# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G  | Guide explains how to complete this form.                                     | 1 Filer ID (Ethics Commission Filers)           | 2 Total pages filed:   |
|---|---|---|--|
| 3 CANDIDATE/<br>OFFICEHOLDER<br>NAME  | MS/MRS/MR Brian NICKNAME BECVA  | Keith<br>SUFFIX                                 | OFFICE USE ONLY  Date Received   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE / OFFICEHOLDER | 22061 Chapma  | CITY; STATE; ZIP CODE  AN RO.  77445  EXTENSION | Date Hand-delivered or Date Postmarked   |
| PHONE  6 CAMPAIGN TREASURER NAME  | MS/MRS/MR MSS NICKNAME  MS/MRS/MR  Rhonch  LAST  Becvar                       | Lynn  | Receipt # Amount \$  Date Processed  Date Imaged   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)                             | STREET ADDRESS (NO PO BOX PLEASE); APT / SI<br>2286/ Chapman<br>Hempstend, TX | Rd.   | ZIP CODE   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE PHONE NUMBER (832) 367-7959   | EXTENSION                                       |  |
| 9 REPORT TYPE   | January 15 30th day before e  |   | 15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR) |
| 10 PERIOD<br>COVERED  | Month Day Year / 22/16  | THROUGH 2                                       | 20 / 1 G   |
| 11 ELECTION   | Month Day Year Primary  3 / 1 / 16 General                                    | Runoff Other Description  Special               |  |
| 12 OFFICE   | OFFICE HELD (if any)  | 13 OFFICE SQUENT (If known Waller Co            | ounty<br>er Pct. 1   |
| -   | GO TO   | PAGE 2  |  |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME Brian Keith Becvar  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  | COMMITTEE NAME  |           |  |  |
|   | GENERAL   |   |           |  |  |
|   | SPECIFIC  | COMMITTEE ADDRESS   |           |  |  |
|   |   | COMMITTEE CAMPAIGN TREASURER NAME   |           |  |  |
| Additional Pages  |   |   |           |  |  |
|   |   | COMMITTEE CAMPAIGN TREASURER ADDRESS  |           |  |  |
| 17 CONTRIBUTION<br>TOTALS   |   | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 100.00 |  |  |
|   |   | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                    | \$ 100.00 |  |  |
| EXPENDITURE<br>TOTALS   | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, \$43.15   |   |           |  |  |
|   |   |   |           |  |  |
| CONTRIBUTION<br>BALANCE   |   | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD                                     | \$ 100.00 |  |  |
| OUTSTANDING<br>LOAN TOTALS  |   | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE<br>AY OF THE REPORTING PERIOD                       | \$ 0      |  |  |
| 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.  Notary Public, State of Texas My Commission Expires November 22, 2017 |   |   |           |  |  |
| Signature of Candidate or Officeholder  |   |   |           |  |  |
| AFFIX NOTARY STAMP / SEALABOVE  |   |   |           |  |  |
| Sworn to and subscribed before me, by the said Bran Luth Becvar, this the 3214  |   |   |           |  |  |
| day of  |   |   |           |  |  |
| Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath  |   |   |           |  |  |

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

| 19 FILER NAME  20 Filer ID (Ethics Con   | mmission Filers)   |
|--|--------------------|
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  | SUBTOTAL<br>AMOUNT |
| SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  | \$100.00           |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         | \$                 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$                 |
| 4. SCHEDULE E: LOANS   | \$                 |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               | \$                 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$                 |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              | \$                 |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       | \$                 |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         | \$957.30           |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                 |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                 |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                 |

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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)

| Credit Card Payment  | The Instruction Guide explains how to complete this form.  |           |
|--|--|-----------|
| 1 Total pages Schedule G:  | Brian Keth Becvar 3 Filer ID (Ethics Commission  | n Filers) |
| 4 Date ///   | 5 Payee name CASA  |           |
| 6 Amount (\$)  150,00  Reimbursement from political contributions intended | Bellville, Austin County, TX 77418   | ,         |
| PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)  EVENT FXPENSE  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |           |
| 9 Complete ONLY if direct expenditure to benefit C/C                       |  | d         |
| 2/6/16   | Payee name  CASA   |           |
| Amount (\$)  Peimbursement from political contributions intended           | Payee address; City; State; Zip Code  Bellville, Austin County, TX 77418   |           |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)    Description   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense                    |           |
| Complete ONLY if direct expenditure to benefit C/G                         |  | d         |
| 2/12/16  | V. S. Postal Service   |           |
| 345,00   | Payee address; City; State; Zip Code  901 12 +5 Street   |           |
| Reimbursement from political contributions intended                        | Hempstead, TX 77445  |           |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)  OHAT - SFAMPS  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense     |           |
| Complete ONLY if direct expenditure to benefit C/C                         | Ciliod Hole  | d         |
|  | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  |           |

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Creft Card Payment

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

| Credit Card Payment  | The Instruction Guide explains how  | r to complete this form.  | above)      |
|--|---|---|-------------|
| 1 Total pages Schedule G:  | Brian Keith Be  | 3 Filer ID (Ethics Commiss  | ion Filers) |
| 1/30/16  | Knights of Columb   | 4   |             |
| 6 Amount (\$)<br>80.00   | 7 Payee address; City; State: Zip Code 22892 Mack Wash                          | ing ton 2N.   |             |
| Reimbursement from political contributions intended                      | Henpstend, TX   | 77445   |             |
| PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  Exert Expense | (b) Description  Check if travel outside of Texas. Complete Schedule T.   |             |
| Complete ONLY if direct expenditure to benefit C/                        | Candidate / Officeholder name   | Office sought Office holder living expense  | eld         |
| Date .   | Payee name  |   |             |
| 1/30/16  | Knights of Colur  | nbus  |             |
| 90.00  | Payee address; City; State; Zip Code  22892 Mack Wo                             | •   |             |
| Reimbursement from political contributions intended                      | Hempstend, TX 7   | 7445  | 1 /         |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)  Donatron          | (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |             |
| Complete ONLY if direct expenditure to benefit C/                        |   | Office sought Office h  | eld         |
| 2/1/16   | The Journey Church  | 1- Room for Dreams  |             |
| Amount (\$) 100.00  Pleimbursement from political contributions intended | Payee address; City; State; Zip Code Waller, Ty 779                             |   |             |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)  Dona H. Em        | (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |             |
| Complete ONLY if direct expenditure to benefit C/                        |   | Office sought Office h  | eld         |
|  | ATTACH ADDITIONAL COPIES OF THE   | S SCHEDULE AS NEEDED  |             |