


# 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: |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR FIRST MI<br><i>Bicardi</i> <i>A</i><br>NICKNAME LAST SUFFIX<br><i>Shipman</i>  | <b>OFFICE USE ONLY</b><br>Date Received<br><br>Date Hand-delivered or Date Postmarked<br><i>2-26-18</i>                   |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><i>213 Carolyn Rd</i><br><i>Nocona, TX 76255</i>   | Receipt # Amount \$<br>Date Processed<br>Date Imaged   |                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><i>(940) 841-4062</i>  | 7 CAMPAIGN TREASURER ADDRESS<br>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><i>213 Carolyn Rd</i><br><i>Nocona, TX 76255</i>  |                      |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br><i>BRANX</i> <i>A</i><br>NICKNAME LAST SUFFIX<br><i>Shipman</i>  | 8 CAMPAIGN TREASURER PHONE<br>AREA CODE PHONE NUMBER EXTENSION<br><i>(940) 841-4062</i>  |                      |
| 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)<br><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    THROUGH    Month Day Year<br><i>1 / 1 / 2018</i> <i>2 / 26 / 2018</i>  |  |                      |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br><i>3 / 6 / 2018</i>   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                      |
| 12 OFFICE  | OFFICE HELD (if any)<br><i>NIA</i>   | 13 OFFICE SOUGHT (if known)<br><i>Treasurer</i>  |                      |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Blandi Shipman 15 Filer ID (Ethics Commission Filers)

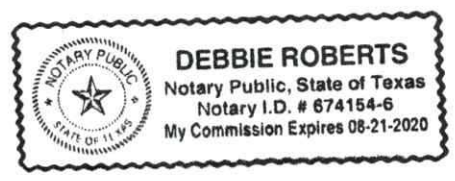
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

|   |                |                                      |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | 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 | \$ 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   | \$         |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 3264.31 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$         |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 4754.86 |

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.

Blandi Shipman  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Blandi Shipman, this the 26<sup>th</sup> day of Feb, 20 18, to certify which, witness my hand and seal of office.

Debbie Roberts Signature of officer administering oath  
Debbie Roberts Printed name of officer administering oath  
notary Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME<br><i>BILANDI Sklyman</i>   |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                                     |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ <i>3400.00</i>                      |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ <i>3264.31</i>                      |
| 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 | \$                                     |

# LOANS

# SCHEDULE E

|  |   |  |
|--|---|--|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule E:<br><span style="font-size: 2em;">1</span>  |
| 2 FILER NAME<br><i>Brandi Shipman</i>  |   | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED LOANS  |   | \$ <i>3400.00</i>  |
| 5 Date of loan<br><i>1-8-2018</i>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><i>Brandi Shipman</i> | 9 Loan Amount (\$)<br><i>3400.00</i>   |
| 6 Is lender a financial institution?<br>Y <input type="radio"/> N <input checked="" type="radio"/> | 8 Lender address; City; State; Zip Code<br><i>213 Carolyn Rd Nacore TX 76255</i>                  | 10 Interest rate<br><i>0%</i>  |
|  |   | 11 Maturity date<br><i>6-1-2018</i>  |
| 12 Principal occupation / Job title (See Instructions)<br><i>Manager</i>                           |   | 13 Employer (See Instructions)<br><i>Logistics Corp</i>  |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none                           |   | 15 Check if personal funds were deposited into political account (See Instructions)<br><input checked="" type="checkbox"/> |
| 16 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable                            | 17 Name of guarantor<br><i>Brandi Shipman</i>   | 19 Amount Guaranteed (\$)<br><i>\$3400.00</i>  |
|  | 18 Guarantor address; City; State; Zip Code<br><i>213 Carolyn Rd Nacore TX 76255</i>              |  |
| 20 Principal Occupation (See Instructions)<br><i>Manager</i>                                       |   | 21 Employer (See Instructions)<br><i>Logist. Corp</i>  |
| Date of loan   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )                            | Loan Amount (\$)   |
| Is lender a financial institution?<br>Y N  | Lender address; City; State; Zip Code   | Interest rate  |
|  |   | Maturity date  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)  |
| Description of Collateral<br><input type="checkbox"/> none   |   | Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/>               |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable                               | Name of guarantor   | Amount Guaranteed (\$)   |
|  | Guarantor address; City; State; Zip Code  |  |
| Principal Occupation (See Instructions)  |   | Employer (See Instructions)  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.