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:

OFFICE USE ONLY

Date Received

RECEIVED
JAN 13 2016
OFFICE OF THE CITY SECRETARY
LUBBOCK, TEXAS

gw 12:40

Date Hand-delivered or Date Postmarked

Receipt #

Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR (MR circled)

FIRST: Glen

MI: C

NICKNAME

LAST: Robertson

SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

[redacted]

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

[redacted]

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST: Norman

MI: W

NICKNAME

LAST: Allen

SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

[redacted]

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

[redacted]

9 REPORT TYPE

- [x] January 15
- [ ] 30th day before election
- [ ] Runoff
- [ ] 15th day after campaign treasurer appointment (Officeholder Only)
- [ ] July 15
- [ ] 8th day before election
- [ ] Exceeded $500 limit
- [ ] Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 7 / 16 / 15 THROUGH Month Day Year: 1 / 15 / 2016

11 ELECTION

ELECTION DATE: Month Day Year: N/A

ELECTION TYPE:
- [ ] Primary
- [ ] Runoff
- [ ] Other Description
- [ ] General
- [ ] Special

N/A

12 OFFICE

OFFICE HELD (if any): mayor

13 OFFICE SOUGHT (if known): mayor

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME: Glen C Robertson

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	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 31,482.46
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ Ø
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ Ø
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

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 of Candidate or Officeholder

JENNIFER SOWDER CLEMENTS NOTARY PUBLIC STATE OF TEXAS EXPIRES 06-28-2016

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said Glen C. Robertson, this the 13th day of January, 20 16, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Jennifer Clements	Jennifer Clements	Notary

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME: Glen C. Robertson

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
9-28-15	William K. Carruth 6 Contributor address; City; State; Zip Code [redacted]	$482.46

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
10-13-15	Lubbock Apartment Association Contributor address; City; State; Zip Code [redacted]	1,000.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
10-14-15	McDougal Properties Contributor address; City; State; Zip Code [redacted]	5,000.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
10-13-15	Isom Operating Co., LLC Contributor address; City; State; Zip Code [redacted]	5,000.00

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 Glen C. Robertson

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
10-8-15	WTBG PAC	20,000.00
	6 Contributor address; City; State; Zip Code	

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

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.

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME
Glen C Robertson

2 Filer ID (Ethics Commission Filers)

3 **SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 **FILER WHO IS NOT AN OFFICEHOLDER**
•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 **OFFICEHOLDER**
•• Complete this section *only* if you are an officeholder ••

☑ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder