

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 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Bryan LAST	MI J SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: 819 Windsor Woods Ln.		APT / SUITE #: Katy
		CITY: TX	STATE: TX
		ZIP CODE: 77494	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 539-5184	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Daryn LAST	MI R SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 24616 Millers Lane		APT / SUITE #: Katy TX
		CITY: TX	STATE: TX
		ZIP CODE: 77493	
8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 875-1457	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 02 / 24 / 12		THROUGH Month Day Year 04 / 12 / 12
11 ELECTION	ELECTION DATE Month Day Year 05 / 12 / 12	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) Katy ISD Board of Trustees Position 6	

OFFICE USE ONLY

Date Received
4-12-12

Kathy Adams

Date Hand-delivered or Postmarked

Receipt #	Amount
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Date Processed

Date Imaged

GO TO PAGE 2

4-12-12 R. Adams

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

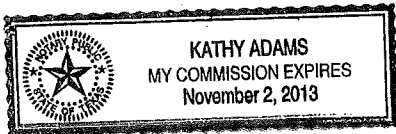
14 C/OH NAME Bryan J Michalsky 15 ACCOUNT # (Ethics Commission Filers)

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: GENERAL, SPECIFIC. COMMITTEE NAME, ADDRESS, CAMPAIGN TREASURER NAME, ADDRESS. additional pages

Table with 6 rows: 17 CONTRIBUTION TOTALS, EXPENDITURE TOTALS, CONTRIBUTION BALANCE, OUTSTANDING LOAN TOTALS. Columns: Description, Amount. Values: 1. \$ 235.00, 2. \$ 5,045.00, 3. \$, 4. \$ 3,193.32, 5. \$ 2,068.96, 6. \$ 1,000.00

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.



Signature of Candidate or Officeholder: Bryan J Michalsky

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bryan J. Michalsky, this the 12th day of April, 2012, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Kathy Adams

Printed name of officer administering oath: KATHY Adams

Title of officer administering oath: Notary

4-12-12 R. Adams

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 2

2 FILER NAME Bryan J. Michalsky 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>3/9/12</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Daryn & Robin Ebrecht</u>	7 Amount of contribution (\$) <u>1,000.⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>24616 Millers Lane Katy, TX 77493</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <u>3/18/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Elizabeth Davis</u>	Amount of contribution (\$) <u>100.⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3602 Holiday Bay Ct Katy, TX 77494</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>3/18/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lea Hollen</u>	Amount of contribution (\$) <u>100.⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>Katy, TX</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>3/27/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>T Double HB LLC</u>	Amount of contribution (\$) <u>1,000.⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5443 Katy Hackley Cut-off Katy, TX 77493</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>3/29/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Johnny & Debra Slaughter</u>	Amount of contribution (\$) <u>300.⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5803 Madrone Meadow Katy, TX 77494</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

4-12-12 R. Adams

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 2

2 FILER NAME *Bryan J. Michalsky* 3 ACCOUNT # (Ethics Commission Filers)

4 Date <i>3/28/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anthony Michalsky</i>	7 Amount of contribution (\$) <i>500.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>PO Box 551 Buena, TX 77612</i>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <i>4/6/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dianne & Donald Demmy</i>	Amount of contribution (\$) <i>250.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1997 FM 949 Alletton, TX 75935</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>4/1/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Willeby</i>	Amount of contribution (\$) <i>1,500.⁰⁰</i>	In-kind contribution description (if applicable) <i>Web design/hosting/domain</i>
Contributor address; City; State; Zip Code <i>2310 Trotter Dr. Katy, TX 77493</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>4/2/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tony Gambone</i>	Amount of contribution (\$) <i>60.⁰⁰</i>	In-kind contribution description (if applicable) <i>Internet radio production time</i>
Contributor address; City; State; Zip Code <i>1030 Red Rock Canyon Dr. Katy, TX 77450</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

4-12-12 K-Adams

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

Bryan J Michalsky

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:

\$

5 Date of loan

3/19/12

7 Name of lender

Bryan J Michalsky

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

1,000.⁰⁰

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

819 Windsor Woods Ln. Katy, TX 77494

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

4-12-12 R. Adams

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME Bryan Michalsky	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/17/12	5 Payee name Texas GOP Store
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6 Amount (\$) 1,282.76	7 Payee address; City; State; Zip Code 404 E-45 South Huntsville, TX 77340
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Yard Signs
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--------------------------------------------------------------	-------------------------------	---------------	-------------

Date 3/29/12	Payee name Right on the Money
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Amount (\$) 976.56	Payee address; City; State; Zip Code 22136 Westheimer Pkway #512 Katy, TX 77450
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Mailers
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date 4/10/12	Payee name Right on the Money
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Amount (\$) 156.72	Payee address; City; State; Zip Code 22136 Westheimer Pkway #512 Katy, TX 77450
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Pushcards
-------------------------------	----------------------------------------------------------------------------------	----------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/15/12	Payee name Stitchit Custom Embroidery and Screen Printing
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Amount (\$) 629.02	Payee address; City; State; Zip Code 21815 Katy Freeway, C-121 Katy, TX 77450
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) T-shirts
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

4-12-12 K. Adams

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME Bryan J Michalsky	3 ACCOUNT # (Ethics Commission Filers)
4 Date: 4/12/12	5 Payee name Hands On Technical Support, Inc.	
6 Amount (\$): 148.26	7 Payee address; City; State; Zip Code Katy, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Business Cards
	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 (If travel outside of Texas, complete Schedule T)
	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 (If travel outside of Texas, complete Schedule T)
	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 (If travel outside of Texas, complete Schedule T)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED