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:

OFFICE USE ONLY

Date Received: 4/28/2016 JP

Date Hand-delivered or Date Postmarked:

Receipt #: | Amount $:

Date Processed:

Date Imaged:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MRS | FIRST: Beverly | MI: S

NICKNAME: | LAST: Bolner | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

684 Shoreline Circle

Port Aransas TX 78373

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (210) | PHONE NUMBER: 6017465 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MS | FIRST: Sarah | MI: A

NICKNAME: | LAST: Lettunich | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

525 Aransas

Port Aransas Tx 78373

8 CAMPAIGN TREASURER PHONE

AREA CODE: (361) | PHONE NUMBER: 7497258 | EXTENSION:

9 REPORT TYPE

- ☐ January 15
- ☒ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ July 15
- ☐ 8th day before election
- ☒ Exceeded $500 limit
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 2 / 4 / 2016 THROUGH Month / Day / Year: 3 / 28 / 2014

11 ELECTION

ELECTION DATE: Month / Day / Year: 5 / 07 / 2016

ELECTION TYPE:
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☒ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any): City Council place 2

13 OFFICE SOUGHT (if known): Same

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Beverly Bolner

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	COMMITTEE NAME
☐ GENERAL	
☐ SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
☐ Additional Pages	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	$
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 315.00 1072.75 757.75
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	$

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.

IRMA G. PARKER
Notary Public, State of Texas
Comm. Expires 08-07-2018
Notary ID 477006-4

Beverly Bolner
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Beverly Bolner, this the 28th day of March, 2016, to certify which, witness my hand and seal of office.

Irma G. Parker	Irma G. Parker	Notary Public
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

RECEIVED
MAR 28 2016
City Secretary
Port Aransas, TX

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: one	2 FILER NAME Beverly Bolner	3 Filer ID (Ethics Commission Filers)
4 Date 3	5 Payee name American Express	
6 Amount ($) 1072.75 ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 650448 Dallas, TX 75265-0448	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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 Beverly Bolner	Office sought Place 2 / Office held Place 2

Date	Payee name	
Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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 ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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 SCHEDULE AS NEEDED

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Beverly Bolner	

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	$
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☒ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 1,072.75
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
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	$

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
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 F4:	2 FILER NAME Beverly Bolner	3 Filer ID (Ethics Commission Filers) -0-
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ -0-

5 Date 3/8/2014	6 Payee name ~~Amazon~~ The South Vetty
7 Amount ($) 315.00	8 Payee address; City; State; Zip Code PO Box 1117 Port Aransas TX 78373
9 TYPE OF EXPENDITURE	[X] Political [ ] Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description [ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Beverly Bolner; Office sought; Office held

Date 3/8/2014	Payee name Texas Sign Express
Amount ($) 757.75	Payee address; City; State; Zip Code 423 W Ave G Port Aransas TX 78373
TYPE OF EXPENDITURE	[X] Political [ ] Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense 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 SCHEDULE AS NEEDED

TEXAS SIGN EXPRESS
423 W AVE G
PORT ARANSAS, TX 78373
361 749 7446
41399801234946

Merchant ID: 399801234946
Ref #: 0012

Sale

XXXXXXXXXXXX3357
VISA Entry Method: Swiped

Total: $ 757.75

03/10/16 14:13:29
Inv #: 000001 Appr Code: 09875C
Transaction ID: 386070728093815
Apprvd: Online Batch#: 000250

Customer Copy
THANK YOU

TEXAS SIGN EXPRESS

LNER

Paign

Date Ordered:
Due Date: 3.9.16
Date Completed:
Salesman:
P.O.#:
Letter Style:
Material Size:
Job File Name:

Color of

Color of Vinyl:

(50) DS 18X24 CCRO @ 14.00

757.75
315.00
1072.75

Texas Sign Express
P.O.Box 1741
Port Aransas, Texas 78373
361-749-7446
E-mail: texassignexpress@yahoo.com

Sub-Total: 700.00
Tax (+): 57.75
Total (=):
Deposit (-): 75
Balance Due (=): 757

Customer Approval:

ALL SALES ARE FINAL. No Exchanges Or Refunds, No Warranty On Decals Installed By Customer

"Bevbolner@gmail.com" <bevbolner@gmail.com>
To: Burt Moorhouse Moorhouse <bmoorhouse@moorhouse.net>
Cc: "Bevbolner@gmail.com" <bevbolner@gmail.com>
Fwd: Bolner,Beverly

March 25, 2016 11:26 AM

1 Attachment, 84 KB

Begin forwarded message:

PORT ARANSAS SOUTH JETTY

P.O. Box 1117, Port Aransas, TX 78373 • 361-749-5131 Southern Publishing Inc.

PAYMENT RECEIPT

Receipt Date:	3/8/2016	**Advertiser:**	Bolner, Beverly
		Account Number:	1026

PAYMENT DETAILS

Payment Date:	3/1/2016	**Approval Code:**	00689C
Reference No:	15517	**Last 4 Digits of Card:**	3357
Amount:	$315.00		
Payment Method:	Visa		
Description:	ROA-3x10 bw political ad 3/3/16 issue - color photo-n/c		

PAYMENT AUTHORIZATION

☐ By checking this box I authorize the above payment.

Printed Name

Signature