

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00070471	<b>2</b> Total pages filed: 9	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Donald Brent	MI	<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 02/01/2016
	NICKNAME	LAST Golemon	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 117 Mokuauia Ct.  Bastrop, TX 78602			Date Hand-delivered or Date Postmarked
				Receipt #      Amount
				Date Processed
				Date Imaged
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST D. Brent	MI	
	NICKNAME	LAST Golemon	SUFFIX	
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 258  Bastrop, TX 78602			
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 695-2718	EXTENSION	
<b>8</b> 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)			
<b>9</b> PERIOD COVERED	Month    Day    Year 01/01/2016	THROUGH		Month    Day    Year 01/21/2016
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year 03/01/2016		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any)		<b>12</b> OFFICE SOUGHT (if known) State Representative District 17	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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**13 C / OH NAME** Golemon, Donald Brent (Mr.) **14 Filer ID** (Ethics Commission Filers)  
00070471

**15 NOTICE FROM POLITICAL COMMITTEE(S)**  
 Additional Pages

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 checked="" type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		Constituents Focus PAC
		COMMITTEE ADDRESS
		800 N Marienfeld St Ste 100 Midland, TX 79701
		COMMITTEE CAMPAIGN TREASURER NAME
		Sparks, Kevin
		COMMITTEE CAMPAIGN TREASURER ADDRESS
		800 N Marienfeld St Ste 100 Midland, TX 79701

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,101.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 11,376.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,003.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 52,695.00

**17 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.

Mr. Donald Brent Golemon  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Golemon, Donald Brent (Mr.)	<b>19 Filer ID</b> (Ethics Commission Filers) 00070471
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<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,101.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 11,376.56
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/4 Rpt: 4/9
<b>2</b> FILER NAME Golemon, Donald Brent (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00070471
<b>4</b> Date 01/20/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, Gary <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lexington, TX 78947	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baklik, Stephen (Mr.) <hr/> Contributor address; City; State; Zip Code  Lexington, TX 78947	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 01/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Constituents Focus PAC <hr/> Contributor address; City; State; Zip Code  Midland, TX 79701	Amount of Contribution (\$)  \$850.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Constituents Focus PAC <hr/> Contributor address; City; State; Zip Code  Midland, TX 79701	Amount of Contribution (\$)  \$1,111.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cunningham, Charles <hr/> Contributor address; City; State; Zip Code  Bastrop, TX 78602	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/9
2 FILER NAME Golemon, Donald Brent (Mr.)		3 Filer ID (Ethics Commission Filers) 00070471
4 Date 01/20/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finch, Don	7 Amount of Contribution (\$)  \$250.00
	6 Contributor address; City; State; Zip Code  Nixon, TX 78140	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hamilton, Ronny	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Elgin, TX 78621	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hock, Stacy	Amount of Contribution (\$)  \$5,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78746	
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 01/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holmes, William	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Nixon, TX 78140	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MJB Operating LP	Amount of Contribution (\$)  \$5,000.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/4 Rpt: 6/9
<b>2</b> FILER NAME Golemon, Donald Brent (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00070471
<b>4</b> Date 01/20/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Middleton, Mayes <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77006	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Self Employed		<b>9</b> Employer (See Instructions) Self
Date 01/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pogue, Lacy <hr/> Contributor address; City; State; Zip Code  Kenedy, TX 78119	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robertson, Richardson <hr/> Contributor address; City; State; Zip Code  Kennedy, TX 78119	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Brett <hr/> Contributor address; City; State; Zip Code  Dickinson, TX 77539	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions)
Date 01/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tabaracci, Josphep <hr/> Contributor address; City; State; Zip Code  Bastrop, TX 78602	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/4 Rpt: 7/9
<b>2</b> FILER NAME Golemon, Donald Brent (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00070471
<b>4</b> Date 01/17/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Touma, Walid <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Self		<b>9</b> Employer (See Instructions) Self
Date 01/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turk, Sam (General) <hr/> Contributor address; City; State; Zip Code  Gonzales, TX 78629	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wareham, Terry <hr/> Contributor address; City; State; Zip Code  Smithville, TX 78957	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions)

# POLITICAL EXPENDITURES 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: Sch: 1/2 Rpt: 8/9	<b>2</b> FILER NAME Golemon, Donald Brent (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00070471
<b>4</b> Date 01/20/2016	<b>5</b> Payee name Conservative Republicans of Texas	
<b>6</b> Amount (\$) \$2,505.00	<b>7</b> Payee address; City; State; Zip Code 10500 Northwest Frwy Suite 202 Houston, TX 77092	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage and mail
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/20/2016	Payee name Golemon, Brent	
Amount (\$) \$150.19	Payee address; City; State; Zip Code Box 258  Bastrop, TX 78602	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food and coffee for drivers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/11/2016	Payee name Hampton Inn	
Amount (\$) \$127.17	Payee address; City; State; Zip Code 4091 US 181  Kenedy, TX 78119	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Room rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES 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: Sch: 2/2 Rpt: 9/9	<b>2</b> FILER NAME Golemon, Donald Brent (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00070471
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<b>4</b> Date 01/19/2016	<b>5</b> Payee name LOWE'S #2840 BASTROP TX
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<b>6</b> Amount (\$) \$76.87	<b>7</b> Payee address; City; State; Zip Code 719 TX-71, Bastrop  Bastrop, TX 78602
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Materials for signs
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/20/2016	Payee name PAYPAL *CRAFTCLOUDS San Jose CA
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Amount (\$) \$324.77	Payee address; City; State; Zip Code  CA
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/20/2016	Payee name Wishlist Direct
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Amount (\$) \$8,192.56	Payee address; City; State; Zip Code PO Box 312100  New Braunfels, TX 78131
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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