

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Steve Massengale	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 type="checkbox"/> GENERAL	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

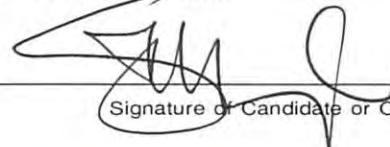
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 202.64
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,969.64
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,571.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 19,327.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 25,000.00

18 AFFIDAVIT



AFFIX NOTARY STAMP (SEAL ABOVE)

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 of Candidate or Officeholder

Sworn to and subscribed before me, by the said Steve Massengale, this the 7th day of April, 2014, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

Jennifer Clements

 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

Steve Massengale

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,247.64
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,722.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 25,000.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,571.41
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	\$ 178.00
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 100.00
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:

2 FILER NAME

Steve Massengale

3 Filer ID (Ethics Commission Filers)

4 Date

1/10/16

5 Full name of contributor

out-of-state PAC (ID#: _____)

Steve and Melinda Shanklin

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/7/16

Full name of contributor

out-of-state PAC (ID#: _____)

Perry Scott

Amount of contribution (\$)

700.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Dir. Of Sales

Employer (See Instructions)

AMA Techtel Communications

Date

1/23/16

Full name of contributor

out-of-state PAC (ID#: _____)

Shane Smith

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/7/16

Full name of contributor

out-of-state PAC (ID#: _____)

Barry Orr

Amount of contribution (\$)

250.00

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:

2 FILER NAME

Steve Massengale

3 Filer ID (Ethics Commission Filers)

4 Date

1/25/16

5 Full name of contributor

Mark Griffin

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

President

9 Employer (See Instructions)

Griffin Companies

Date

1/22/16

Full name of contributor

Joe and Sharon Stephenson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/22/16

Full name of contributor

Jack Booe

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/22/16

Full name of contributor

Randy and Mindi Kitten

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

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:

2 FILER NAME

Steve Massengale

3 Filer ID (Ethics Commission Filers)

4 Date

1/22/16

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

Kevin and Karen McMahan

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/22/16

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

William and Karen Wade

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/22/16

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

Gordon Wilkerson

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Wilkerson Storage

Date

1/26/16

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

Chuck and Laura Heinz

Amount of contribution (\$)

250.00

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:

2 FILER NAME

Steve Massengale

3 Filer ID (Ethics Commission Filers)

4 Date

1/14/16

5 Full name of contributor

out-of-state PAC (ID#: _____)

Kay and Douglas Sanford

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/1/16

Full name of contributor

out-of-state PAC (ID#: _____)

Scott and Melissa Collier

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/2/16

Full name of contributor

out-of-state PAC (ID#: _____)

Ron Bartley

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/3/16

Full name of contributor

out-of-state PAC (ID#: _____)

Sammie Prather

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

[REDACTED]

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:

2 FILER NAME

Steve Massengale

3 Filer ID (Ethics Commission Filers)

4 Date

2/4/16

5 Full name of contributor

Burl Masters

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

300.00

6 Contributor address;

City; State; Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/8/16

Full name of contributor

Greg Jones

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/1/16

Full name of contributor

Denise Thomas

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/9/16

Full name of contributor

Brent Hoffman

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

[REDACTED]

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:

2 FILER NAME

Steve Massengale

3 Filer ID (Ethics Commission Filers)

4 Date

2/6/16

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

Ed and Kathy Nichols

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/12/16

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

Jim and Betty Lowder

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/12/16

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

Drew and Shelby Anderson

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/12/16

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

Joe and Tish Keller

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Owner

Bighams/Triple J

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:
2 FILER NAME Steve Massengale		3 Filer ID (Ethics Commission Filers)
4 Date 2/15/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brent and Cheryl Aycok 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/18/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark and Kim Blankenship Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/25/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul and Frances Beane Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phebe Ellis-Roach Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) Primewest Mortgage

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:

2 FILER NAME

Steve Massengale

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/16

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

John Simpson

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/3/16

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

Jordan Wheatley

Contributor address; City; State; Zip Code

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/16

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

Robert and Sharon Massengale

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Downtown Self Storage

Date

3/22/16

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

Andy and Shelagh Aycock

Contributor address; City; State; Zip Code

Amount of contribution (\$)

250.00

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:

2 FILER NAME

Steve Massengale

3 Filer ID (Ethics Commission Filers)

4 Date

3/21/16

5 Full name of contributor

Ken Abraham

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

50.00

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/24/16

Full name of contributor

Bart Reagor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Partner

Employer (See Instructions)

Reagor Dykes Auto Group

Date

3/24/16

Full name of contributor

Mont and Shannon McClendon

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/16

Full name of contributor

Steve Johnson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

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:

2 FILER NAME

Steve Massengale

3 Filer ID (Ethics Commission Filers)

4 Date

3/24/16

5 Full name of contributor

Dave Buckberry

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/27/16

Full name of contributor

Linda McLaughlin

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/16

Full name of contributor

Lou Diekemper

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/16

Full name of contributor

Idris Traylor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

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:

2 FILER NAME

Steve Massengale

3 Filer ID (Ethics Commission Filers)

4 Date

3/29/16

5 Full name of contributor

out-of-state PAC (ID#: _____)

Jone and Johnny Fisher

7 Amount of contribution (\$)

100.00

6 Contributor address;

City: State: Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/28/16

Full name of contributor

out-of-state PAC (ID#: _____)

Bill Hartsfield

Amount of contribution (\$)

500.00

Contributor address;

City: State: Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

President

IA Consulting

Date

3/28/16

Full name of contributor

out-of-state PAC (ID#: _____)

Mike Calfin

Amount of contribution (\$)

100.00

Contributor address;

City: State: Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/16

Full name of contributor

out-of-state PAC (ID#: _____)

John Leonard

Amount of contribution (\$)

50.00

Contributor address;

City: State: Zip Code

[REDACTED]

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:

2 FILER NAME

Steve Massengale

3 Filer ID (Ethics Commission Filers)

4 Date

3/31/16

5 Full name of contributor

out-of-state PAC (ID#: _____)

Keith and Sheri Mann

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/31/16

Full name of contributor

out-of-state PAC (ID#: _____)

Stan and Kerrie Cribbs

Amount of contribution (\$)

75.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/16

Full name of contributor

out-of-state PAC (ID#: _____)

Joe and Sue Myers

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/16

Full name of contributor

out-of-state PAC (ID#: _____)

W.R. Collier

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

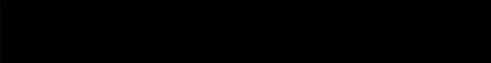
Employer (See Instructions)

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:
2 FILER NAME Steve Massengale		3 Filer ID (Ethics Commission Filers)
4 Date 4/5/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Phillips 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/29/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott and Cathy Porter Contributor address; City; State; Zip Code 	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/5/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lora and James Brock Contributor address; City; State; Zip Code 	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/5/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Martin Contributor address; City; State; Zip Code 	Amount of contribution (\$) 200.00
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:
2 FILER NAME Steve Massengale		3 Filer ID (Ethics Commission Filers)
4 Date 4/5/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Maloy 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/4/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lubbock Apartment Assc. Contributor address; City; State; Zip Code 	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Steve Massengale

3 Filer ID (Ethics Commission Filers)

4 Date

4/6/16

5 Full name of contributor

Mark Vinson

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/6/16

Full name of contributor

W.J. & Dottie Wade

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Field, Manning, Stone, Hawthorne, and Aycock

Date

4/1/16

Full name of contributor

Trey Strong

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Steve Massengale		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 2/15/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon Stephens	8 Amount of Contribution \$ 4,722.00	9 In-kind contribution description Signs
7 Contributor address; City: State: Zip Code <div style="background-color: black; width: 100%; height: 1.2em;"></div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) President		11 Employer (FOR NON-JUDICIAL) (See Instructions) The Decor Group	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City: State: Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Steve Massengale		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve and Stephanie Massengale	9 Loan Amount (\$) 25,000.00
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
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
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 F1:	2 FILER NAME Steve Massengale	3 Filer ID (Ethics Commission Filers)
4 Date 1/11/16	5 Payee name Action Data	
6 Amount (\$) 2000.00	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling	(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 1/15/16	Payee name Google	
Amount (\$) 1.12	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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 1/19/16	Payee name Facebook	
Amount (\$) 25.03	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 F1:	2 FILER NAME Steve Massengale	3 Filer ID (Ethics Commission Filers)			
4 Date 3/1/16	5 Payee name Facebook				
6 Amount (\$) 124.97	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			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 3/11/16	Payee name Action Printing				
Amount (\$) 2288.42	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing/Postage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 3/21/16	Payee name Lubbock Area Republican Women				
Amount (\$) 48.00	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 F1:	2 FILER NAME Steve Massengale	3 Filer ID (Ethics Commission Filers)
4 Date 3/15/16	5 Payee name Lamar Advertising	
6 Amount (\$) 1000.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 F1:	2 FILER NAME Steve Massengale	3 Filer ID (Ethics Commission Filers)
4 Date 2/01/16	5 Payee name Facebook	
6 Amount (\$) 30.39	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(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 2/16/16	Payee name Facebook	
Amount (\$) 50.03	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Date 2/16/16	Payee name Google	
Amount (\$) 29.60	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:		2 FILER NAME Steve Massengale		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 2/10/16		6 Payee name Nationbuilder			
7 Amount (\$) 89.00		8 Payee address; City; State; Zip Code 			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising/Website		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/10/16		Payee name Nationbuilder			
Amount (\$) 89.00		Payee address; City; State; Zip Code 			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising/Website		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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 G:	2 FILER NAME Steve Massengale	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name City of Lubbock	
6 Amount (\$) 100.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Filing Fee	(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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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 <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