

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>5</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <b>MR</b> FIRST MI <b>MICHAEL</b> <b>R</b> NICKNAME LAST SUFFIX <b>MIKE MAURIELLO</b>	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>8406 Hawaii LN, Houston, TX 77040</b>	Date Received <b>4/7/16</b> <b>at</b> <b>1:38pm</b>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(713) 466-1216</b>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / <b>MRS</b> / MR FIRST MI <b>DEBORAH</b> <b>L</b> NICKNAME LAST SUFFIX <b>MAURIELLO</b>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>8406 Hawaii LN, Houston, TX 77040</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(713) 466-1216</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year     Month Day Year <b>2 / 15 / 2016</b> THROUGH <b>4 / 6 / 2016</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>5 / 7 / 2016</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>Jersey Village City Council Place # 4</b>	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME **MICHAEL R MAURIELLO**  
15 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  
 GENERAL  
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

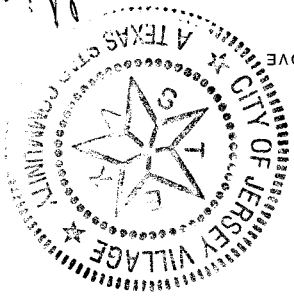
COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1500.00
	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES	\$ 836.62
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 663.38
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  
*Michael R. Mauriello*



Sworn to and subscribed before me, by the said Michael R. Mauriello, this the 27 day of April, 2016, to certify which, witness my hand and seal of office.

Signature of officer administering oath  
*[Signature]*  
 Printed name of officer administering oath  
 Title of officer administering oath

# SUBTOTALS - C/OH

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

<b>19 FILER NAME</b> <i>MICHAEL R MAURIELLO</i>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1500 <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 836 <sup>62</sup>
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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	\$

**SCHEDULE A1**

**MONETARY POLITICAL CONTRIBUTIONS**

The instruction guide explains how to complete this form.

1 Total pages Schedule A1: **1**

2 FILER NAME

**MICHAEL R MAURIELLO**

3 Filer ID (Ethics Commission Filers)

4 Date

**8/23/16**

5 Full name of contributor

**CLYDE J HARPER**

7 Amount of contribution (\$)

**1500<sup>00</sup>**

6 Contributor address:

**56 PARKWAY PL HOUSTON, TX 77040**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

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 (\$)

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 (\$)

Contributor address:

City: State: Zip Code

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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1</i>	2 FILER NAME <i>MICHAEL R MAURIELLO</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>03/03/16</i>	5 Payee name <i>BANK of AMERICA</i>	
6 Amount (\$) <i>\$1500</i>	7 Payee address; City; State; Zip Code <i>N/A</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Accounting/Banking</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>CHECKING ACCT FEE</i>

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>03/04/16</i>	Payee name <i>MINUTEMAN PRESS</i>		
Amount (\$) <i>81<sup>19</sup></i>	Payee address; City; State; Zip Code <i>17404 NORTHWEST Frewy, HOUSTON, TX 77040</i>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>CAMPAIGN SIGNS</i>
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>04/01/16</i>	Payee name <i>MINUTEMAN PRESS</i>		
Amount (\$)	Payee address; City; State; Zip Code <i>17404 NORTHWEST Frewy, HOUSTON, TX 77040</i>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>CAMPAIGN SIGNS</i>
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**SCHEDULE E**

**LOANS**

1 Total pages Schedule E: \_\_\_\_\_  
 2 FILER NAME \_\_\_\_\_  
 3 Filer ID (Ethics Commission Filers) \_\_\_\_\_

4 TOTAL OF UNITEMIZED LOANS \$ \_\_\_\_\_

5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		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 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 <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Description of Collateral  none  
 Check if personal funds were deposited into political account (See Instructions)

Principal occupation / Job title (See Instructions) \_\_\_\_\_  
 Employer (See Instructions) \_\_\_\_\_

GUARANTOR INFORMATION  not applicable  
 Name of guarantor \_\_\_\_\_  
 Guarantor address; City; State; Zip Code \_\_\_\_\_

Amount Guaranteed (\$) \_\_\_\_\_

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.