

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 FIRST MI <div style="text-align: center; margin-left: 100px;"> T Thomas H </div> NICKNAME LAST SUFFIX <div style="text-align: center; margin-left: 50px;"> Tom Musselman </div>	<div style="text-align: center; font-weight: bold; border: 1px solid black; padding: 2px;">OFFICE USE ONLY</div> Date Received <div style="font-size: 1.5em; font-weight: bold; text-align: center;">1-27-2020</div> Date Hand-delivered or Date Postmarked <div style="font-size: 1.5em; font-weight: bold; text-align: center;">11</div> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: 1.5em; font-weight: bold;">1-27-2020</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	—	—	Date Processed		1-27-2020		Date Imaged	
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—	—												
Date Processed													
1-27-2020													
Date Imaged													
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;"> 904 FRIENDSHIP LN FREDERICKSBURG, TX 78624 </div>												
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;"> (830) 997-5398 </div>												
6 CAMPAIGN TREASURER NAME	MS / (MRS) / MR FIRST MI <div style="text-align: center; margin-left: 100px;"> CAROLINE M </div> NICKNAME LAST SUFFIX <div style="text-align: center; margin-left: 50px;"> Kelly Musselman </div>	Receipt # Amount \$ — — Date Processed <div style="font-size: 1.5em; font-weight: bold; text-align: center;">1-27-2020</div> Date Imaged											
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;"> 904 FRIENDSHIP LANE FREDERICKSBURG, TX 78624 </div>												
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;"> (830) 997-5398 </div>												
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input checked="" type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input checked="" 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)		
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em;">01 / 15 / 2020</td> <td></td> <td style="text-align: center; font-size: 1.5em;">01 / 31 / 2020</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	01 / 15 / 2020		01 / 31 / 2020				
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01 / 15 / 2020		01 / 31 / 2020											
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.5em;">05 / 02 / 2020</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <div style="font-size: 1.5em; font-weight: bold; text-align: center;">Municipal</div>											
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 1.2em;"> City Councilman City of FREDERICKSBURG </div>	13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;"> City Councilman City of FREDERICKSBURG </div>											

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COVER SHEET PG 2

14 C/OH NAME

Thomas H "Tom" Musselman

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 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$ - 0 -

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

\$ - 0 -

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 25.00

4. TOTAL POLITICAL EXPENDITURES

\$ 25.00

CONTRIBUTION
BALANCE

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

\$ - 0 -

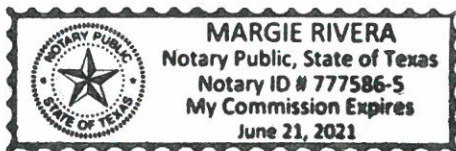
OUTSTANDING
LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Thomas H. Musselman
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Thomas H. Musselman, this the 2nd day of January, 20 20, to certify which, witness my hand and seal of office.

Margie Rivera
Signature of officer administering oath

Margie Rivera
Printed name of officer administering oath

Notary
Title of officer administering oath