

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: <div style="text-align: center; font-size: 2em;">9</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u> </u>	FIRST <div style="text-align: center; font-size: 1.5em;">GARY</div>	MI <div style="text-align: center; font-size: 1.5em;">A.</div>
	NICKNAME	LAST <div style="text-align: center; font-size: 1.5em;">BROCKFELD</div>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE
	550 FLITE ACRES Rd Wimberley, TX 78676		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(713) 302-7800			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u> </u>	FIRST <div style="text-align: center; font-size: 1.5em;">JENNIFER</div>	MI <div style="text-align: center; font-size: 1.5em;">E.</div>
	NICKNAME	LAST <div style="text-align: center; font-size: 1.5em;">MABINO</div>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		
	2908 FLITE ACRES Rd., Wimberley, TX 78676		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(409) 656 4880			
9 REPORT TYPE	<input type="checkbox"/> January 15		
	<input checked="" type="checkbox"/> 30th day before election		
<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election	
<input type="checkbox"/> Runoff		<input type="checkbox"/> Exceeded \$500 limit	
<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		<input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day	Year
	2 / 18 / 2016		
4 / 5 / 2016			
11 ELECTION	ELECTION DATE		
	Month	Day	Year
05 / 07 / 2016			ELECTION TYPE
<input type="checkbox"/> Primary			<input type="checkbox"/> Runoff
<input checked="" type="checkbox"/> General			<input type="checkbox"/> Special
<input type="checkbox"/> Other Description			
12 OFFICE	OFFICE HELD (if any)		
13 OFFICE SOUGHT (if known)			
Wimberley City Council Prec 40			

OFFICE USE ONLY

Date Received

RECEIVED

3:55 PM

APR 05 2016

BY: Carole Brockfeld
City Secretary

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Gary Barchfeld 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.

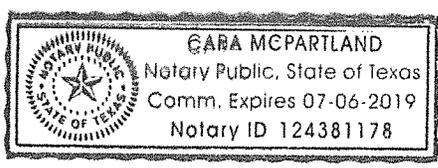
COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	<u>Voice of Wimberley</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>310 Mill Race Ln Wimberley, TX 78676</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>Sally Trapp</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>310 Mill Race Lane, Wimberley, TX 78676</u>

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3,900⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
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	\$

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

Gary A. Barchfeld
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Gary A. Barchfeld, this the 5th day of April, 2016, to certify which, witness my hand and seal of office.

Cara McPartland Cara McPartland Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Cary Barrowfeld</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>3,900⁰⁰</i>
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3,041²⁹</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	\$ <i>667⁰³</i>
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME

Gary Brochfeld

3 Filer ID (Ethics Commission Filers)

4 Date

2/29/16

5 Full name of contributor out-of-state PAC (ID#: _____)

Marathon Brochfeld

7 Amount of contribution (\$)

\$100⁰⁰

6 Contributor address; City; State; Zip Code

550 Flite Acres Wimberley TX 78676

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

3/7/16

Full name of contributor out-of-state PAC (ID#: _____)

Gary Pigg

Amount of contribution (\$)

\$150⁰⁰

Contributor address; City; State; Zip Code

2212 Flite Acres Wimberley, TX 78676

Principal occupation / Job title (See Instructions)

Property Mgr

Employer (See Instructions)

Self employed

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

Greg Brachteld

3 Filer ID (Ethics Commission Filers)

4 Date

3/10/16

5 Full name of contributor out-of-state PAC (ID#: _____)

LEANN BOWER

6 Contributor address; City; State; Zip Code

*152 SPOKELN
WIMBERLEY*

TX 78676

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

SALES

9 Employer (See Instructions)

BEARON

Date

3/5/16

Full name of contributor out-of-state PAC (ID#: _____)

Helen Bowie

Contributor address; City; State; Zip Code

*P.O. Box 2109
Wimberley, TX 78676*

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/5/16

Full name of contributor out-of-state PAC (ID#: _____)

LARRY CATT

Contributor address; City; State; Zip Code

P.O. Box 740 Wimberley, TX 78676

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/5/16

Full name of contributor out-of-state PAC (ID#: _____)

Stephanie Reynolds

Contributor address; City; State; Zip Code

~~Country Club~~
P.O. Box 1865 Wimberley, TX 78676

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Artist

Employer (See Instructions)

BACHYARD Buddah

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

Congressman Borenfeld

3 Filer ID (Ethics Commission Filers)

4 Date

3/26/16

5 Full name of contributor out-of-state PAC (ID#: _____)

Michael & LeeAnn Bower

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

*152 Spoke Lane
Wimberley, TX 78676*

8 Principal occupation / Job title (See Instructions)

sales

9 Employer (See Instructions)

Bearcom

Date

3/11/16

Full name of contributor out-of-state PAC (ID#: _____)

The Voice of Wimberley

Amount of contribution (\$)

2350.00

Contributor address; City; State; Zip Code

*310 Mill Race Ln.
Wimberley, TX 78676*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 4

2 FILER NAME GARY BARNHART 3 Filer ID (Ethics Commission Filers)

4 Date <u>3/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Victor J. MARINO</u>	7 Amount of contribution (\$) <u>300.00</u>
6 Contributor address; City; State; Zip Code <u>2908 Flite Acres Wimberley, TX 78676</u>		

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

Date <u>3/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Debra H. Spears</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>428 Flite Acres Wimberley, TX 78676</u>		

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

Date <u>3/20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John F. Dunn</u>	Amount of contribution (\$) <u>250.00</u>
Contributor address; City; State; Zip Code <u>466 Flite Acres Wimberley, TX 78676</u>		

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

Date <u>3/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>W.N. Kochenderfer</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>710 Flite Acres Wimberley, TX 78276</u>		

Principal occupation / Job title (See Instructions) Retired 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.

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>GARY BRACHFELD</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/12/2016</i>	5 Payee name <i>Abbey Printing</i>	
6 Amount (\$) <i>\$2,312.54</i>	7 Payee address; City; State; Zip Code <i>1310 S. LAMAR AUSTIN, TX 78704</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(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: <i>GARY BRACHFELD</i> Office sought: <i>Wimberley City Council</i> Office held: <i>Phase 4</i>	
Date <i>3/26/12</i>	Payee name <i>Abbey Printing</i>	
Amount (\$) <i>\$696.05</i>	Payee address; City; State; Zip Code <i>1310 S. LAMAR AUSTIN, TX 78704</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	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: <i>GARY BRACHFELD</i> Office sought: <i>Wimberley City Council</i> Office held: <i>Phase 4</i>	
Date <i>3/8/2016</i>	Payee name <i>Deluxe Check Through OZONA Bank</i>	
Amount (\$) <i>\$3270</i>	Payee address; City; State; Zip Code <i>PO Box 528 Wimberley, TX 78676</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FEES</i>	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: <i>GARY BRACHFELD</i> Office sought: <i>Wimberley City Council</i> Office held: <i>Phase 4</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME <i>Gary Barchfeld</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/25/2016</i>	5 Payee name <i>Metha Barchfeld</i>	
6 Amount (\$) <i>\$667.03</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>550 Elite Acres Rd Wimberley TX 78676</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Solicitation/Fundraising</i>	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>GARY BARCHFELD</i>	Office sought <i>Wim. City Council Place 4</i>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	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
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	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED