

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Bruce F <small>NICKNAME LAST SUFFIX</small> Kreitler	OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center;"> Abilene City Secretary APR 27 2018 Filed for Record </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 517 Lexington Ave. Abilene, TX 79605		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 725-0751		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Douglas E <small>NICKNAME LAST SUFFIX</small> Offermann	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2234 Old Ironsides Rd Abilene, TX 79601	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 660-0770		
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 checked="" 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 03 / 27 / 2018 THROUGH 04 / 25 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 05 / 05 / 2018	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) City Council Place 2	13 OFFICE SOUGHT (if known) City Council Place 2	
GO TO PAGE 2			

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <div style="font-size: 1.5em; font-weight: bold; text-align: center;">Mr. Bruce F. Kreitler</div>	20 Filer ID (Ethics Commission Filers)
---	---

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,870.00
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	16,444.98
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 150.00
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	\$ -

X
X
X

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME **Bruce F. Kreidler**

3 Filer ID (Ethics Commission Filers)

4 Date
5 Full name of contributor out-of-state PAC (ID#: _____)
SEE ATTACHED LIST
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

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

2 Filer Name

3 FILER ID

Bruce F. Kreidler

Accept Date	5 Full Name	6 Address	6 City	ST	Zip	7 Dollar Amount	Occupation Box 8
04/09/18	Adam Andrews	601 Lexington Ave	Abilene	TX	79605	\$ 300	
04/09/18	Chuck Zollars	2418 Marsalis Drive	Abilene	TX	79603	\$ 100	
04/07/18	Priscilla Farmer	6 Cherokee Circle	Abilene	TX	79601	\$ 200	
04/09/18	Norman Hailey	PO Box 617	Abilene	TX	79604	\$ 500	
04/10/18	Joel Wheeler	1118 Grand	Abilene	TX	79605	\$ 100	
04/10/18	Earnest C Campbell	5126 Crystal Creek	Abilene	TX	79606	\$ 200	
04/10/18	Steve Savage	4810 Mary Lou Lane	Abilene	TX	79606	\$ 1,000	
04/10/18	R. C. & Fay Holiday	2042 Westminster Drive	Abilene	TX	79602	\$ 200	
04/10/18	Mark & Jan Miller	641 Matthew Ct	Abilene	TX	79602	\$ 1,000	
04/17/18	John & Joyce Cummins	1866 Jackson St	Abilene	TX	79602	\$ 200	
04/18/18	Crystal Offermann	2234 Old Ironsides Rd	Abilene	TX	79601	\$ 75	
04/23/18	Thomas & M A Martinez	1334 Sayles Blvd	Abilene	TX	79605	\$ 100	
04/20/18	Wayland Lilly	3158 Russell Ave	Abilene	TX	79605	\$ 1,500	

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.

1 Total pages Schedule F1: 2	2 FILER NAME Bruce F. Kreidler	3 Filer ID (Ethics Commission Filers)
---	---	--

4 Date	5 Payee name SEE ATTACHED LIST
---------------	---

6 Amount (\$)	7 Payee address; City; State; Zip Code
----------------------	---

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES Made From Political Contributions

FILER **Bruce Kreitler**

SCHEDULE F1

Page

Charge Paid Date	PAYEE NAME	PAID AMOUNT	PAYEE ADDRESS	CITY	ST	ZIP	Category COH Instruction Guide
04/06/18	Ithink Marketing	\$ 2,000.00	PO Box 6382	Abilene	TX	79608	Advertising - Internet
04/10/18	Town Square Media	\$ 1,500.00	3911 S 1st Street	Abilene	TX	79605	Advertising - Radio
04/16/18	Corky Printing	\$ 1,500.67	P.O. Box 6606	Abilene	TX	79608	Advertising - Mailers
04/24/18	Extreme Media LLC	\$ 800.00	209 S Danville Ste1100	Abilene	TX	79605	Advertising - Radio
04/16/18	Le Print Express	\$ 1,001.31	712 S. Leggett	Abilene	TX	79605	Printing Expense
04/16/18	KTXS Media	\$ 4,000.00	4420 North Clack	Abilene	TX	79605	Advertising - TV
04/17/18	KTAB/KRBC	\$ 4,000.00	4510 S 14th Street	Abilene	TX	79605	Advertising - TV
04/16/18	Radio Abilene	\$ 1,000.00	402 Cypress St#510	Abilene	TX	79601	Advertising - Radio
04/16/18	KGID Radio	\$ 640.00	1755 County Rd 103	Paige	TX	78659	Advertising - Radio

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: **2** 2 FILER NAME **Bruce F. Kreitler** 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD **SEE ATTACHED LIST**

5 Date 6 Payee name

7 Amount (\$) 8 Payee address; City; State; Zip Code

9 TYPE OF EXPENDITURE Political Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date Payee name

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

TYPE OF EXPENDITURE Political Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES BY CREDIT CARD

FILER **Bruce Kreidler**

SCHEDULE **F4**

Total Expenditures charged to a Credit Card

Page

Type Expense

Accept Date	PAYEE NAME	PAYEE ADDRESS	CITY	ST	ZIP	PAID AMOUNT	Political	Non-Polit	Category
4/25/2018	Facebook , Inc	1610 Willow Rd	Meno Park	CA	94025	\$ 150.00			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **Mr. Bruce F Kreitler** 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
 GENERAL
 SPECIFIC

COMMITTEE NAME

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), UNLESS ITEMIZED	\$ 395.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,475.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 3.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,591.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,988.95
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.



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bruce Kreitler, this the 27th day of April, 2018, to certify which, witness my hand and seal of office.

[Signature] Rosa A. Rios *[Signature]*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath