

# 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:  
**2**

**3 CANDIDATE / OFFICEHOLDER NAME**  
MS / MRS / MR  MR FIRST **JAMES** M<sup>h</sup> **A.**  
NICKNAME LAST SUFFIX  
**JIM ENGEL**

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**5110 BAYBERRY ST  
FLOWER MOUND, TX 75028**  
 Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
AREA CODE PHONE NUMBER EXTENSION  
**(972) 510 - 4214**

**6 CAMPAIGN TREASURER NAME**  
MS / MRS / MR  MR FIRST **JAMES** M<sup>h</sup> **A.**  
NICKNAME LAST SUFFIX  
**JIM ENGEL**

**7 CAMPAIGN TREASURER ADDRESS**  
(Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**5110 BAYBERRY ST  
FLOWER MOUND, TX 75028**

**8 CAMPAIGN TREASURER PHONE**  
AREA CODE PHONE NUMBER EXTENSION  
**(817) 300 6302**

**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)
<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**  
Month Day Year Month Day Year  
**1 / 1 / 2020 THROUGH 6 / 30 / 2020**

**11 ELECTION**

ELECTION DATE Month Day Year <b>05 / 05 / 2018</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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**12 OFFICE** OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**  
**PLACE 4,  
FLOWER MOUND TOWN COUNCIL**

**OFFICE USE ONLY**

Date Received  
**RECEIVED**  
**12:03pm**  
**JUL - 1 2020**

**Town of Flower Mound  
TOWN SECRETARY'S OFFICE**

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

JAMES ENGEL

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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ — 0 —

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

\$ — 0 —

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ — 0 —

4. TOTAL POLITICAL EXPENDITURES

\$ — 0 —

CONTRIBUTION  
BALANCE

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

\$ 21.25

OUTSTANDING  
LOAN TOTALS

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

\$ — 0 —

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 13, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said James Engel, this the 1<sup>st</sup> day of July, 2020, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Linda A. Proskay  
Printed name of officer administering oath

