

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filter ID (Ethics Commission Filers)	2 Total pages filed:																			
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; font-size: small;">FIRST</td> <td style="width:30%; font-size: small;">MI</td> </tr> <tr> <td><i>DR</i></td> <td><i>ROBERT</i></td> <td><i>L.</i></td> </tr> <tr> <td style="font-size: x-small;">NICKNAME</td> <td style="font-size: x-small;">LAST</td> <td style="font-size: x-small;">SUFFIX</td> </tr> <tr> <td><i>BOBBY</i></td> <td><i>PANZARELLA</i></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	<i>DR</i>	<i>ROBERT</i>	<i>L.</i>	NICKNAME	LAST	SUFFIX	<i>BOBBY</i>	<i>PANZARELLA</i>		OFFICE USE ONLY								
MS / MRS / MR	FIRST	MI																				
<i>DR</i>	<i>ROBERT</i>	<i>L.</i>																				
NICKNAME	LAST	SUFFIX																				
<i>BOBBY</i>	<i>PANZARELLA</i>																					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: x-small;">ADDRESS / PO BOX:</td> <td style="width:20%; font-size: x-small;">APT / SUITE #:</td> <td style="width:20%; font-size: x-small;">CITY:</td> <td style="width:10%; font-size: x-small;">STATE:</td> <td style="width:15%; font-size: x-small;">ZIP CODE</td> </tr> <tr> <td colspan="5"><i>2306 WOODS ESTATES</i></td> </tr> <tr> <td colspan="5"><i>HUMBLE, TX 77339</i></td> </tr> </table> <input type="checkbox"/> Change of Address			ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	<i>2306 WOODS ESTATES</i>					<i>HUMBLE, TX 77339</i>								
ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE																		
<i>2306 WOODS ESTATES</i>																						
<i>HUMBLE, TX 77339</i>																						
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">AREA CODE</td> <td style="width:45%; font-size: small;">PHONE NUMBER</td> <td style="width:30%; font-size: small;">EXTENSION</td> </tr> <tr> <td><i>(281)</i></td> <td><i>359-4260</i></td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	<i>(281)</i>	<i>359-4260</i>		Date Received												
AREA CODE	PHONE NUMBER	EXTENSION																				
<i>(281)</i>	<i>359-4260</i>																					
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; font-size: small;">FIRST</td> <td style="width:30%; font-size: small;">MI</td> </tr> <tr> <td><i>MRS.</i></td> <td><i>MARY</i></td> <td><i>B.</i></td> </tr> <tr> <td style="font-size: x-small;">NICKNAME</td> <td style="font-size: x-small;">LAST</td> <td style="font-size: x-small;">SUFFIX</td> </tr> <tr> <td></td> <td><i>PANZARELLA</i></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	<i>MRS.</i>	<i>MARY</i>	<i>B.</i>	NICKNAME	LAST	SUFFIX		<i>PANZARELLA</i>		Date Hand-delivered or Date Postmarked	Receipt #							
MS / MRS / MR	FIRST	MI																				
<i>MRS.</i>	<i>MARY</i>	<i>B.</i>																				
NICKNAME	LAST	SUFFIX																				
	<i>PANZARELLA</i>																					
7 CAMPAIGN TREASURER ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; font-size: x-small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; font-size: x-small;">APT / SUITE #;</td> <td style="width:10%; font-size: x-small;">CITY;</td> <td style="width:10%; font-size: x-small;">STATE;</td> <td style="width:10%; font-size: x-small;">ZIP CODE</td> </tr> <tr> <td colspan="5"><i>2306 WOODS ESTATES</i></td> </tr> <tr> <td colspan="5"><i>HUMBLE, TX 77339</i></td> </tr> </table> (Residence or Business)			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	<i>2306 WOODS ESTATES</i>					<i>HUMBLE, TX 77339</i>					Amount \$			
STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE																		
<i>2306 WOODS ESTATES</i>																						
<i>HUMBLE, TX 77339</i>																						
8 CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">AREA CODE</td> <td style="width:45%; font-size: small;">PHONE NUMBER</td> <td style="width:30%; font-size: small;">EXTENSION</td> </tr> <tr> <td><i>(281)</i></td> <td><i>359-4260</i></td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	<i>(281)</i>	<i>359-4260</i>		Date Processed												
AREA CODE	PHONE NUMBER	EXTENSION																				
<i>(281)</i>	<i>359-4260</i>																					
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 16th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 6th day before election</td> <td><input checked="" type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 16th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 6th day before election	<input checked="" type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	Date Imaged										
<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 16th day after campaign treasurer appointment (Officeholder Only)																			
<input type="checkbox"/> July 15	<input type="checkbox"/> 6th day before election	<input checked="" type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)																			
10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: x-small;">Month</td> <td style="width:10%; font-size: x-small;">Day</td> <td style="width:10%; font-size: x-small;">Year</td> <td style="width:20%;"></td> <td style="width:10%; font-size: x-small;">Month</td> <td style="width:10%; font-size: x-small;">Day</td> <td style="width:10%; font-size: x-small;">Year</td> </tr> <tr> <td><i>2</i></td> <td><i>28</i></td> <td><i>17</i></td> <td style="text-align: center;">THROUGH</td> <td><i>5</i></td> <td><i>1</i></td> <td><i>17</i></td> </tr> </table>			Month	Day	Year		Month	Day	Year	<i>2</i>	<i>28</i>	<i>17</i>	THROUGH	<i>5</i>	<i>1</i>	<i>17</i>					
Month	Day	Year		Month	Day	Year																
<i>2</i>	<i>28</i>	<i>17</i>	THROUGH	<i>5</i>	<i>1</i>	<i>17</i>																
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: x-small;">ELECTION DATE</td> <td colspan="3" style="font-size: x-small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><i>5</i></td> <td><i>6</i></td> <td><i>17</i></td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	ELECTION DATE			ELECTION TYPE			Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<i>5</i>	<i>6</i>	<i>17</i>	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special				
ELECTION DATE			ELECTION TYPE																			
Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description																	
<i>5</i>	<i>6</i>	<i>17</i>	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special																		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)																				
		<i>HUMBLE ISD #5</i> <i>BOARD OF AUTHORITY</i>																				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT


FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
--------------	--

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.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

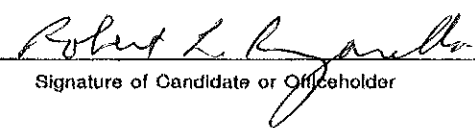
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,299.40
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,299.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



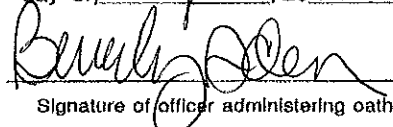
AFFIX NOTARY SEAL ABOVE

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 Candidate, this the 2nd day of May, 2017, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Beverly Aden
 Printed name of officer administering oath

Notary/Board Secy
 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 type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$3299.40
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 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 **ROBERT PANZARELLA** 3 Filer ID (Ethics Commission Filers)

4 Date **5/1/17** 5 Payee name **MIKEYDESIGNS.COM**

6 Amount (\$) **129.38** 7 Payee address; City; State; Zip Code
 Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **ADVERTISING 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 **HUMBLE ISD BOARD OPA** Office sought **POSITIONS** Office held

Date **4/14/17** Payee name **TRIBUNE NEWSPAPER**

Amount (\$) **500** Payee address; City; State; Zip Code
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **ADVERTISING EXPENSE** (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 **HUMBLE ISD** Office sought **POSITIONS** Office held

Date **3/20/17/4/1/17** Payee name **STAN MART**

Amount (\$) **2502.74** Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
**P.O. BOX 1538
HUMBLE, TX 77347**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **ADVERTISING EXPENSE** (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 **HUMBLE ISD BOARD OPA** Office sought **POSITIONS** 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 <i>ROBERT PANZARELLA</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/6/17</i>	5 Payee name <i>HOME DEPOT</i>	
6 Amount (\$) <i>\$148.18</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>23575 US HWY 59 PORTER, TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>4/14/17</i>	Payee name <i>LOWE'S</i>	
Amount (\$) <i>19.10</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>22600 EASTEX HWY KINLWOOD, TX 77339</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</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
	Complete ONLY 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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business 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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date	Business name	
Amount (\$)	Business 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	Business name	
Amount (\$)	Business 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>ROBERT PANZARELLA</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 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)
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.