

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 FIRST MI Ed NICKNAME LAST SUFFIX Mike & KENNIN	OFFICE USE ONLY Date Received City Clerk DEC 05 2016 City of San Marcos	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 517 W. HOPKINS STREET SAN MARCOS TX 78666		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 396-3648		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Al NICKNAME LAST SUFFIX Sullivan		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 21 TIMBERCREST SAN MARCOS TX 78666		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 392-2608		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 11 / 1 / 2016 12 / 5 / 2016		
11 ELECTION	ELECTION DATE Month Day Year 12 / 13 / 2016	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
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14 C/OH NAME

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

Ed Mikhailan Campaign / Ed Mikhailan for
San Marcos City Council
517 W. Hopkins Street San Marcos TX 78666
Al Sullivan
21 Timbercrest
San Marcos TX 78666

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 50.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,505.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 108.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,854.08

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 2,145.66

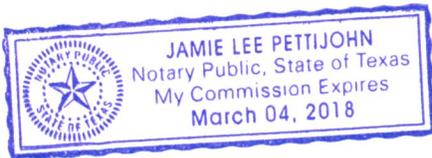
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

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

Ed Mikhailan
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ed Mikhailanin, this the 5th day of December, 2016, to certify which, witness my hand and seal of office.

Samuel High Jamie Lee Pettijohn City Clerk
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)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$1,505.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$1,854.08
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 534.11
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> 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:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

11/21/2016

BERRY JAMES

\$250.00

6 Contributor address; City; State; Zip Code
P.O. BOX 1656 SAN MARCO TX 78667

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 (\$)

11/21/2016

RANDALL MORRIS

\$200.00

Contributor address; City; State; Zip Code
802 BELVIN ST SAN MARCO TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

REALTOR

HI.MSELF

Date

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

Amount of contribution (\$)

11/21/2016

RON JAGER

\$200.00

Contributor address; City; State; Zip Code
628 W. SAN ANTONIO ST SAN MARCO TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

Date

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

Amount of contribution (\$)

11/29/2016

CHARLES SCALIS

\$200.00

Contributor address; City; State; Zip Code
3040 OAK RIDGE SAN MARCO TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

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

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

11/28/2016

TERRY BLACKWELL

\$75.00

6 Contributor address; City; State; Zip Code

1600 N. LBJ, SAN MARCOS TX 78666

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 (\$)

11/30

Richard EARL

\$100.00

Contributor address; City; State; Zip Code

2108 DERBY CT SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PROFESSOR

TEXAS STATE UNIVERSITY

Date

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

Amount of contribution (\$)

11/30

Bobby WOODRUFF SINGLE PROPERTY OWNERSHIP

\$55.00

Contributor address; City; State; Zip Code

1265 LBJ SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

12/1

Ted HINDSON

\$100.00

Contributor address; City; State; Zip Code

1410 Aljaro St SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PROFESSOR

TX State University

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

12/3

Ethel Mihaljan

\$200.00

6 Contributor address; City; State; Zip Code

13408 N. 54th Dr Glendale AZ 85304

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 (\$)

12/3

STEVE SERLE

\$75.00

Contributor address; City; State; Zip Code

2420 MISSY LANE SAN MARCO TX 78666

Principal occupation / Job title (See Instructions)

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)

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 | 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 F1:	2 FILER NAME Ed Michalkanin	3 Filer ID (Ethics Commission Filers)
4 Date 11/1/2016	5 Payee name McCoy's	
6 Amount (\$) \$81.24	7 Payee address; City; State; Zip Code McCoy's Wonderworld Dr SAN MARCOS TX 78666	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) STAKES, SCREWS, WASHERS FOR YARD SIGNS	(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: Ed Michalkanin Office sought: SMCC PLACE 3 Office held:	
Date 11/5/2016	Payee name CAFE ON THE SQUARE	
Amount (\$) \$114.29	Payee address; City; State; Zip Code 126 N. LBJ SAN MARCOS TX 78666	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CATERING SERVICES	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: Ed Michalkanin Office sought: SAN MARCOS CITY COUNCIL PLACE 3 Office held:	
Date 11/21/2016	Payee name SAN MARCOS DAILY RECORD	
Amount (\$) \$345.00	Payee address; City; State; Zip Code 1910 IHSS South SAN MARCOS TX 78666	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ads	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: Ed Michalkanin Office sought: SAN MARCOS CITY COUNCIL PLACE 3 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	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 F1: 2 FILER NAME Ed Michalko 3 Filer ID (Ethics Commission Filers)

4 Date 11/23/2016 5 Payee name McCoy's

6 Amount (\$) \$70.75 7 Payee address, City; State; Zip Code 110 Wonder World Dr. San Marcos TX 78666

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) stalls, workers, screws FOR YARD SIGNS (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 Ed Michalko Office sought San Marcos City Council Place 3 Office held

Date 12/1/2016 Payee name PARAGON PRINTING

Amount (\$) \$1,118.80 Payee address; City; State; Zip Code 10423 McKalla Pl. Austin TX 78758

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) DIRECT MAIL PRINTING 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 Ed Michalko Office sought San Marcos City Council Place 3 Office held

Date 11/30/2016 Payee name McCoy's

Amount (\$) \$86.75 Payee address; City; State; Zip Code 110 Wonder World Dr San Marcos TX 78666

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) washers, screws, stakes FOR YARD SALES 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 Ed Michalko Office sought San Marcos City Council Place 3 Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

use this

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | 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 <i>Ed Michalko</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>12/1/2016</i>	6 Payee name <i>PARAGON PRINTING</i>	
7 Amount (\$) <i>\$534.11</i>	8 Payee address; City; State; Zip Code <i>10423 McKello Pl. Austin TX 78758</i>	
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) <i>POSTAGE FOR DIRECT MAIL PIECE</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
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Ed Michalko</i>	Office sought Office held <i>Southern City Council Place 3</i>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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