

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Carlos A NICKNAME LAST SUFFIX Merla	<b>OFFICE USE ONLY</b> <hr/> Date Received <div style="border: 1px solid black; padding: 5px; text-align: center;">                     RECEIVED                      APR 27 2018                      City Secretary's Office                      10:58 am JAB                 </div> <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt #      Amount \$ <hr/> Date Processed <hr/> Date Imaged	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2220 Brookcrest Lane Grapevine Tx 76051		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (682) 551-4020		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Carlos A NICKNAME LAST SUFFIX DeLeon		
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2701 N. Grapevine Mills Blvd 2614 Grapevine Tx 76051		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 688 7003		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input 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)		
<b>10</b> PERIOD COVERED	Month Day Year      Month Day Year 03 / 27 / 2018      THROUGH      4 / 26 / 2018		
<b>11</b> ELECTION	ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known)	
		City Council Place 2	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Carlos A Merla

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

GENERAL

SPECIFIC

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

\$ 932.15

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

\$ 1500

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2530.98

CONTRIBUTION  
BALANCE

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

\$ 215.79

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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, 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

# 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	\$ 1500
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2530.98
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	\$
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	\$

# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Carlos Merla	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 3/29/18	<b>5</b> Payee name Wine Fusion Winery
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<b>6</b> Amount (\$) 256.50	<b>7</b> Payee address; City; State; Zip Code 603 S. Main St Suite 304 Grapevine Tx 76051
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Event Expense Food / Beverage	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/18/18	Payee name NJ Graphic Design, Inc.
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Amount (\$) 1541.48	Payee address; City; State; Zip Code 203 E. Worth St Grapevine, Tx 76051
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/20/18	Payee name Impact Signs & Graphics
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Amount (\$) 433. <sup>00</sup>	Payee address; City; State; Zip Code 541 Industrial Blvd Ste A Grapevine Tx 76051
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Carlos Merla	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4/25/18	<b>5</b> Payee name AMBUCS
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<b>6</b> Amount (\$) 300	<b>7</b> Payee address; City; State; Zip Code 2150 W. Northwest Hwy Suite 114 # 1089 Grapevine Tx 76051
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Carlos Merin</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/23/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stormtex Roofing LLC</i>	7 Amount of contribution (\$) <i>\$ 300</i>
6 Contributor address; City; State; Zip Code <i>2922 Canyon Dr Grapevine Tx 76051</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/23/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Whitlock Building Services LLC</i>	Amount of contribution (\$) <i>\$ 200</i>
Contributor address; City; State; Zip Code <i>PO Box 3355 Grapevine Tx 76099</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/23/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tri Van Roofing &amp; Water proofing</i>	Amount of contribution (\$) <i>\$ 1,000</i>
Contributor address; City; State; Zip Code <i>753 Port America Place Grapevine Tx 76051</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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.