

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

JUL 1 ^{PO} 2017

FORM C/OH
COVER SHEET PG 1

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| 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 FIRST MI <i>Aubrey L</i> NICKNAME LAST SUFFIX <i>de Cordova</i> | OFFICE USE ONLY Date Received <i>JUL 1 2017</i> Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>3109 Oak Mtn Trail San Angelo, TX 76904</i> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(325) 949-0661</i> | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI <i>Charles E</i> NICKNAME LAST SUFFIX <i>Powell</i> | 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | |
| 8 CAMPAIGN TREASURER PHONE | | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2525 Alta Vista Ln, San Angelo, TX 76904</i> | |
| 9 REPORT TYPE | | AREA CODE PHONE NUMBER EXTENSION <i>(325) 949-9890</i> | |
| 10 PERIOD COVERED | | <input checked="" 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 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) | |
| 11 ELECTION | | Month Day Year ELECTION TYPE / / <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) <i>County Comm, Pct 2</i> | 13 OFFICE SOUGHT (if known) | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | .. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. Name Address / PO Box; Apt. / Suite #; City; State; Zip Code | | |
| GO TO PAGE 2 | | | |

| LOANS | | JUL 10th 2017 | SCHEDULE E |
|--|---|--|-------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: | |
| 2 FILER NAME <i>Aubrey de Cordova</i> | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$ | | | |
| 5 Date of loan <i>11-15-13</i> | 7 Name of lender <i>Aubrey de Cordova</i> <input type="checkbox"/> out-of-state PAC (ID# _____) | 9 Loan Amount (\$) <i>750</i> | |
| 6 Is lender a financial institution? Y <input checked="" type="radio"/> N | 8 Lender address; City; State; Zip Code <i>3109 Oak mtn Trl, San Angelo, TX 76904</i> | 10 Interest rate | |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) | |
| 14 Description of Collateral <input type="checkbox"/> none | | | |
| 15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 16 Name of guarantor | 18 Amount Guaranteed (\$) | |
| 17 Guarantor address; City; State; Zip Code | | | |
| 19 Principal Occupation | | 20 Employer | |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) | Loan Amount (\$) | |
| Is lender a financial institution? Y N | Lender address; City; State; Zip Code | Interest rate | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Description of Collateral <input type="checkbox"/> none | | | |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) | |
| Guarantor address; City; State; Zip Code | | | |
| Principal Occupation | | Employer | |
| ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements. | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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JUL 10 2017

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| 15 C/OH NAME | 16 ACCOUNT # (Ethics Commission Filers) |
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|---|--|----------------|----------------|----------------------------------|-------------------|-----------------------------------|-----------------------------------|--|--------------------------------------|
| 17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages | <p style="font-size: small;">** This box is for notice of political expenditures 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. **</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | |
| <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | | | | | |
| <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | | |

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|--------------------------------|---|----------|
| 18 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 \$50 OR LESS, UNLESS ITEMIZED | \$ - 0 - |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ - 0 - |
| 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 | \$ 750 - |

19 AFFIDAVIT

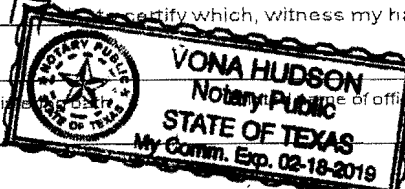
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Arbrey de Cordova

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Arbrey de Cordova, this the 11th day of July, 20 17, to certify which, witness my hand and seal of office.

| | | |
|--|---|--|
| <i>Vona Hudson</i> _____ Signature of officer administering oath |  | <i>Vona Hudson</i> _____ Title of officer administering oath |
|--|---|--|