

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <p style="text-align: center;">SANDEEP</p> NICKNAME LAST SUFFIX <p style="text-align: center;">SHARMA</p>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <p style="text-align: center;">2504 STILLWATER CT., FLOWER MOUND, TX 75022</p>	Date Received <p style="font-size: 1.2em; color: red;">APR - 3 2018</p> <p style="color: blue;">Town of Flower Mound Town Secretary's Office</p>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="text-align: center;">(972) 762-3661</p>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <p style="text-align: center;">SANDEEP</p> NICKNAME LAST SUFFIX <p style="text-align: center;">SHARMA</p>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <p style="text-align: center;">2504 STILLWATER CT., FLOWER MOUND, TX 75022</p>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="text-align: center;">(972) 762-3661</p>		
9 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)		
10 PERIOD COVERED	Month Day Year Month Day Year <p style="text-align: center;">01 / 01 / 2018 THROUGH 03 / 26 / 2017</p>		
11 ELECTION	ELECTION DATE Month Day Year <p style="text-align: center;">05 / 05 / 2017</p>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		TOWN COUNCIL PLACE 2	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT


FORM C/OH
COVER SHEET PG 2

14 C/OH NAME SANDEEP SHARMA	15 Filer ID (Ethics Commission Filers)
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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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC		
	COMMITTEE CAMPAIGN TREASURER NAME		
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	\$ 366.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,767.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 42.97
	4. TOTAL POLITICAL EXPENDITURES	\$ 803.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,967.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SANDEEP SHARMA, this the 3RD day of APRIL, 2018, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

ANNE CARNES

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 SANDEEP SHARMA		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,401
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ 759.51
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME SANDEEP SHARMA		3 Filer ID (Ethics Commission Filers)
4 Date 2/12/2018 2/21/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judith Collins 6 Contributor address; City; State; Zip Code 1537 Simmons Rd, Flower Mound, TX 75022	7 Amount of contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/12/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis Wei Contributor address; City; State; Zip Code 509 Landwyck Ln, Flower Mound, TX 75028	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dheeraj Mullanpudi Contributor address; City; State; Zip Code 3912 Remington Rd, Cedar Park, Texas 78613	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Pendola Contributor address; City; State; Zip Code 5309 Balmoral Lane, Flower Mound, TX 75028	Amount of contribution (\$) \$75.00
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME SANDEEP SHARMA		3 Filer ID (Ethics Commission Filers)
4 Date 2/12/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amar Uppalapati 6 Contributor address; City; State; Zip Code 6109 MADELINE LN., Flower Mound, TX 75022	7 Amount of contribution (\$) \$101.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janvier Gentry Scott Contributor address; City; State; Zip Code 2829 Bobwhite Ln, Flower Mound, TX 75022	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/16/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deb Fitzpatrick Contributor address; City; State; Zip Code 2908 Raven Circle, Flower Mound, TX 75022	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prashant Satoskar Contributor address; City; State; Zip Code 1409 MEANDERING CREEK Path, Flower Mound, TX 75028	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME SANDEEP SHARMA		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Jentry 6 Contributor address; City; State; Zip Code 2750 Bob White Lane, Flower Mound, TX 75022	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/12/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerard Tobin Contributor address; City; State; Zip Code 10500 E. Lost Canyon Drive, Lot 24, Scottsdale, AZ 85255	Amount of contribution (\$) \$1500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Kirwan Contributor address; City; State; Zip Code 2201 Long Prairie, Ste 107-362, FM TX 75022	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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