim Pulliam Contributor address; City; State; Zip C	_	\$500.00
	15713 Tenbury St Jeusey Villa	gp 1X 77040	
Principal occup N. Havri	15713 Tenbury of Jevsey Villa nation Job title (See Instructions) Diractor pof Em 3 County Regional Warde Huff. 1	bloyer (See Instruct	ions) Lyregiano/Weber Authority
Date	Full name of contributor out-of-state PAC (ID#: Tim Pulliam)	Amount of contribution (\$)
	Contributor address; City; State; Zip C 15713 Tenbury St Jersey VIIIa	i	\$500.00
Principal occur			ty Regions Wester Authory
	ATTACH ADDITIONAL COPIES OF THIS If contributor is out-of-state PAC, please see instruction g		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Food/Beverage Expense y Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Gontract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Gard Payment	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Bryan D. Eng	ledoù	3 Filer ID (Ethics Commission Filers)
4 Date 3-14-2016	5 Payce name Vista Print		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$ 57.99	95 Hayden Ave	Boston M	4 02421
8	(a) Category (See Categories listed at the top of this sch		
PURPOSE OF EXPENDITURE	Advertising expense	<u> </u>	utside of Texas. Complete Schedule T. n. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Bryon D. Engle	Office sought	Office held None
Date	Payee name	1	
3-18-2016	Minutemen	pros	
Amount (\$) \$\\$487.13	Payee address; City; State; Zip	,	TX 770X0
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Advertising expense	Check if travel ou	tside of Texas, Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officebolder name Bryon D Engledoc	Office sought	Office held
Date	Payee name		
3-23-2016	Minute men pre	:55	
Amount (\$) \$\frac{1}{2} \left\ 05,00	Payee address; City; State; Zip	<i>,</i>	uston TX > 2040
PURPOSE OF EXPENDITURE	Advertising expens	Check if travel ou	tside of Texas. Complete Schedule T. , 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 SCHEDULE AS NEEDED			

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Saleries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Bryon D. Engled	3 Filer ID (Ethics Commission Filers)	
4 Date 3-23-2016	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$12.13	13484 Northwest Freeze	ry Houston TX 77040	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	11 12	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
EXPENDITURE	Advertising expense	Check if Austin, 17, unicendider living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Bryan D. Englishow	Office held City (6u/ci)	
Date	Payee name		
3-25-2016	Minute men Pri	225	
Amount (\$)	Payee address; City; State; Zip Code	// -	
\$ 151.80	17484 Northwest for	revery Houston / 72040	
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.	
PURPOSE OF	4 () .	Check if Austin, TX, officeholder living expense	
EXPENDITURE	Advertising expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit G/OF	Bryen D. Engledow	City Council	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T,	
EXPENDITURE		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 SCHEDULE AS NEEDED			