

# 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)<br>Larry<br>NICKNAME<br>#   | FIRST<br>LAST<br>Brosek  | MI<br>D<br>SUFFIX    |
| OFFICE USE ONLY  |   |  |                      |
| Date Received  |   |  |                      |
| 4/28/17  |   |  |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>1624 Piceadilly Ct. Mansfield Tx 76063  |  |                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE<br>(817)  | PHONE NUMBER<br>477-2509   | EXTENSION            |
| Date Hand-delivered or Date Postmarked   |   |  |                      |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS (MR)<br>Larry<br>NICKNAME  | FIRST<br>LAST<br>Brosek  | MI<br>D<br>SUFFIX    |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                      |   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>1624 Piceadilly Ct. Mansfield Tx. 76063   |                      |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE<br>(817)  | PHONE NUMBER<br>477-2509   | EXTENSION            |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input checked="" 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      Month      Day      Year<br>04 / 07 / 2017      THROUGH      04 / 28 / 2017   |  |                      |
| 11 ELECTION  | ELECTION DATE<br>Month      Day      Year<br>05 / 06 / 2017   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                      |
| 12 OFFICE  | OFFICE HELD (if any)<br>City Council Place 7  | 13 OFFICE SOUGHT (if known)<br>City Council Place 7  |                      |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

LARRY Brosek

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

TEXAS Assoc. of Reactors Political Action Committee

SPECIFIC

COMMITTEE ADDRESS

P.O. Box 2246, Austin, TX 78768

COMMITTEE CAMPAIGN TREASURER NAME

MARTHA DENT

COMMITTEE CAMPAIGN TREASURER ADDRESS

P.O. Box 2246 Austin TX 78768

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2000.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 957.91

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

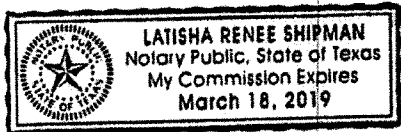
\$ 1,796.73

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 2112.84

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.

*Larry Brosek*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Larry Brosek, this the 28<sup>th</sup> day of April, 2017, to certify which, witness my hand and seal of office.

*Latisha Shipman*  
Signature of officer administering oath

Latisha Shipman  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME<br><i>Larry Broseh</i>      |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 2,000 <sup>00</sup>                 |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ 400 <sup>00</sup>                   |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 0.                                  |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$ 0.                                  |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 957.91                              |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 0                                   |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ 0                                   |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 0                                   |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 0                                   |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0                                   |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0                                   |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0                                   |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Larry Brosek

3 Filer ID (Ethics Commission Filers)

4 Date

4/7/17

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

JAMES & Karen Self

7 Amount of contribution (\$) 250.<sup>00</sup>

6 Contributor address; City; State; Zip Code

1600 Piccadilly Ct. Mansfield, Tx. 76063

8 Principal occupation / Job title (See Instructions)

Finance Administrator

9 Employer (See Instructions)

L-3 Corp.

Date

4/7/17

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

Thomas Ritter

Amount of contribution (\$) 100.<sup>00</sup>

Contributor address; City; State; Zip Code

812 Riviera Dr. Mansfield Tx. 76063

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

RITTER and Assoc.

Date

4/7/17

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

Gregory L. Kunasek

Amount of contribution (\$) 100.<sup>00</sup>

Contributor address; City; State; Zip Code

405 Carlin Rd Mansfield, Tx 76063

Principal occupation / Job title (See Instructions)

PILOT TRAINER

Employer (See Instructions)

American Airlines

Date

4/7/17

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

Jody Kautz

Amount of contribution (\$)

Contributor address; City; State; Zip Code

901 GLEN ABBEY Dr. Mansfield, Tx. 76063

Principal occupation / Job title (See Instructions)

Real Estate Broker

Employer (See Instructions)

Jody Kautz Remax

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Larry Brosek*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/7/17*

5 Full name of contributor

*TODD R. PRIVETTE*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$) *200.00*

6 Contributor address;

City; State; Zip Code

*705 Parkhill Dr Mansfield, TX 76063*

8 Principal occupation / Job title (See Instructions)

*Worth Alarm - owner*

9 Employer (See Instructions)

*Worth Alarm Systems*

Date

*4/9/17*

Full name of contributor

*Zane W. ARROTT*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$) *250.00*

Contributor address;

City; State; Zip Code

*1636 Piccadilly Ct. Mansfield, TX 76063*

Principal occupation / Job title (See Instructions)

*PRINCIPLE - C.O.O.*

Employer (See Instructions)

*RSP Permian Inc.*

Date

*4/27/17*

Full name of contributor

*TEXAS Assoc. of Realtors*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$) *1,000.00*

Contributor address;

City; State; Zip Code

*P.O. Box 2246 Austin, TX 78768*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

*Larry Brose*

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ *400.00*

5 Date

*4/7/17*

6 Full name of contributor

*EL PRIMO (Todd Denore)*

out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of Contribution \$

*400.00*

9 In-kind contribution description

*Food.*

7 Contributor address;

City; State; Zip Code

*2300 Matlock Rd. Mansfield Tx. 76063*

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

*RESTAURANTIER/OWNER*

11 Employer (FOR NON-JUDICIAL) (See Instructions)

*EL PRIMOS MEXICAN GRILL*

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Contribution \$

In-kind contribution description

Contributor address;

City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

**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  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br><i>1</i> | <b>2</b> FILER NAME<br><i>Larry Brose</i>  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br><i>4/28/2017</i>             | <b>5</b> Payee name<br><i>Digital Corp Companies</i>   |  |
| <b>6</b> Amount (\$)                          | <b>7</b> Payee address; City; State; Zip Code<br><i>801 STATION DR, STE 109, ARLINGTON, TX 76015</i> |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Advertising</i>        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                  |  |
| Date  | Candidate / Officeholder name  |  |
| Payee name                                    | Office sought  | Office held  |
| Amount (\$)                                   | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>                 | Category (See Categories listed at the top of this schedule)   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  |
| Date  | Candidate / Officeholder name  |  |
| Payee name                                    | Office sought  | Office held  |
| Amount (\$)                                   | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>                 | Category (See Categories listed at the top of this schedule)   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  |
| Date  | Candidate / Officeholder name  |  |
| Payee name                                    | Office sought  | Office held  |
| Amount (\$)                                   | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>                 | Category (See Categories listed at the top of this schedule)   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  |
| Date  | Candidate / Officeholder name  |  |
| Payee name                                    | Office sought  | Office held  |
| Amount (\$)                                   | Payee address; City; State; Zip Code   |  |

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