

# 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 / MR <input checked="" type="checkbox"/> FIRST <b>ROBERT</b> MI		OFFICE USE ONLY			
	NICKNAME <b>BOB</b>	LAST <b>BRICK</b> SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: <b>1308 FOXPIRE</b> CITY: <b>COLLEGE STATION</b> STATE: <b>TX</b> ZIP CODE <b>77845</b>					
<input type="checkbox"/> Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(979)</b>	PHONE NUMBER <b>571-5186</b>	EXTENSION <b>—</b>	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST <b>DON</b> MI <b>—</b>		Receipt # <b>—</b> Amount \$ <b>—</b>			
	NICKNAME <b>—</b>	LAST <b>HELLRIEGEL</b> SUFFIX <b>—</b>	Date Processed			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <b>1301 WILSHIRE COURT</b> CITY: <b>COLLEGE STATION</b> STATE: <b>TX</b> ZIP CODE <b>77845</b>		Date Imaged			
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(979)</b>	PHONE NUMBER <b>229-8137</b>	EXTENSION <b>—</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 checked="" 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 <b>10</b>	Day <b>11</b>	Year <b>2017</b>	Month <b>10</b>	Day <b>30</b>	Year <b>2017</b>
11 ELECTION	Month <b>11</b>	Day <b>17</b>	Year <b>2017</b>	ELECTION DATE <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) <b>—</b>		13 OFFICE SOUGHT (if known) <b>COLLEGE STATION CITY COUNCIL, PLACE 1</b>			

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.

GENERAL

SPECIFIC

COMMITTEE NAME

BOB BRICK CAMPAIGN

COMMITTEE ADDRESS

1308 FOXFIRE  
COLLEGE STATION, TX 77845

COMMITTEE CAMPAIGN TREASURER NAME

DON HEILRIGEL

COMMITTEE CAMPAIGN TREASURER ADDRESS

1301 WILSWIRE 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

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

\$ 9.80

4. TOTAL POLITICAL EXPENDITURES *This report*

\$ 1,034.74

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

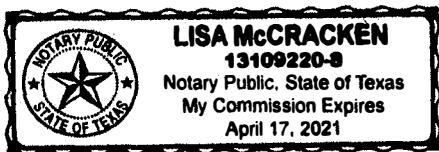
\$ 2990.26

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.



*Robert Brick*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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**

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	<b>SUBTOTAL AMOUNT</b>
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 <b>ROBERT BRICK</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/11/17</b>	5 Full name of contributor <b>ANN M. MARSH</b> <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address: <b>208 LAMPWICK COLLEGE STATION TX 77840</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/11/17</b>	Full name of contributor <b>BEN WHITE</b> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: <b>4759 STONEBRIAR COLLEGE STATION TX 77845</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/11/17</b>	Full name of contributor <b>STEVE &amp; MARY ALICE BEACHY</b> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: <b>1101 NEAL PICKETT COLLEGE STATION TX 77840</b>	Amount of contribution (\$) <b>100.00</b> <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/14/17</b>	Full name of contributor <b>Linda M Stearns</b> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: <b>316 Suffolk Ave Col Sta, TX 77840</b>	Amount of contribution (\$) <b>100.00</b>
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 <b>ROBERT BRICK</b>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/18 2017</i>	5 Full name of contributor <i>Cathy C. Lively</i> 6 Contributor address; <i>806 Southern Hills</i> City; State; Zip Code <i>Col Sta, TX 77845</i>	7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/16 2017</i>	Full name of contributor <i>JOSE R. Guerra, Jr</i> Contributor address; <i>2079 Ravenstone LP, Col Sta, TX 77845</i> City; State; Zip Code	Amount of contribution (\$) <i>75.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/19 2017</i>	Full name of contributor <i>Ward V. Wells</i> Contributor address; <i>1415 Harper's Ferry, Col Sta, TX 77845</i> City; State; Zip Code	Amount of contribution (\$) <i>150.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/19 2017</i>	Full name of contributor <i>Martha W. Marberry</i> Contributor address; <i>2110 Bent Oak St, Col Sta, TX 77845</i> City; State; Zip Code	Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 <b>ROBERT BRICK</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/20/17</b>	5 Full name of contributor <b>Richard A Smith</b>	6 Contributor address; City; State; Zip Code <b>1215 Villa Maria, Boyan, TX 77802</b>
7 Amount of contribution (\$) <b>750.00</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/20/17</b>	Full name of contributor <b>Norma D Smith</b>	□ out-of-state PAC (ID#: <b>750.00</b> )
Contributor address; City; State; Zip Code <b>1215 Villa Maria, Boyan, TX 77802</b>		Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/21/17</b>	Full name of contributor <b>Elmer E Mooring</b>	□ out-of-state PAC (ID#: <b>150.00</b> )
Contributor address; City; State; Zip Code <b>3709 Essen LP Colista, TX 77845</b>		Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/19/17</b>	Full name of contributor <b>Kerry Cooper</b>	□ out-of-state PAC (ID#: <b>150.00</b> )
Contributor address; City; State; Zip Code <b>9201 Waterford Colista, TX 77845</b>		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.

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>ROBERT BRICK</b>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/27 2017</i>	5 Full name of contributor <i>Dean L. Boyd</i> 6 Contributor address; <i>1202 Ashburn Av Col Sta, TX 77845</i>	□ out-of-state PAC (ID#: 7 Amount of contribution (\$) <i>200.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/28 2017</i>	Full name of contributor <i>Inna M Garcia</i> Contributor address; <i>2205 Hillside Dr Bryan TX 77802</i>	□ out-of-state PAC (ID#: Amount of contribution (\$) <i>250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/29 2017</i>	Full name of contributor <i>Carol A Suter</i> Contributor address; <i>2505 Villa Maria, Bryan TX 77802 # 210</i>	□ out-of-state PAC (ID#: Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Contributor address; City; State; Zip Code	□ out-of-state PAC (ID#: 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	Robert Brick	
4 Date	5 Payee name	
19/19/17	Bryan Broadcasting Corp	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
570.00	2100 Rudder Freeway College Station Texas 77845	
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 Stop		
Amount (\$) 100.13	Payee address; City; State; Zip Code 2290 Bonnville 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 Longmire College Station TX 77845		
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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Robert Brick</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/21/2017</i>	5 Payee name <i>Victory Store</i>		
6 Amount (\$) <i>354.81</i>	7 Payee address; City; State; Zip Code <i>5200 SW 30th St Davenport IA 52802</i>		
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Signs Advertisement</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	
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		
<b>PURPOSE OF EXPENDITURE</b>	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		
<b>PURPOSE OF EXPENDITURE</b>	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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			