CANDIDA CAMPAIG	FORM C/OH COVER SHEET PG 1			
The C/OH Instruction C	tuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS MR FIRST  BRION  NICKNAME LAST	MI 2 SUFFIX	Date Received  RECEIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE &; BIO RILEY LN. D	elty: State; ZIP CODE Delta Co 81416	JAN 1 0 2017	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (806) 840-3972	EXTENSION	CITY OF AMARILO Date Hand-delivered or Date Posimarked	
6 CAMPAIGN TREASURER NAME	NICKNAME LAST	MI SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SI 809 5. Tylen St.	A []	ZIP CODE 79101	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (806) 373-106	EXTENSION		
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FA)	
10 PERIOD COVERED	Month Day Year	THROUGH 12-/	31 / 14	
11 ELECTION	ELECTION DATE  Month Day Year Primary  General	Runott Other Description  Special		
12 OFFICE	CHY COUNCIL - Resig	13 OFFICE SOUGHT (If known		
GO TO PAGE 2				

		EHOLDER E REPORT	FORM C/OH COVER SHEET PG 2	
4 C/OH NAME			5 Filer ID (Ethics Commission Filers)	
6 NOTICE FROM POLITICAL COMMITTEE(S)	SHIPPORT THE CANE	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO NODIDATE / OFFICENOLDER. THESE EXPENDITURES MAY MAYE SEEN MADE WITHOUT THE CANDIDATE'S OR OFFICENOLDER'S CONSENT. CANDIDATES AND OFFICENOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE TURES.		
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
7 CONTRIBUTION TOTALS	1. TOTAL I	I POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	an s — O —	
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ -0-	
	4. TOTAL POLITICAL EXPENDITURES		\$ -0-	
CONTRIBUTION	5. TOTAL I	DAY \$ 4598.74		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
B AFFIDAVIT				
			enury, that the accompanying report is	
RHONDA L	KATZDORN	true and correct and includes all info under Title 15, Election Code.	ormation required to be reported by me	

NOTARY ID 20064017395

AFFIX NOTARY STAMP/SEALABOVE

Sworn to and subscribed before me, by the said Brian J. Eades

to certify which, witness my hand and seal of office.

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH  COVER SHEET PG 3				
19 FILERNAME BUON EADES	20 Filer ID (Ethics Co	mmission F	ilers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			TOTAL OUNT	
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 COM	NTRIBUTIONS	\$		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL O	CONTRIBUTIONS	\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$		
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE RETURNED TO FILER	ions	\$		

CANDIDATE REPORT OF	FORM C/OH-UC COVER SHEET PG 1			
The C/OH-U	1 Filer ID (Ethics Commission Filers)			
2 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MI	OFFICE USE ONLY		
NAME	NICKNAME LAST SUFFIX	Date recover		
3 CANDIDATE / OFFICEHOLDER ADDRESS	BIO TOLLEY LAN. Della CO BIHL	Date Hand-delivered or Date Postmarked		
change of address		Receipt # Amount \$		
4 REPORT TYPE	Annual Finat Disposition	Date Processed		
5 PERIOD COVERED	Month Day Year THROUGH 12-/31/16	Date Imaged		
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.	\$ 4.598 .74		
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$ -0 -		
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 Gode.  RHONDA L. KATZDORN NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20064017395 MY COMMISSION EXPIRES MAY 4, 2018  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said  Brian J. Eacles  this the  day of January, 20 17, to certify which, witness my hand and seal of office.  About January Related arms of office administering eath  Title of officer administering eath				
Signature of officer adm	ninistering oath Printed name of officer administering oath Title	of officer administering oath		