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: 6

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR

FIRST: DAVID

MI: D

NICKNAME: Bulldog

LAST: Sicloff

SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS (PO BOX): 105 FIVE DOVE CIRCLE

APT / SUITE #:

CITY: Port ARANSAS,

STATE: TEXAS

ZIP CODE: 78373

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (512)

PHONE NUMBER: 966-1499

EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR

FIRST: MARTIN

MI: J

NICKNAME: Bud

LAST: PHALEN

SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 168 FIVE DOVE CIRCLE

APT / SUITE #:

CITY: Port ARANSAS

STATE: TEXAS

ZIP CODE: 78373

8 CAMPAIGN TREASURER PHONE

AREA CODE: (815)

PHONE NUMBER: 690-1938

EXTENSION:

9 REPORT TYPE

- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ July 15
- ☑ 8th day before election
- ☑ Exceeded Modified Reporting Limit
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 02 / 11 / 2021 THROUGH 04 / 19 / 2021

11 ELECTION

ELECTION DATE — Month / Day / Year: 05 / 01 / 2021

ELECTION TYPE

- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☒ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): Port ARANSAS City Council - Position 5

14 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.

☐ Additional Pages

COMMITTEE TYPE

- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received: RECEIVED APR 19 2021 City Secretary Port Aransas, Tx

Date Hand-delivered or Date Postmarked

Receipt #

Amount $

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ Ø
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 855.06
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ Ø
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1009.91
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ Ø
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

18 SIGNATURE 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.

_____

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

_____

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

My name is David O 'Bulldog' Sinoff, and my date of birth is 8/18/1962.

My address is 105 Five Dove Circle, Port Aransas TX 78373 Nueces
(street) (city) (state) (zip code) (country)

Executed in Nueces County, State of Texas, on the 04 day of 19 (month), 2021 (year).

_____

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
DAVID D 'Bulldog' SIELOFF	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 855.06
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0.00
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0.00
4.	☐	SCHEDULE E: LOANS	$ 0.00
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0.00
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0.00
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0.00
8.	☑	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 455.06
9.	☑	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 554.85
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0.00
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0.00
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME: DAVID O SIELOFF

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
4/15/2021	JOHN P MACDIARMID / 305 W KINGS HWY SAN ANTONIO TX 78212	$100.00
	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
4/18/2021	GARY W RABA / 2815 LOW OAK STREET SAN ANTONIO TEXAS 78212	$300.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
02/11/2021	MARTIN J PHALEN / 168 FIVE DOVE CIRCLE PORT ARANSAS TEXAS 78373	279.62
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
	HEALTH PHYSICIST	NUCLEAR ENERGY INSTITUTE.
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
03/01/2021	MARTIN J PHALEN / 168 FIVE DOVE CIRCLE PORT ARANSAS TEXAS 78373	175.44
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
	HEALTH PHYSICIST	NUCLEAR ENERGY INSTITUTE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME: David D Sloff	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ 455.06

5 Date: 02/11/2021	6 Payee name: VISTA PRINT
7 Amount ($): 279.62	8 Payee address: VISTA PRINT Hudsonweg 8 — City: VINIO — State: the Netherlands — Zip Code: 5928LW
9 TYPE OF EXPENDITURE	☒ Political ☐ Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Printing Expense — (b) Description: DOOR HANGERS & YARD SIGNS
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name — Office sought — Office held

Date: 03/01/2021	Payee name: VISTA PRINT
Amount ($): 175.44	Payee address: VISTA PRINT Hudsonweg 8 — City: VINIO — State: the Netherlands — Zip Code: 5928LW
TYPE OF EXPENDITURE	☒ Political ☐ Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Printing Expense — Description: YARD SIGNS
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY 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 PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT include this page in the report.**

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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	DAVID O SLOFF	

4 Date: 02/16/2021
5 Payee name: South Jetty - Port ARANSAS, tx NEWSPAPER
6 Amount ($): 267.30
☐ Reimbursement from political contributions intended
7 Payee address: 1726 SH 361 Suite A-1 P.O. Box 1117 — City: Port ARANSAS — State: texAS — Zip Code: 78373

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): Advertising Expense
(b) Description: Newspaper Ad
(c) ☐ 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/OH
Candidate / Officeholder name: | Office sought: | Office held:

Date: 03/02/2021
Payee name: BANNER BUZZ
Amount ($): 24.36
☐ Reimbursement from political contributions intended
Payee address: BANNER BUZZ.com 595 old Norcross rd. Suite G — City: LAWRENCEVILLE — State: GA — Zip Code: 30046

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): Advertising Expense
Description: FLAG
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: | Office sought: | Office held:

Date: 03/03/2021
Payee name: CUSTOM LANYARD
Amount ($): 263.12
☐ Reimbursement from political contributions intended
Payee address: WB Promotion 12505 Reed Road #110 — City: Sugar Land — State: texAS — Zip Code: 77478

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): Advertising Expense
Description: COLOR CAN Coolers
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: | Office sought: | Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED