

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> <div style="font-size: 2em; text-align: center;">5</div>								
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	(MS) MRS / MR      FIRST      MI <div style="text-align: center; font-size: 1.5em;">                     MARYELLEN      F.                 </div> <hr style="border: 0; border-top: 1px dotted black;"/> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.5em;">                     MIKSA                 </div>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> <p style="margin: 5px 0;">Date Received</p> <div style="text-align: center; margin: 5px 0;"> </div> <p style="margin: 5px 0;">Date Hand-delivered or Postmarked</p> <table style="width: 100%; border-collapse: collapse; margin: 5px 0;"> <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> </div>		Receipt #	Amount	Date Processed		Date Imaged			
Receipt #	Amount										
Date Processed											
Date Imaged											
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <div style="font-size: 1.2em;">                     1634 Clarendon Dr.                      Lewisville, TX 75067                 </div>										
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <div style="font-size: 1.2em;">                     (214) 632-9589                 </div>										
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI <div style="text-align: center; font-size: 1.5em;">                     MARYELLEN      F.                 </div> <hr style="border: 0; border-top: 1px dotted black;"/> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.5em;">                     MIKSA                 </div>										
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <div style="font-size: 1.2em;">                     1634 Clarendon Dr.                      Lewisville, TX 75067                 </div>										
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <div style="font-size: 1.2em;">                     (214) 632-9589                 </div>										
<b>9 REPORT TYPE</b>	<table style="width: 100%; border-collapse: collapse;"> <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 type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input checked="" 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input checked="" type="checkbox"/> Final report (Attach C/OH - FR)
<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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input checked="" type="checkbox"/> Final report (Attach C/OH - FR)								
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <div style="font-size: 1.5em;">                     5 / 11 / 15      THROUGH      5 / 14 / 15                 </div>										
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <div style="font-size: 1.5em;">                     05 / 09 / 15                 </div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special									
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <div style="font-size: 1.5em;">                     City Council, place 5                 </div>									

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Maryellen F. Miksa*

15 ACCOUNT # (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

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ *250.00*

EXPENDITURE  
TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *250.00*

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

\$ *695.21*

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.

*Maryellen F. Miksa*  
Signature of Candidate or Officeholder

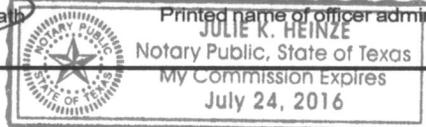
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mary Ellen F. Miksa, this the 14<sup>th</sup> day of May, 20 15, to certify which, witness my hand and seal of office.

*Julie Heinze*  
Signature of officer administering oath

*Julie Heinze*  
Printed name of officer administering oath

*Notary Public*  
Title of officer administering oath



# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

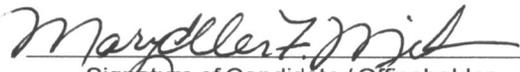
1 C/OH NAME

2 ACCOUNT # (Ethics Commission Filers)

Maryellen F. Miksa

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

**A. CAMPAIGN FUNDS**

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
 Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
 Signature of Officeholder

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <span style="font-size: 2em; font-weight: bold;">1</span>	
2 FILER NAME <span style="font-size: 1.5em; font-family: cursive;">MARYELLEN F. MIKSA</span>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <span style="font-size: 1.5em; font-family: cursive;">5/11/15</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em; font-family: cursive;">MARK W. HOLT</span>	7 Amount of contribution (\$) <span style="font-size: 2em; font-weight: bold;">250.00</span>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <span style="font-size: 1.2em; font-family: cursive;">1706 Milestone Ridge Lewisville, TX 75067</span>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <i>1</i>	<b>2</b> FILER NAME <i>MARYELLEN F. MIKSA</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
--	--	---

<b>4</b> Date <i>5/14/15</i>	<b>5</b> Payee name <i>MARYELLEN F. MIKSA</i>
---------------------------------	--

<b>6</b> Amount (\$) <i>250.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>1634 Clarendon Dr. LEWISVILLE, TX 75067</i>
---------------------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Loan payment/reimbursement</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>Reimbursement of loan</i>
---------------------------------	--	--

<b>9</b> 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 (If travel outside of Texas, complete Schedule T)	

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 (If travel outside of Texas, complete Schedule T)	

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 (If travel outside of Texas, complete Schedule T)	

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