# 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: 4 |
|---|---|---|

| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR    FIRST MARI    MI Z | OFFICE USE ONLY |
|---|---|---|
| | NICKNAME    LAST MONTGOMERY    SUFFIX | Date Received   LW 10/8/18 |

| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☒ Change of Address | ADDRESS / PO BOX;   APT / SUITE #;   CITY;   STATE;   ZIP CODE 1515 13th St Huntsville TX 77340 | |

| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE   PHONE NUMBER   EXTENSION (936) 439-9446 | Date Hand-delivered or Date Postmarked 10/8/18 |
|---|---|---|

| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR   FIRST CHERYL   MI R | Receipt #   Amount $ |
|---|---|---|
| | NICKNAME   LAST GRAULTY   SUFFIX | Date Processed 10/8/18 Date Imaged 10/8/18 |

| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE);   APT / SUITE #;   CITY;   STATE;   ZIP CODE 36 Elkins Lake Huntsville Tx 77340 | |
|---|---|---|

| 8 CAMPAIGN TREASURER PHONE | AREA CODE   PHONE NUMBER   EXTENSION (936) 439-5677 | |
|---|---|---|

| 9 REPORT TYPE | ☐ January 15    ☒ 30th day before election    ☐ Runoff    ☐ 15th day after campaign treasurer appointment (Officeholder Only) |
|---|---|
| | ☐ July 15    ☐ 8th day before election    ☐ Exceeded $500 limit    ☐ Final Report (Attach C/OH - FR) |

| 10 PERIOD COVERED | Month Day Year 7/1/2018   THROUGH   Month Day Year 9/27/2018 |
|---|---|

| 11 ELECTION | ELECTION DATE Month Day Year 11/6/2018 | ELECTION TYPE ☐ Primary   ☐ Runoff   ☐ Other Description ☒ General   ☐ Special |
|---|---|---|

| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) Huntsville City Council Pos 4 - At Large |
|---|---|---|

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER
# CAMPAIGN FINANCE REPORT

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

| 14 C/OH NAME | Mari Z Montgomery | 15 Filer ID (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 | 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 | $ |
|---|---|---|---|
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ |
| EXPENDITURE TOTALS | 3. | TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED | $ |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 1537.30 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ |

## 18 AFFIDAVIT

LEE WOODWARD
NOTARY PUBLIC
STATE OF TEXAS
MY COMM. EXP. 2/19/21
NOTARY ID 12681012-9

AFFIX NOTARY STAMP / SEAL ABOVE

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.
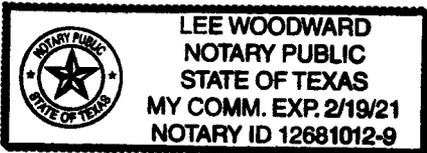
_____
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said _Mari Montgomery_, this the _8th_ day of _October_, 20_18_, to certify which, witness my hand and seal of office.

| Signature of officer administering oath | Lee Woodward | City Secretary |
|---|---|---|
| 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  MARI MONTGOMERY

**20** Filer ID (Ethics Commission Filers)

| 21 | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE | SUBTOTAL<br>AMOUNT |
|---|---|---|
| 1. | ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ |
| 2. | ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ |
| 3. | ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS | $ |
| 4. | ☐ SCHEDULE E: LOANS | $ |
| 5. | ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 6. | ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ |
| 7. | ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 8. | ☑ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | $ 1537.30 |
| 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 | $ |

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee

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 F4: | 2 FILER NAME MARI Z MONTGOMERY | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|

**4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD**    $ 1537.30

| 5 Date 9/15/2018 | 6 Payee name SIGNS 365 |
|---|---|

| 7 Amount ($) 1537.30 | 8 Payee address; City; State; Zip Code 51245 Filomena Dr MI 48315 |
|---|---|

**9 TYPE OF EXPENDITURE**    ☒ Political    ☐ Non-Political

**10 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

**11** Complete ONLY if direct expenditure to benefit C/OH    Candidate / Officeholder name    Office sought    Office held

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| Date | Payee name |
|---|---|

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|

**TYPE OF EXPENDITURE**    ☐ Political    ☐ Non-Political

**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

Complete ONLY if direct expenditure to benefit C/OH    Candidate / Officeholder name    Office sought    Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**