

**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 8

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Benjamin C
NICKNAME LAST SUFFIX
Ben Bumgarner

RECEIVED
12:2 PM
JUL - 2 2019
Town of Flower Mound
Town Secretary's Office

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
Change of Address 5150 Kensington Court, Flower Mound, Texas, 75022

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(940) 205-2210

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Caroline M
NICKNAME LAST SUFFIX
Mindy Bumgarner

Receipt #

Amount \$

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

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
July 15 6th day before election Exceeded \$500 limit. X Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
4/26/2019 THROUGH 6/30/2019

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year
5/4/2019

Primary Runoff Other Description
X General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Town Council Place 3

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

Benjamin Bumgarner

2 Filer ID (Ethics Commission Filers)

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

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME
Benjamin Bumgarner

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM	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.	
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME
	GENERAL	
	SPECIFIC	
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
Additional Pages		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	\$50.00
	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	\$44.26
	4. TOTAL POLITICAL EXPENDITURES	\$246.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$0.00
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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE *Ben Bumgarner*

Sworn to and subscribed before me, by the said *Ben Bumgarner*, this the *20th* day of *July*, 20*19*, to certify which, witness my hand and seal of office

[Handwritten Signature]

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.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$50.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$246.33
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.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 442.32
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 442.32

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 4/27/19	5 Full name of contributor out-of-state PAC (ID# _____) Beverly and Jean Hillman 6 Contributor address; City; State; Zip Code 1819 Chesnut Ct.; Flower Mound; TX 75028	7 Amount of contribution (\$) \$50.00
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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 (\$)
------	--	-----------------------------

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 (\$)
------	--	-----------------------------

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: 1		2 FILER NAME Benjamin Bumgarner		3 Filer ID (Ethics Commission Filers)	
4 Date 5/2/19		5 Payee name Google			
6 Amount (\$) \$202.07		7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway, Mountain View, CA 94043			
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 Google Ads	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/20/19		Payee name Wells Fargo			
Amount (\$) \$10.00		Payee address; City; State; Zip Code 420 Montgomery Street; San Francisco; CA; 94104			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Monthly Service Fee		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Service Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/28/19		Payee name Google Ads			
Amount (\$) \$34.25		Payee address; City; State; Zip Code 1600 Amphitheatre Parkway, Mountain View, CA 94043			
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 Google Ads	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME Benjamin Bumgarner	3 Filer ID (Ethics Commission Filers)
4 Date 5/3/2019	5 Payee name One by One Pet Rescue	
6 Amount (\$) \$386.29	7 Payee address; City; State; Zip Code 3113 Fallow Dr. Flower TX 75028 Mound	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Donation	(b) Description (See instructions regarding type of information required.) Donation of final funds
Date 5/3/19	Payee name One by One Pet Rescue	
Amount (\$) \$ 124.55	Payee address; City; State; Zip Code 3113 Fallow Dr. Flower TX 75028 Mound	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation of Final Funds	Description (See instructions regarding type of information required.) Donation of remaining funds
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code ;	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code ;	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: 1
2 FILER NAME Benjamin Bungamer		3 Filer ID (Ethics Commission Filers)
4 Date 6/3/19	5 Name of person from whom amount is received <i>Wells Fargo</i>	7 Amount (\$) \$386.29
	6 Address of person from whom amount is received; City; State; Zip Code 6201 Long Prairie Rd.; Flower Mound; TX 75028	
7 Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer Amount Remaining on Campaign fund		
Date 6/3/19	Name of person from whom amount is received <i>Wells Fargo</i>	Amount (\$) 56.03
	Address of person from whom amount is received; City; State; Zip Code 6201 Long Prairie Rd.; Flower Mound; TX 75028	
Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer Amount Remaining in Campaign Fund		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED