

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00123456		2 PAGE # 1 of 6							
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Michael	MI MI	<p style="font-size: 2em; color: blue; opacity: 0.5;">RECEIVED</p> <p style="color: red; font-weight: bold;">APR 09 2015</p> <p style="color: blue; font-weight: bold;">8:29 am</p> <p style="color: blue; font-weight: bold;">CITY MANAGER'S OFFICE</p> <p>Date Received</p> <hr/> <p>Date Hand-delivered or Date Postmarked</p> <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 50%;">Receipt #</td> <td style="border: 1px solid black; width: 50%;">Amount</td> </tr> </table> <hr/> <p>Date Processed</p> <hr/> <p>Date Imaged</p>		Receipt #	Amount				
Receipt #	Amount										
	NICKNAME Mike	LAST Bomgardner	SUFFIX								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE										
<input type="checkbox"/> Change of Address	3714 Wooded Creek Farmers Branch, TX 75244										
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Barbara	MI MI								
	NICKNAME	LAST Bomgardner	SUFFIX								
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE										
	3714 Wooded Creek Dr. Farmers Branch, TX 75244										
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION								
	(214)	505-4611									
8 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)										
9 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center; vertical-align: middle;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">01/01/2015</td> <td></td> <td style="text-align: center;">03/31/2015</td> </tr> </table>					Month Day Year	THROUGH	Month Day Year	01/01/2015		03/31/2015
Month Day Year	THROUGH	Month Day Year									
01/01/2015		03/31/2015									
10 ELECTION	ELECTION DATE Month Day Year 05/09/2015		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special								
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Farmers Branch City Council District 5								
GO TO PAGE 2											

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Bomgardner, Michael (Mr.)

14 ACCOUNT # (Ethics Commission filers)
00123456

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,600.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	2,009.27
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CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,090.73
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	500.00
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17 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.



[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mike Bomgardner, this the 8th day of April, 2015, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

LAURA ANNE YORK
Print name of officer administering oath

NOTARY
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 1/2 Report: 3/6

2 FILER NAME Bomgardner, Michael (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00123456

4 Date
03/16/2015

5 Full name of contributor out-of-state PAC (ID# _____)
Bryan, Betty & Rod

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
3814 Wooded Creek Dr
Farmers Branch, TX 75244

\$500.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
02/22/2015

Full name of contributor out-of-state PAC (ID# _____)
Heller, Paul

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
13806 Wooded Creek Dr
Farmers Branch, TX 75244

\$300.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/27/2015

Full name of contributor out-of-state PAC (ID# _____)
Lyon, Rick & Kay Lynn

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
3720 Wooded Creek
Farmers Branch, TX 75244

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/21/2015

Full name of contributor out-of-state PAC (ID# _____)
Sedighi, Hooman (Dr.)

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
13213 Glad Acres
Farmers Branch, TX 75234

\$2,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/26/2015

Full name of contributor out-of-state PAC (ID# _____)
Springer-Lowmiller, Gary-Willis

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
13824 New Bark
Farmers Branch, TX 75244

\$200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 2/2 Report: 4/6

2 FILER NAME Bomgardner, Michael (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00123456

4 Date 02/21/2015 **5 Full name of contributor** out-of-state PAC (ID# _____)
Valdez, Mark & Gina

7 Amount of contribution (\$) | **8 In-kind contribution description (if applicable)**

6 Contributor address; City; State; Zip Code
3460 Golfing Green
Farmers Branch, TX 75234

\$500.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 5/6	
2 FILER NAME Bomgardner, Michael (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00123456	
4 TOTAL OF UNITEMIZED LOANS: ⇔⇔⇔⇔⇔⇔			
5 Date of loan 02/19/2015	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Bomgardner, Michael	9 Loan Amount (\$) \$500.00	
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 3714 Wooded Creek Dr Farmers Branch, TX 75244	10 Interest rate 0	
		11 Maturity date 06/30/2015	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation		21 Employer	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/1 Report: 6/6	2 FILER NAME Bomgardner, Michael (Mr.)	3 ACCOUNT # (TEC filers) 00123456
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4 Date 03/06/2015	5 Payee name KeeKopy, Inc
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6 Amount (\$) \$1,971.77	7 Payee address City; State; Zip Code 15072 Beltway Dr Addison, TX 75201
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Yard signs, door hangers <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/06/2015	Payee name KeeKopy, Inc
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Amount (\$) \$37.50	Payee address City; State; Zip Code 15072 Beltway Dr Addison, TX 75201
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> sign posts <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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