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: Mr | FIRST: Todd | MI: R | NICKNAME | LAST: Klein | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: [redacted] | APT / SUITE #: | CITY: | STATE: | ZIP CODE

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER: [redacted] | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr | FIRST: Larry | MI: D | NICKNAME | LAST: Griggs | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): [redacted] | APT / SUITE #: | CITY: | STATE: | ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER: [redacted] | EXTENSION

OFFICE USE ONLY

Date Received

RECEIVED
JAN 15 2016
OFFICE OF THE CITY SECRETARY
LUBBOCK, TEXAS

qw 4:50 p.m.

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

9 REPORT TYPE

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

10 PERIOD COVERED

Month	Day	Year		Month	Day	Year
7	16	15	THROUGH	1	15	16

11 ELECTION

ELECTION DATE: Month 5 | Day 7 | Year 16

ELECTION TYPE:

- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☒ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Mayor, City of Lubbock

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Todd R Klein

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.

☐ Additional Pages

COMMITTEE TYPE	
☐ GENERAL	COMMITTEE NAME
☐ 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	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 4295
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 3610.21
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 250.21
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

18 AFFIDAVIT

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

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.

Todd R. Klein

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Todd R. Klein, this the 15th day of January, 20 16, to certify which, witness my hand and seal of office.

Jennifer Clements — Jennifer Clements — Notary

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	20 Filer ID (Ethics Commission Filers)
Todd R. Klein	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 2895
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 1400
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0
4.	☐	SCHEDULE E: LOANS	$ 0
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 3067.52
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 542.69
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME: Todd Klein

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
12.19.15	Laney: Travis Bridwell [redacted]	$100

8 Principal occupation / Job title (See Instructions): Internist

9 Employer (See Instructions): Travis Bridwell MD

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
12.28.15	John Nelson [redacted]	$250

Principal occupation / Job title (See Instructions): Insurance agent

Employer (See Instructions): Capital Choice Investments

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
12.31.15	John & Anne Klein [redacted]	$1500

Principal occupation / Job title (See Instructions): Carpet Sales

Employer (See Instructions): Briggs Carpet

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
1.3.16	Bettye Briggs [redacted]	$600

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME: Todd R Klein

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
1.4.16	Michael Smith [redacted]	$100
8 Principal occupation / Job title (See Instructions): Self employed	9 Employer (See Instructions)	
Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
1.5.16	Manda Klein [redacted]	$150
Principal occupation / Job title (See Instructions): Vice President	Employer (See Instructions): Teaching Strategies LLC	
Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
1.10.16	Jeremy Klein [redacted]	$20
Principal occupation / Job title (See Instructions): Sr. Engineer	Employer (See Instructions): American Airlines	
Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
1-12-16	Penny Holoughty [redacted]	$75
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME: Todd R Klein

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
1-13-16	Sherman Phillips 6 Contributor address; City; State; Zip Code [redacted]	$100

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

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 1

2 FILER NAME: Todd R Klein

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS: $ $1400

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:)	8 Amount of Contribution $	9 In-kind contribution description
12.28.15	Margo Young 7 Contributor address: [redacted] City: State: Zip Code	$500	media artwork ☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions): Home School Teacher

11 Employer (FOR NON-JUDICIAL) (See Instructions): Self

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 ☐ out-of-state PAC (ID#:)	Amount of Contribution $	In-kind contribution description
1.4.16	Steve Warren Contributor address: [redacted] City: State: Zip Code	$900	video production ☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions): Dev. Director

Employer (FOR NON-JUDICIAL) (See Instructions): WTBR

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)

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
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: Todd Klein	3 Filer ID (Ethics Commission Filers)

Expenditure 1

4 Date	5 Payee name
1.8.16	Premier Media Group
6 Amount ($)	**7** Payee address; City; State; Zip Code
$1,539.85	[redacted]

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Printing Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 2

Date	Payee name
1.12.16	Chebo's Lubbock
Amount ($)	Payee address; City; State; Zip Code
$380.98	[redacted]

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Other + posts & cable ties	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 3

Date	Payee name
1.12.16	Delta Signs & Designs
Amount ($)	Payee address; City; State; Zip Code
$1,146.69	[redacted]

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Printing Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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: Todd Klein	3 Filer ID (Ethics Commission Filers)

4 Date: 1-5-16
5 Payee name: GoDaddy.com
6 Amount ($): $195.26
☑ Reimbursement from political contributions intended
7 Payee address; City; State; Zip Code: [redacted]

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): Other - website builder
(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

---

Date: 12-16-15
Payee name: Godaddy.com
Amount ($): $40.68
☑ Reimbursement from political contributions intended
Payee address; City; State; Zip Code: [redacted]

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): Other website
(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

---

Date: 1-8-15
Payee name: Facebook
Amount ($): $257.75
☑ Reimbursement from political contributions intended
Payee address; City; State; Zip Code: [redacted]

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): Other. advertising
(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ 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 Todd R Klein	3 Filer ID (Ethics Commission Filers)
4 Date 1-6-15	5 Payee name USPS	
6 Amount ($) $49 ☐ Reimbursement from political contributions intended	[redacted]	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($) ☐ 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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 ($) ☐ 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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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