P.O. Box 12070

Austin, Texas 78711-2070

Received 5-4-12

(512) 463-5800

(TDD 1-800-735-2989)

# **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	MS/MRS/MR FIRST	MI	OFFICE USE ONLY		
NAME	NICKNAME LAST	SUFFIX	Date Received  May 4, 2012		
	Michaelsky		May 4, 2012 Northy Adams		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	e (acres )		
MAILING ADDRESS	819 Windsor Woods La	Katy IX 77494	Date Hand-delivered or Postmarked		
change of address			Receipt # Amount		
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Processed		
PHONE	(713) 539 - 5184				
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	O MI	Date Imaged		
NAME	NICKNAME LAST	SUFFIX			
	Ebrecht				
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE		
TREASURER ADDRESS	24616 Millers Lane K	1 Trouk	12		
(residence or business)	24616 Numers Lane In	ay 1/17			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE	(1113) 875 1457				
·					
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment		
	July 45 Sth. day before clastics	Fuended \$500	(officeholder only)		
	July 15 8th day before election	Exceeded \$500   limit	Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	Month Day	Year		
OOVERED	04/13/12 THROUGH	05/02/	12		
11 ELECTION	ELECTION DATE ELECTION TYPE				
THE ELECTION	Month Day Year Primary	Runoff	General Special		
	5/12/12				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	23100		
		Haly 131) 1	Soard of Trustees		
		Position	cle		
GO TO PAGE 2					

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Texas Ethics Commission

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### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	yan )	Michalsky 11	5 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.			
i	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 \$ 320.00			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 147000	
EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICAL EXPENDITURES \$ 3207.71			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 578.97			
OUTSTANDING LOAN TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  \$ 578 97  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  \$ 1,000			
18 AFFIDAVIT	•		erjury, that the accompanying report	
	KATHY ADAMS IY COMMISSION EXPIRE November 2, 2013	me under Title 15, Election Code.	nformation required to be reported by date or Office folder	
Sworn to and subs	cribed before r	ne, by the said Bryan J. Mich	alsky_, this the hand and seal of office.	
Signature of officer admir	nistering oath	Printed name of officer administering oath	Notary Title of officer administering oath	

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#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME Brya	n J Michelsky		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#_	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
4-15-12	6 Contributor address; City; State; Zip Code 25830 Karen Lane Katy	X 117494	1000		
	25030 Kirch Land Kaly 17 11999			of Toyas, complete Schodule T)	
9 Principal occupation / Job title (See Instructions) 10 Employer (See I			(If travel outside of Texas, complete Schedule T) instructions)		
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of	In-kind contribution	
	Terry and Shannon K Contributor address; City; State; Zip Code	ider	contribution (\$)	description (if applicable)	
4-15-12	4403 Autumn Mist Ct. Katy	TX 77450	250 N		
	<u> </u>		(If travel outside of	of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See I			nstructions)		
Date (2)	Full name of contributor  Out-of-state PAC (ID#_  And Land  Contributor address; City; State; Zip Code	) L	Amount of contribution (\$)	In-kind contribution description (if applicable)	
4-18-12	2718 Solverhorn Dr Katy	X 1140	(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	<u>`</u>		
Date	Full name of contributor	)	Amount of	In-kind contribution	
			contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code				
			(If travel outside o	of Texas, complete Schedule T)	
Principal occup	eation / Job title (See Instructions)	Employer (See I			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code				
			ME harmond and all a	AT-ulete October T	
Principal occup	pation / Job title (See Instructions)	Employer (See I	·········	of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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Austin, Texas 78711-2070

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#### **POLITICAL EXPENDITURES**

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials Expense Sa Legal Services Sa Food/Beverage Expense Tr	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Logal Services Solicitation/Fundraising Expense Travel In District Col		Loan Repayment/Reimbur Transportation Equipment Contributions/Officiations M	& Related Expense lade By
Event Expense Fees	• •	ravel Out Of Dist ffice Overhead/F		Candidate/Officeholder OTHER (enter a category	
1 003	The Instruction Guide ex		·	,	not noted above;
1 Total pages Schedule F:	2 FILER NAME				cs Commission Filers)
	Bryan J. Michal	lsky		(2	
4 Date	5 Payee name	1			
4/20/12	Texas GOP Sto	pre			
6 Amount (\$)	7 Payee address; City; State;	; Zip Code			
74693	404 I-45 South,	Hunt	sville, TX	77340	
8 PURPOSE	(a) Category (See categories listed at the top of t	this schedule)	(b) Description (I	If travel outside of Texas, compl	ete Schedule T)
OF EXPENDITURE	Printing Expense		Yard "	SICALS	
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/C					
Date	Payee name				
1/28/12	Right on the Mone	<sup>2</sup> U			
Amount (\$)	Payee address; City; State;	; Zip Code			
ΑÌ	anial Dadhaire	Ω	4-17 1/	i Ty aa	
1500	22/36 Westhelmer	Thway.		27 / 1X 1/13	†50 
PURPOSE OF	Category (See categories listed at the top of the	his schedule)	N 1 1	If travel outside of Texas, compl	ete Schedule T)
EXPENDITURE	Halvertising Expens	SL	Maclex	3	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	C	Office held
Date	Rayee name				
4/28/12	Right on the Mon	ly			
Amount (\$)	Payee address; City; State;	Zip Code			
28422	22136 Westheimer	PKWAY 1	4512 k	Laty. TX 1	1450
PURPOSE	Category (See categories listed at the top of t	this schedule)	Description (	f travel outside of Texas, compl	ete Schedule T)
OF EXPENDITURE	Printing Expense		Push G	avds	
	Candidate / Officeholder name		Office sought	(	Office held
Complete ONLY if direct expenditure to benefit C/C			o moo ooag.n		
Date	Payee name				
Date	. ayooname				
Amount (\$)	Payee address; City; State;	Zip Code			
(1)					
OLIDBOOE .	Category (See categories listed at the top of the	this schodula)	Description #	If travel outside of Texas, compli	ata Schadula T)
PURPOSE OF	Category (See categories listed at the top of the	ino soneuule)	Description (i	ir ir aver outside or Texas, compli	ste Sunedule 1 /
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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#### **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	E CATEGORIES FOR BOX 8(a Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense the explains how to complete this for		Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME Bryan ) Micha	Joka		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/29/12	5 Payee name Texas GDP S	fore			
6 Amount (\$)  Reimbursement from political contributions intended	7 Payee address; City; Sta 404 I 45 South,	nte; Zip Code HuntsV	ille, TX	77340	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Printing Expluse  (b) Description (If travel outside of Texas, complete Schedule T)  Signs			(If travel outside of Texas, complete Schedule T)	
Date	Payee name				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
Date	Payee name				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
Date	Payee name				
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULE AS N	IEEDED	