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: RECEIVED APR - 7 2016 City Secretary Port Aransas, TX

Date Hand-delivered or Date Postmarked:

Receipt #: Amount $:

Date Processed:

Date Imaged:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: (MR) FIRST: CHARLES MI: R

NICKNAME: LAST: BUJAN SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 507 10th St. PORT ARANSAS TX 78373

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (361) PHONE NUMBER: 739 — 7684 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: FIRST: CHARLES MI: R

NICKNAME: LAST: BUJAN SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 507 10th St. PORT ARANSAS TEX 78373

8 CAMPAIGN TREASURER PHONE

AREA CODE: (361) PHONE NUMBER: 739 — 7684 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: 01 / 25 / 2014 THROUGH Month Day Year: 04 / 07 / 2014

11 ELECTION

ELECTION DATE: Month Day Year: 05 / 07 / 2014

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

12 OFFICE

OFFICE HELD (If any):

13 OFFICE SOUGHT (If known): MAYOR

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
CHARLES RAY BUJAN	

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	N/A
☐ SPECIFIC	COMMITTEE ADDRESS: N/A
	COMMITTEE CAMPAIGN TREASURER NAME: N/A
☐ Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS: N/A

17 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 0
	4. **TOTAL POLITICAL EXPENDITURES**	$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

18 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

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.

Charles R Bujan

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Charles Bujan, this the 7th day of April, 20 16, to certify which, witness my hand and seal of office.

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

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: 1-1	2 FILER NAME CHARLES R. BUTAN	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ 528.26
5 Date 2.16.14	6 Payee name TEXAS SIGN EXPRESS	
7 Amount ($) 528.26	8 Payee address; City; State; Zip Code P.O. BOX 1741 PORT ARANSAS, TX 78373	
9 TYPE OF EXPENDITURE	☒ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SIGNS-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	Office sought / Office held

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
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 CHARLES R. BUTAN	Office sought MAYOR / Office held

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
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: 1-1	2 FILER NAME CHARLES ROBERT BUJAN	3 Filer ID (Ethics Commission Filers)
4 Date 3-3-16	5 Payee name TEXAS SIGN EXPRESS	
6 Amount ($) 303.10 ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 1741 PORT ARANSAS TX 78373	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CHARLE ROBERT BUJAN	Office sought MAYOR / Office held
Date 3-23-14	Payee name TEXAS SIGN EXPRESS ~~TEXAS CHARLES ROBERT BUJAN~~	
Amount ($) 324.75 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 1741 PORT ARANSAS TX 78373	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISIN EXPENSE.	(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 CHARLES ROBERT BUJAN	Office sought MAYOR / Office held
Date 3-30-14	Payee name TEXAS SIGN EXPRESS	
Amount ($) 552.07 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. BOX 1741 PORT ARANSAS TX 78373	
PURPOSE OF EXPENDITURE	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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CHARLES ROBERT BUJAN	Office sought MAYOR / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED