

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: <u>(M)</u> FIRST: <u>Blanche</u> MI: <u>H</u> NICKNAME: <u>BRICK</u> LAST: <u>BRICK</u> SUFFIX:	OFFICE USE ONLY Date Received: HAND DELIVERED OCT 06 2014 2:51pm DELIVERED Date Hand-delivered or Postmarked: Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>1309 Foxfire Dr. College Station TX 77845</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(979)</u> PHONE NUMBER: <u>764-7287</u> EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>(M)</u> FIRST: <u>Don</u> MI: NICKNAME: <u>Hellriegel</u> LAST: <u>Hellriegel</u> SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1301 Wilshire Ct. College St, TX 77845</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(979)</u> PHONE NUMBER: <u>229-8137</u> 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 THROUGH Month Day Year <u>8 / 18 / 2014</u> <u>10 / 06 / 2014</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 04 / 2014</u>	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) <u>City Council Place 1 College Station</u>	13 OFFICE SOUGHT (if known) <u>City Council Place 1 College Station</u>	
GO TO PAGE 2			

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

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

14 C/OH NAME Blanche Brick 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>Blanche Brick Campaign</u>
		COMMITTEE ADDRESS <u>1309 FOXFIRE, C.S.</u>
		COMMITTEE CAMPAIGN TREASURER NAME <u>Don Helriegel</u>
		COMMITTEE CAMPAIGN TREASURER ADDRESS <u>1301 Wilshire, C.S.</u>

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)	\$ 600.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 93.95
	4. TOTAL POLITICAL EXPENDITURES	\$ 634.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 600.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.



Blanche Brick
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Blanche Brick, this the 6th day of October, 20 14, to certify which, witness my hand and seal of office.

Tanya McNutt Signature of officer administering oath
Tanya McNutt Printed name of officer administering oath
Notary Public Title of officer administering oath

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

Blanche Beice

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-26-14

5 Full name of contributor out-of-state PAC (ID#: _____)

Philip C. Banks

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

500 E. 29th St. Bryan, TX 77803

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Lawyer

10 Employer (See Instructions)

Date

9-15-14

Full name of contributor out-of-state PAC (ID#: _____)

Katherine Edwards

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

313 Pershing Coll St, TX 77840

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9-15-14

Full name of contributor out-of-state PAC (ID#: _____)

Craig Griffith

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4206 Slice Ct, Coll St, TX 77845

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9-18-14

Full name of contributor out-of-state PAC (ID#: _____)

Don Hellriegel

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1301 Wilshire Ct. Coll St, TX 77845

(If travel outside of Texas, complete Schedule T)

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 (\$)

In-kind contribution description (if applicable)

(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.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME <i>Blanche Bruck</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>9-26-14</i>	5 Payee name <i>Copy Stop Boonville</i>	
6 Amount (\$) <i>187.27</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>2290 Boonville Rd Bryan, TX 77808</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Business Cards / Mailout Cards</i>
Date <i>9-13-14</i>	Payee name <i>Victory Store</i>	
Amount (\$) <i>353.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>5200 SW 30th St. Seawenport, FL 32802</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expenses</i>	Description (If travel outside of Texas, complete Schedule T) <i>Signs</i>
Date <i>9-20-14</i>	Payee name <i>Tractor Supply 2704 Texas Ave, College St, TX 77840</i>	
Amount (\$) <i>93.95</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>2704 Texas Ave, Coll St, TX 77840</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Stakes for signs</i>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> 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 COPIES OF THIS SCHEDULE AS NEEDED