

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>BRIAN</b>	MI <b>T.</b>
	NICKNAME	LAST <b>ROUNTREE</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX:	APT / SUITE #:	CITY; STATE; ZIP CODE
	<b>3200 JAMESTON DR FLOWER MOUND, TX 75028</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(972)</b>	<b>369-2144</b>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MRS</b>	FIRST <b>TERRI</b>	MI
	NICKNAME	LAST <b>MONSON</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY; STATE; ZIP CODE
	<b>3401 BRIGHTSTONE CT FLOWER MOUND, TX 75022</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(972)</b>	<b>816-0234</b>	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	<b>2 / 27 / 15</b>		<b>4 / 9 / 15</b>
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
	<b>5 / 9 / 15</b>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		<b>PLACE 1 FLOWER MOUND TOWN COUNCIL</b>	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME BRIAN ROUNTREE 15 ACCOUNT # (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.

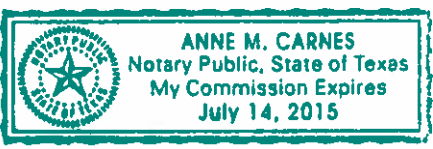
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 120 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2805 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 47 <sup>56</sup>
	4. TOTAL POLITICAL EXPENDITURES	\$ 2684.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
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 15, Election Code.

Brian Rountree  
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said BRIAN ROUNTREE, this the 9<sup>th</sup> day of APRIL, 20 15, to certify which, witness my hand and seal of office.

Brian M Carnes      ANNE M. CARNES      NOTARY PUBLIC  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <b>BRIAN ROUNTREE</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>3/12/15</b>	5 Payee name <b>STEVE WYNNE</b>
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6 Amount (\$) <b>\$433.00</b>	7 Payee address; City; State; Zip Code <b>1026 KINGSTON DR, LEWISVILLE, TX 75067</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>SIGNAGE/PRINTING</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>SIGNS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/20/15</b>	Payee name <b>BOOKER INDUSTRIES</b>
------------------------	--

Amount (\$) <b>\$412.21</b>	Payee address; City; State; Zip Code <b>2344 FARRINGTON DR, DALLAS, TX 75207</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>PRINTING</b>	Description (If travel outside of Texas, complete Schedule T) <b>PALM CARDS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/30/15</b>	Payee name <b>VALENTINE MKTG/BOOKER INDUSTRIES</b>
------------------------	---

