

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)	2 Total pages filed 3
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> MR FIRST: Winston MI: L. NICKNAME: Edmondson LAST: Edmondson SUFFIX: Jr.		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 1292 Marchant Place CITY: Lewisville, TX STATE: TX ZIP CODE: 75067		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (214) PHONE NUMBER: 415-7929 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MR / MR <input checked="" type="checkbox"/> MR FIRST: John Paul MI: NICKNAME: Lewis LAST: Lewis SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 5335 Bent Tree Forest Dr. #225. CITY: Dallas, TX STATE: TX ZIP CODE: 75248		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (972) PHONE NUMBER: 213-3575 EXTENSION:		
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 06 / 2018 4 / 25 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 05 / 05 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Mayor	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name: Address / PO Box: Apt / Suite #: City: State: Zip Code:		

GO TO PAGE 2

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G 1
2 FILER NAME Winston Edmondson		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/16/2018	5 Payee name Facebook 6 Payee address: City: State: Zip Code 1601 California Ave., Palo Alto, CA 94301 7 Purpose of expenditure (See instructions regarding type of information required.) Advertisements (If travel outside of Texas, complete Schedule T)	8 Amount (\$) \$16.47 <input type="checkbox"/> Reimbursement from political contributions intended
Date 4/16/2018	Payee name Vistaprint USA, Inc. Payee address: City: State: Zip Code 95 Hayden Ave, Lexington, MA 02421 Purpose of expenditure (See instructions regarding type of information required.) Print Materials (If travel outside of Texas, complete Schedule T)	Amount (\$) \$175.48 <input type="checkbox"/> Reimbursement from political contributions intended
Date 4/16/2018	Payee name SignCentral Payee address: City: State: Zip Code 4831 Rippy Rd., Flower Mound, TX 75022 Purpose of expenditure (See instructions regarding type of information required.) Signs (If travel outside of Texas, complete Schedule T)	Amount (\$) \$113.66 <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME **Winston Edmondson** 16 ACCOUNT # (Ethics Commission Filers)

17 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 305.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 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.

Tamara Nicole Brooks
My Commission Expires
11/25/2021
ID No. 129635849

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said T. Winston Edmondson, this the 27th day of April, 2018, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Tamara Brooks
Printed name of officer administering oath

Training Specialist/Notary
Title of officer administering oath