

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:								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST <u>ROBERT</u> MI NICKNAME <u>BOB</u> LAST <u>BRICK</u> SUFFIX		OFFICE USE ONLY Date Received <div style="border: 1px solid blue; padding: 5px; display: inline-block;"> RECEIVED OCT 30 2017 BY: <u>AM</u> </div> Date Hand-delivered or Date Postmarked <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>1308</u> <u>COLLEGE</u> <u>TX</u> <u>77845</u> <u>FOXIRE</u> <u>STATION</u>										
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(979)</u> <u>571-5186</u> <u>—</u>										
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST <u>DOY</u> MI NICKNAME <u>—</u> LAST <u>HELLRIEGEL</u> SUFFIX <u>—</u>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1301</u> <u>COLLEGE</u> <u>TX</u> <u>77845</u> <u>WILSHIRE COURT</u> <u>STATION</u>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(979)</u> <u>224-8137</u> <u>—</u>										
9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
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10 PERIOD COVERED	<table style="width:100%;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;"><u>10</u> / <u>11</u> / <u>2017</u></td> <td></td> <td style="text-align: center;"><u>10</u> / <u>30</u> / <u>2017</u></td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	<u>10</u> / <u>11</u> / <u>2017</u>		<u>10</u> / <u>30</u> / <u>2017</u>		
Month Day Year	THROUGH	Month Day Year									
<u>10</u> / <u>11</u> / <u>2017</u>		<u>10</u> / <u>30</u> / <u>2017</u>									
11 ELECTION	<table style="width:100%;"> <tr> <td style="width:35%;"> ELECTION DATE Month Day Year <u>11</u> / <u>7</u> / <u>2017</u> </td> <td style="width:65%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year <u>11</u> / <u>7</u> / <u>2017</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
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12 OFFICE	<table style="width:100%;"> <tr> <td style="width:50%;"> OFFICE HELD (if any) <u>—</u> </td> <td style="width:50%;"> 13 OFFICE SOUGHT (if known) <u>COLLEGE STATION CITY COUNCIL, PLACE 1</u> </td> </tr> </table>			OFFICE HELD (if any) <u>—</u>	13 OFFICE SOUGHT (if known) <u>COLLEGE STATION CITY COUNCIL, PLACE 1</u>						
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
BOB BRICK CAMPAIGN

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

BOB BRICK CAMPAIGN

COMMITTEE ADDRESS

**1308 FOXFIRE
COLLEGE STATION, TX 77845**

COMMITTEE CAMPAIGN TREASURER NAME

DON HELLRIEGEL

COMMITTEE CAMPAIGN TREASURER ADDRESS

**1301 WILSHIRE COURT
COLLEGE STATION, TX 77845**

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ **650.00**

2. TOTAL POLITICAL CONTRIBUTIONS **this report**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ **4,025.00**

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ **9.80**

4. TOTAL POLITICAL EXPENDITURES **This report**

\$ **1,034.74**

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD **bal this report**

\$ **2990.26**

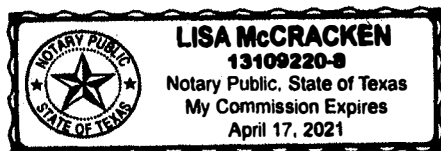
OUTSTANDING
LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Robert Brick
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said **Robert Brick**, this the **30th**
day of **October**, 20 **17**, to certify which, witness my hand and seal of office.

Lisa McCracken
Signature of officer administering oath

Lisa McCracken
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,025.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,034.74
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

ROBERT BRICK

3 Filer ID (Ethics Commission Filers)

4 Date

10/11/17

5 Full name of contributor

ANN M. MARSH

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

208 LAMPWICK COLLEGE STATION TX 77840

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/11/17

Full name of contributor

BEN WHITE

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

4759 STONEBRIAR COLLEGE STATION TX 77845

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/11/17

Full name of contributor

STEVE & MARY ALICE BEACHY

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

~~100.00~~
100.00

Contributor address;

1101 NEAL PICKETT COLLEGE STATION TX 77840

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/17

Full name of contributor

Linda M Stearns

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

316 Suffolk Ave Col Sta, TX 77840

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME **ROBERT BRICK**

3 Filer ID (Ethics Commission Filers)

4 Date

10/18
2017

5 Full name of contributor

Cathy C Livefy

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

806 Southern Hills

City; State; Zip Code

Col Sta, TX 77845

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/16
2017

Full name of contributor

Jose R Guerra, Jr
Angelina C Guerra

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

75.00

Contributor address;

2079 Ravenstone LP, Col Sta, TX 77845

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19
2017

Full name of contributor

Ward V Wells
Diane Wells

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

150.00

Contributor address;

1415 Harpers Ferry, Col Sta, TX 77845

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19
2017

Full name of contributor

Martha W Marberry

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

2110 Bent Oak st, Col Sta, TX 77845

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME **ROBERT BRICK**

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

10/20/17

Richard A Smith

6 Contributor address;

City; State; Zip Code

1215 Villa Maria, Boyan, TX 77802

750.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10/20/2017

Norma D Smith

Contributor address;

City; State; Zip Code

1215 Villa Maria, Boyan, TX 77802

750.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10/21/2017

Elmer E Mooring
Patricia L Mooring

Contributor address;

City; State; Zip Code

3709 Essen LP Col Sta, TX 77845

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10/19/2017

Kerry Cooper
Mary Vonne Cooper

Contributor address;

City; State; Zip Code

9201 Waterford Dr Col Sta, TX 77845

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME **ROBERT BRICK**

3 Filer ID (Ethics Commission Filers)

4 Date

10/27
2017

5 Full name of contributor

Doan L. Boyd
Kris Boyd

☐ out-of-state PAC (ID#:

6 Contributor address; City; State; Zip Code

1202 Ashburn Av Col Sta, TX 77845

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/28
2017

Full name of contributor

Inna M Garcia

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

2205 Hillside Dr Bryan TX 77802

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29
2017

Full name of contributor

Carol A Suter

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

2505 Villa Maria, Bryan TX 77802
210

Amount of contribution (\$)

52.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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 F1-1

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 F1: 2	2 FILER NAME Robert B Rick	3 Filer ID (Ethics Commission Filers)
4 Date 10/19/17	5 Payee name Bryan Broadcasting Corp	
6 Amount (\$) 570.00	7 Payee address; City; State; Zip Code 2700 Rudder College Texas 77845 Freeway Station	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertisement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/20/2017	Payee name Copy Star	
Amount (\$) 100.13	Payee address; City; State; Zip Code 2290 Boonville Rd, Bryan TX 77808	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/19/2017	Payee name Kroger	
Amount (\$) 9.80	Payee address; City; State; Zip Code 3535 College TX 77845 Longmire Station	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Postage stamps	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1-2

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 F1:		2 FILER NAME Robert Brick		3 Filer ID (Ethics Commission Filers)	
4 Date 10/2/2017		5 Payee name Victory Store			
6 Amount (\$) 354.81		7 Payee address; City; State; Zip Code 5200 SW 30th St Davenport IA 52802			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Signs Advertisement		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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