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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Donald NICKNAME LAST	C.	OFFICE USE ONLY Date Received RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	24615 Mount Auburn Dr. AREA CODE PHONE NUMBER (281) 725-8623 MS / MRS / MR FIRST Patricia NICKNAME LAST	CITY; STATE; ZIP CODE Katy TX 77494 EXTENSION MI A. SUFFIX	APR 2 7 2018 Legal Department 4:30 pm Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	Lacy STREET ADDRESS (NO PO BOX PLEASE); APT / SI 1703 Kent Falls Court	UITE#; CITY; STATE; Katy TX	ZIP CODE 77450
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 859-5995	EXTENSION	
9 REPORT TYPE	January 15 X 30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 03 / 27 / 2018	THROUGH 04	Day Year 26 / 2018
11 ELECTION	Month Day Year Primary 05 / 05 / 18	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	Katy ISD School	
	go то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Donald C. "D	on" Massey	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		The second secon	
	SPECIFIC	COMMITTEE ADDRESS		
_		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	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)		\$ \$2,000	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$	
	4. TOTAL POLITICAL EXPENDITURES		\$ \$424.21	
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ \$2,307.07	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$	
18 AFFIDAVIT				
	ELLEN P. HEBE Notary Public, State Comm. Expires 05- Notary ID 3660	true and correct and includes all info of Texas under Title 15, Election Code. 15-2021 871	perjury, that the accompanying report is permation required to be reported by me didate or Officeholder	
AFFIX NOTARY STAM	P/SEALABOVE			
11 4 4 1	4 49	by the said Donald Massey	, this the	
day of	10	to certify which, witness my hand and seal of office.		
Signature of officer a	dministering 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 20 Filer ID (Ethics Co	Filer ID (Ethics Commission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$1,500	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. SCHEDULE E: LOANS	\$	
5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \$424.21	
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. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Donald C. "Don" Massey 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ Ryann Donaldson 04/23/2018 6 Contributor address; City; State; Zip Code \$750 10207 Hutton Park Dr. Katy, TX 77494 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **Optometrist Grand Vision Center** Full name of contributor out-of-state PAC (ID#:___ Date Amount of contribution (\$) Woody Mann 04/23/2018 \$500 City; State; Zip Code Contributor address; 1117 Eldridge Parkway Houston, TX 77077 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business Owner** Self Employed Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) Mark Dumas 04/23/2018 Contributor address; City; State; Zip Code \$250 805 Foster Drive Richmond, TX 77469 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed **Business Owner** Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) City; State; Zip Code Contributor address; 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Contributions/Donations Made By Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Donald C. "Don" Massey 5 Payee name 4 Date 03/27/2018 Andre Ristreppo 6 Amount (\$) City: State: Zip Code 7 Payee address: \$205 1002 Katy Gap Road, Unit 528 Katy, TX 77494 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE Advertising Expense** OF Check if Austin, TX, officeholder living expense EXPENDITURE **Photography** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 04/09/2018 Katy Hardware Amount (\$) Payee address; City; State; Zip Code \$17.28 559 Pin Oak Road Katy TX 77494 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Advertising Expense Signage Materials Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Katy Hardware 04/16/2018 Amount (\$) Pavee address: City; State; Zip Code \$125.33 559 Pin Oak Road Katy TX 77494 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Advertising Expense EXPENDITURE Signage Materials Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH

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

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 (expenses and listed should)

Total pages Schedule F1:	² FILER NAME Donald C. "Don" Massey		3 Filer ID (Ethics Commission Filers)			
Date 04/20/2018	18 5 Payee name Texas Borders Bar & Grill					
Amount (\$) \$86	7 Payee address; City; State; Zip Code 20940 Katy Freeway Katy, TX 7	7449				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Launch Event				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
Date 04/25/2018	Payee name Vistaprint					
Amount (\$) \$182.48	Payee address; City; State; Zip Code 95 Hayden Avenue Lexingto	on, MA 02421				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		nutside of Texas. Complete Schedule T.			
Complete ONLY 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)		outside of Texas. Complete Schedule T. in, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			