Amount (\$) <b>\$1431.10</b>	Payee address; City; State; Zip Code <b>2344 FARRINGTON DR, DALLAS, TX 75207</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>PRINTING</b>	Description (If travel outside of Texas, complete Schedule T) <b>SIGNS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <b>BRIAN ROUNTREE</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>3/3/15</b>	5 Payee name <b>JUST BUTTONS</b>	
6 Amount (\$) <b>125<sup>54</sup></b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>59 SCHOOLGROUND RD UNIT 7 BRANFORD, CT 06405</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>PRINTING</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>CAMPAIGN BUTTONS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date <b>3/11/15</b>	Payee name <b>JUST BUTTONS</b>	
Amount (\$) <b>234<sup>82</sup></b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>59 SCHOOLGROUND RD UNIT 7 BRANFORD, CT 06405</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>PRINTING</b>	Description (If travel outside of Texas, complete Schedule T) <b>CAMPAIGN BUTTONS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date <b>3/3/15</b>	Payee name <b>VISTAPRINT, INC.</b>	
Amount (\$) <b>47<sup>55</sup></b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>95 HAYDEN AVE LEXINGTON, MA 02421</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>PRINTING</b>	Description (If travel outside of Texas, complete Schedule T) <b>BUSINESS CARDS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date <b>3/30/15</b>	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: <span style="font-size: 2em; margin-left: 20px;">4</span>	
2 FILER NAME <span style="font-size: 1.2em;">BRIAN ROUNTREE</span>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <span style="font-size: 1.2em;">3-4-15</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em;">ANDREW BOWEN</span> 6 Contributor address; City; State; Zip Code <span style="font-size: 1.1em;">3706 DRESAGE LN FLOWER MOUND, TX 75022</span>	7 Amount of contribution (\$) <span style="font-size: 1.2em;">\$500.00</span>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date <span style="font-size: 1.2em;">3-5-15</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em;">JASON HETT</span> Contributor address; City; State; Zip Code <span style="font-size: 1.1em;">912 WOOD DUCK WAY FLOWER MOUND, TX 75028</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$100.00</span>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <span style="font-size: 1.2em;">3-5-15</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em;">JANVIER SCOTT</span> Contributor address; City; State; Zip Code <span style="font-size: 1.1em;">2829 BOB WHITE LN. FLOWER MOUND, TX 75022</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$500.00</span>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <span style="font-size: 1.2em;">3-6-15</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em;">JUDY COLLINS</span> Contributor address; City; State; Zip Code <span style="font-size: 1.1em;">1537 SIMMONS RD FLOWER MOUND, TX 75022</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$100.00</span>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <span style="font-size: 1.2em;">3-6-15</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em;">KATHRINE GROTE</span> Contributor address; City; State; Zip Code <span style="font-size: 1.1em;">2219 SWALLOW LANE LEWISVILLE, TX 75077</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$100.00</span>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>BRIAN ROUNTREE</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3-8-15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>SHARON GENTRY</b> 6 Contributor address; City; State; Zip Code <b>2750 BOB WHITE LN FLOWER MOUND, TX 75022</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3-8-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>STEVE STRICKLAND</b> Contributor address; City; State; Zip Code <b>3204 SPRINGWOOD RD FLOWER MOUND, TX 75028</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3-8-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>TERRI HANSON</b> Contributor address; City; State; Zip Code <b>3401 BRIGHTSTONE CT. FLOWER MOUND, TX 75022</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3-13-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>LINDA MARTIN</b> Contributor address; City; State; Zip Code <b>2849 SAGEBRUSH DR. FLOWER MOUND, TX 75022</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3-13-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>K. ELAINE BLAKE</b> Contributor address; City; State; Zip Code <b>895 VZ COUNTY RD 2313 CANTON, TX 75103</b>	Amount of contribution (\$) <b>20.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>BRIAN ROUNTREE</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3-14-15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MARSHA GAVITT</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>6501 MEADOWCREST LN. FLOWER MOUND, TX 75022</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3-16-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>KRISTINA THOMPSON</b>	Amount of contribution (\$) <b>\$25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1612 FLATWOOD DR. FLOWER MOUND, TX 75028</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3-17-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>SCOTT HOLLON</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1208 CEDARWOOD DR. FLOWER MOUND, TX 75028</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3-17-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MELANY LAMB</b>	Amount of contribution (\$) <b>\$135.00</b>	In-kind contribution description (if applicable) <b>FMARC DINNER</b>
Contributor address; City; State; Zip Code <b>5109 PRINCE EDWARD CT. FLOWER MOUND, TX 75022</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3-18-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JUDY CORTINAS</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3301 PECAN MEADOWS DR. FLOWER MOUND, TX 75028</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

BRIAN ROUNTREE

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-21-15

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

LYNDA WILSON

6 Contributor address; City; State; Zip Code

1800 BIRCHBROOK DR.  
FLOWER MOUND, TX 75028

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3-23-15

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

KIA MASTEX

Contributor address; City; State; Zip Code

3608 POLO RUN DR  
FLOWER MOUND, TX 75028

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-31-15

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

KAREN SPENCER

Contributor address; City; State; Zip Code

2512 ABERDEEN  
FLOWER MOUND, TX 75022

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-2-15

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

MELLANY LAMB

Contributor address; City; State; Zip Code

5109 PRINCE EDWARD CT.  
FLOWER MOUND, TX 75022

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-2-15

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

SHERILLYN FLECK

Contributor address; City; State; Zip Code

3220 MIRACLE LANE  
FLOWER MOUND, TX 75022

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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