

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	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">MS / MRS / MR</td> <td style="width:30%; border:none;">FIRST</td> <td style="width:10%; border:none;">MI</td> </tr> <tr> <td style="border:none;"></td> <td style="border:none;">Benjamin</td> <td style="border:none;">C</td> </tr> <tr> <td style="border:none;">NICKNAME</td> <td style="border:none;">LAST</td> <td style="border:none;">SUFFIX</td> </tr> <tr> <td style="border:none;">Ben</td> <td style="border:none;">Bumgarner</td> <td style="border:none;"></td> </tr> </table>	MS / MRS / MR	FIRST	MI		Benjamin	C	NICKNAME	LAST	SUFFIX	Ben	Bumgarner		OFFICE USE ONLY Date Received <i>8:42 AM</i> RECEIVED APR 26 2019 Town of Flower Mound Town Secretary's Office Date Hand-delivered or Date Postmarked													
MS / MRS / MR	FIRST	MI																									
	Benjamin	C																									
NICKNAME	LAST	SUFFIX																									
Ben	Bumgarner																										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE 5150 Kensington Court; Flower Mound; Texas; 75022																										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (940) 205-2210																										
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">MS / MRS / MR</td> <td style="width:30%; border:none;">FIRST</td> <td style="width:10%; border:none;">MI</td> </tr> <tr> <td style="border:none;"></td> <td style="border:none;">Caroline</td> <td style="border:none;">M</td> </tr> <tr> <td style="border:none;">NICKNAME</td> <td style="border:none;">LAST</td> <td style="border:none;">SUFFIX</td> </tr> <tr> <td style="border:none;">Mindy</td> <td style="border:none;">Bumgarner</td> <td style="border:none;"></td> </tr> </table>	MS / MRS / MR	FIRST	MI		Caroline	M	NICKNAME	LAST	SUFFIX	Mindy	Bumgarner		Receipt #	Amount \$												
MS / MRS / MR	FIRST	MI																									
	Caroline	M																									
NICKNAME	LAST	SUFFIX																									
Mindy	Bumgarner																										
		Date Processed																									
		Date Imaged																									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE 5150 Kensington Court; Flower Mound; Texas; 75022																										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (940) 205-2201																										
9 REPORT TYPE	<table style="width:100%; border:none;"> <tr> <td style="width:25%;">January 15</td> <td style="width:25%;">30th day before election</td> <td style="width:25%;">Runoff</td> <td style="width:25%;">15th day after campaign treasurer appointment <small>(Officeholder Only)</small></td> </tr> <tr> <td>July 15</td> <td>X 8th day before election</td> <td>Exceeded \$500 limit.</td> <td>Final Report (Attach C/OH -FR)</td> </tr> </table>			January 15	30th day before election	Runoff	15th day after campaign treasurer appointment <small>(Officeholder Only)</small>	July 15	X 8th day before election	Exceeded \$500 limit.	Final Report (Attach C/OH -FR)																
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10 PERIOD COVERED	<table style="width:100%; border:none;"> <tr> <td style="width:25%;">Month</td> <td style="width:25%;">Day</td> <td style="width:25%;">Year</td> <td style="width:25%;">Month</td> <td style="width:25%;">Day</td> <td style="width:25%;">Year</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align:center;">4/4/2019</td> <td colspan="3" style="text-align:center;">4/26/2019</td> </tr> <tr> <td colspan="6" style="text-align:center;">THROUGH</td> </tr> </table>			Month	Day	Year	Month	Day	Year							4/4/2019			4/26/2019			THROUGH					
Month	Day	Year	Month	Day	Year																						
4/4/2019			4/26/2019																								
THROUGH																											
11 ELECTION	ELECTION DATE Month Day Year 5/4/2019	ELECTION TYPE Primary Runoff Other Description X General Special																									
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Town Council Place 3																									

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

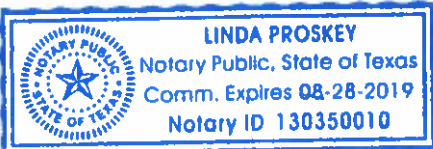
14 C/OH NAME Benjamin Bumgarner	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 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
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

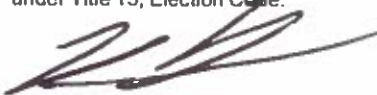
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$15.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$1.00
	4. TOTAL POLITICAL EXPENDITURES	\$4,019.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$638.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

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.




AFFIX NOTARY STAMP / SEAL ABOVE



 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Benjamin Bumgarner, this the 26th day of April, 2019, to certify which, witness my hand and seal of office.



Linda Proskey

Notary

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
Benjamin Bumgarner

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$15.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$4,020.37
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	\$
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	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 1
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2 FILER NAME Benjamin Bumgarner	3 Filer ID (Ethics Commission Filers)
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4 Date 4/25/19	5 Full name of contributor out-of-state PAC (ID# _____) Anonymous 6 Contributor address; City; State; Zip Code N/A	7 Amount of contribution (\$) \$15.00
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8 Principal occupation / Job title (See Instructions) N/A	9 Employer (See Instructions) N/A
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Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
------	---	-----------------------------

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 (\$)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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

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 F1: 2		2 FILER NAME Benjamin Bumgarner		3 Filer ID (Ethics Commission Filers)	
4 Date 4/8/19		5 Payee name Facebook			
6 Amount (\$) \$1.00		7 Payee address; City; State; Zip Code 1 Hacker Way; Menlo Park; CA; 94025			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Facebook Ads	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/8/19		Payee name UPS Store			
Amount (\$) \$160.21		Payee address; City; State; Zip Code 2201 Long Prairic Rd.; Unit 107; Flower Mound; TX; 75022			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Flyers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/22/19		Payee name Royal T Ink			
Amount (\$) \$1,530.38		Payee address; City; State; Zip Code 304 Arbor Ct.; Boyd; TX; 76023			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense T-Shirts	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
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Transportation Equipment & Related Expense
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Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Benjamin Bumgarner		3 Filer ID (Ethics Commission Filers)	
4 Date 4/25/19		5 Payee name PPS			
6 Amount (\$) \$2,328.78		7 Payee address; City; State; Zip Code 1901 Long Prairc Rd #220; Flower Mound; TX; 75022			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mailers	
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			
PURPOSE OF 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	
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