

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:  <b>8</b>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI <p style="text-align: center;"><b>SANDEEP</b></p> NICKNAME                      LAST                      SUFFIX <p style="text-align: center;"><b>SHARMA</b></p>	<div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>  <b>RECEIVED</b>    <span style="color: red; font-size: 1.2em;">JUL 13 2020</span>    <b>Town of Flower Mound</b>  <b>Town Secretary's Office</b>    <span style="color: blue; font-size: 0.8em;">5:30 PM</span>  <span style="color: blue;">OR</span> </div> Date Received   Date Hand-delivered or Date Postmarked	
<b>4</b> 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>		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 972 ) 762-3661		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI <p style="text-align: center;"><b>Lindsay</b></p> NICKNAME                      LAST                      SUFFIX <p style="text-align: center;"><b>LeJeune</b></p>	Receipt #	Amount \$
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <p style="text-align: center;">2829 ABERDEEN DRIVE, FLOWER MOUND, TX 75022</p>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 337 ) 789-8321		
<b>9</b> 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month                      Day                      Year                      Month                      Day                      Year <p style="text-align: center;">01 / 01 / 2020                      THROUGH                      06 / 30 / 2020</p>		
<b>11</b> ELECTION	ELECTION DATE Month                      Day                      Year <p style="text-align: center;">11 / 03 / 2020</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	
<b>12</b> OFFICE	OFFICE HELD (if any)  TOWN COUNCIL PLACE 2	<b>13</b> OFFICE SOUGHT (if known)  TOWN COUNCIL PLACE 2	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

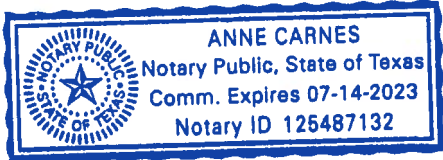
FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME <b>SANDEEP SHARMA</b>	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> 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 type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE      COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

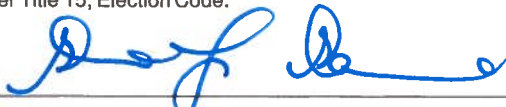
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 150.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,800.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 48.55
	4. TOTAL POLITICAL EXPENDITURES	\$ 477.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3421.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT




AFFIX NOTARY STAMP / SEAL ABOVE

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 of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sandeep Sharma, this the 13 day of JULY, 2020, to certify which, witness my hand and seal of office.

  
 \_\_\_\_\_  
 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	\$ 3650
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	\$ 439.06
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: <b>4</b>
2 FILER NAME <b>SANDEEP SHARMA</b>		3 Filer ID (Ethics Commission Filers)
4 Date 2/24/2020 3/10/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kuo An Wei</b> ..... 6 Contributor address; City; State; Zip Code <b>509 Landwyck Ln, Flower Mound, TX 75028</b>	7 Amount of contribution (\$) <b>\$300</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Langley</b> ..... Contributor address; City; State; Zip Code <b>800 Carter Ct, Flower Mound, TX 75028</b>	Amount of contribution (\$) <b>\$100</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>150.00</b>
Date 2/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lisa George</b> ..... Contributor address; City; State; Zip Code <b>3508 Sutton Drive, Flower Mound, TX 75028</b>	Amount of contribution (\$) <b>\$500</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/2020 3/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kathy Blair</b> ..... Contributor address; City; State; Zip Code <b>5113 Forest Hill Dr., Flower Mound, TX 75028</b>	Amount of contribution (\$) <b>\$200</b>
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 2/28/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Gentry ..... 6 Contributor address; City; State; Zip Code  2750 Bob White Ln, Flower Mound, TX 75022	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judith Collins ..... Contributor address; City; State; Zip Code  1537 Simmons Rd., Flower Mound, TX 75022	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bjom Vandug ..... Contributor address; City; State; Zip Code  2016 Barton Creek Ln., Flower Mound, TX 75028	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janvier Scott ..... Contributor address; City; State; Zip Code  2829 Bob White Ln, Flower Mound, TX 75022	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 2/28/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Watrous ..... 6 Contributor address; City; State; Zip Code  2624 Virginia Parkway, Flower Mound, TX 75022	7 Amount of contribution (\$) \$200
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy Whisenant ..... Contributor address; City; State; Zip Code  2120 Helmsford Drive, Flower Mound, TX 75028	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Hobbs ..... Contributor address; City; State; Zip Code  1000 Saint Francis Ln, Flower Mound, TX 75028	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Fitzpatrick ..... Contributor address; City; State; Zip Code  2908 Raven Circle, Flower Mound, TX 75022	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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  
02/29/2020

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

Richard Lust

7 Amount of contribution (\$) \$100

6 Contributor address; City; State; Zip Code

3805 Ridgecrest Dr., Flower Mound, TX 75022

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
03/10/2020

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

Gerard Tobin

Amount of contribution (\$) \$1,000

Contributor address; City; State; Zip Code

10856 Windgate Pass Drive, Scottsdale, AZ 85255

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/10/2020

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

Marsha Gavitt

Amount of contribution (\$) \$100

Contributor address; City; State; Zip Code

6501 Meadowcrest Lane, Flower Mound 75022

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)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>1</b>	<b>2</b> FILER NAME <b>SANDEEP SHARMA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/28/2020	<b>5</b> Payee name Vistaprint	
<b>6</b> Amount (\$) \$103.31	<b>7</b> Payee address; City; State; Zip Code  Vistaprint.com	
<b>8</b>  <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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Sandeep Sharma Office sought: Town Council Place 2 Office held: Town Council Place 2	
Date 03/06/2019	Payee name Sign Central & T-shirts	
Amount (\$) \$160.75	Payee address; City; State; Zip Code P.O. BOX 294334, LEWISVILLE, TEXAS 75029	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Sandeep Sharma Office sought: Town Council Place 2 Office held: Town Council Place 2	
Date 3/11/2020	Payee name Flower Mound Area Republican Club	
Amount (\$) \$175	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Sandeep Sharma Office sought: Town Council Place 2 Office held: Town Council Place 2	

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