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 MGC, ROBERT NICKNAME LAST BOB REHAK	MI J Suffix	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE			Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS (MRS))AR FIRST KATHLEEN NICKNAME LAST KATHY CZUBIK	SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 4607 ECHO FALLS KINGWOOD TX	JITE #; CITY; STATE;	ZIP GODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 2/3-7/73	EXTENSION	
9 REPORT TYPE	January 15 30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 02/17/2017	THROUGH 03/	Day Year 27/2017
11 ELECTION	ELECTION DATE Month Day Year Primary 05/06/2017 A.General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (# known) HUMBLE IS TRUSTEES,	D BOARD OF POSITION 1
, , , , , , , , , , , , , , , , , , , ,	GO ТО І	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME ROBERT	T. REA	HAK (BOB)	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		
Additional Dagge		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		OCINIMITIES CANIFAIGIN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 409.74 \$ 10,358.38	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 10,358.38	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$	
18 AFFIDAVIT NERLY A OF 16 16 AFFIX NO 7 AR 10 7 AMP	ASEALABOVE	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is ormation required to be reported by me diplate or Officeholder	
Sworn to and subscri		by the said <u>Candidate</u> o certify which, witness my hand and seal of office.	, this the <u>3</u> Rd	
Signature of officer ac	Iministering oath	Beverly Aden Printed name of officer administering path	Notary Board Sec	
		- mitos manio di Ognosi administrinig Datri	Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

ROBERT J. (BOB) REHAK 20 Filer ID (Ethics	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$5,179.19
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$5,179.19 \$5,179.19
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gilt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F4:	ROBERT J. (BOB) RE	3 Filer ID (Ethics Commission Filers)
4 TOTALOFUNITEM	IIZED EXPENDITURES CHARGED TO A C	REDIT CARD \$ 409, 74
5 Date 03/2//2017	AMERICAN SCREEN G	RAPHICS
7 Amount (\$) \$/97,03	8 Payee address; City; State; Zip Code PO BOX 6988 KINGWOOD TX 7732	
9 TYPE OF EXPENDITURE	Political Non-F	Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OF		Office sought Office held
03/10/2017	Payee name THE TRIBUNE	
Amount (\$) 7/, 200.00	Payee address; City; State; Zip Code 1036 FIRST ST., STE, Code HUMBLE, TX 7733	i
TYPE OF EXPENDITURE		Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENS	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Ex

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages	9	Travel In District Travel Out Of District Other (enter a category not listed above)
		The Instruction Guide expla	ins how to compl	ete this form.	
1 Total pages Schedule F4:	2 FILER	NAME BERT J. (BOB)) REHAK	,	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARGED	TOACRED	ITCARD	\$ 409.74
5 Date 03/17/2017	5 Date 6 Payee name 03/17/2017 COMMUNITY PRINT & COPY				
7 Amount (\$)	8 Payee	address; City; State;	Zip Code	× -	
*336.66	\$ 2612 CHESTNUT RIDGE DR.				
9 TYPE OF EXPENDITURE		Politicał [Non-Politica	l	_
10	(a) Catego	ory (See Categories listed at the top of t	his schedule)	(b) Description	n
PURPOSE	***			Check if	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	PRIN	TING EXPENS	ie .	Check i	f Austin, TX, officeholder living expense
11 Complete ONLY if direct		didate / Officeholder name	Office	sought	Office held
expenditure to benefit C/OI	H			•	
Date 03//3/17	Payee AMER	name ICAN SCREEN	GRAPH	1105	
Amount (\$)	Payee	address; City; State;	Zip Code		
#197.00	IPO B	0x 6988			
1777.00	KING	GWOOD TX 7	77325		
TYPE OF EXPENDITURE		Political [Non-Politica	I	
	Catego	ory (See Categories listed at the top of ti	his schedule)	Descriptio	าก
PURPOSE				Check if	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	PRIN	TING EXPEN	SE	Check i	Austin, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held					
expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District 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 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 409.74 6 Payee name City; State: Zip Code PR Web.com 868.00 TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas, Complete Schedule T. ADVERTISING EXPENSE EXPENDITURE Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH DOMMUNITY PRINT : COPY Amount (\$) Payee address; City; State; Zip Code DR. KINGWOOD TX 77339 TYPE OF Political Non-Political EXPENDITURE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE PRINTING EXPENSE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

egal Services Salaries/Wages/Contract Labor
The Instruction Guide explains how to complete this form.

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) ROBERT J. (BOB) REHAK 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 409.74 6 Payee name LONE STAR MAILING PRINTING SERVICES

8 Payee address; City; State; Zip Code 245 FM 1960 BYPASS EAST HUMBLE TX 77338 \$1.680.00 TYPE OF Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas, Complete Schedule T. PRINTING EXPENSE OF EXPENDITURE Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH LONE STAR MAILING & PRINTING SERVICES City; State; Zip Code 245 FM1960 BYPASS EAST \$618,00 HUMBLE TX 77338 TYPE OF Non-Political EXPENDITURE Political Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense PRINTING EXPENSE EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Polling Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Travel In District 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. 2 FILER NAME ROBERT J. (BOB) REHAK 5 Payee name THE TRIBUNE 7 Payee address; City; State; Zip Code 1036 FIRST ST., STE, C 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 6 Amount (\$) HUMBLE, TX 77338 Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check it travel outside of Texas, Complete Schedule T. ADVERTISING EXPENSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH AMERICAN SCREEN GRAPHICS Payee address; City; State; Zip Code PO BOX 6988 Reimbursement from KINGWOOD, TX 77325 political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF RINTING EXPENSE **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** I Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 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/Office-holder/Political Committee

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)

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries	s/Wages/Contract Labor (Other (enter a category not listed above)
. ·	The instruction Guide explains how to) Collibiete fius ioiui	
1 Total pages Schedule G:	ROBERT J. (BOB) RE	EHAK 3	3 Filer ID (Ethics Commission Filers)
4 Date 06/20/7	PR Web		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
#868.00	PRWeb.com		
Reimbursement from political contributions intended			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	ADVERTISING EXPENSE	Check if travel outside of	Texas. Complete Schedule T.
EXPENDITURE	ADVERIBING LAILING	Check if Austin, TX, o	officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name 1		
03/23/2017	LONE STAR MAILING : PRI		ES
Amount (\$)	Payee address; City; State; Zip Code 245 FM 1960 BY PASS E	AST	•
Reimbursement from political contributions intended	HUMBLE TX 77338		
	Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	0	Check if travel outside of	Texas. Complete Schedule T.
EXPENDITURE	PRINTING EXPENSE	Check if Austin, TX, o	otticeholder tiving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date 03/13/2017	Payee name LONE STAR MAILING. E Payee address; City; State; Zip Code	PRINTING SER	V ICES
Amount (\$)	Payee address; City; State; Zip Code 245 FM 1960 BYPASS EA	257	
Reimbursement from political contributions intended	HUMBLE TX 77338		
	Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF		Check if travel outside of	Texas. Complete Schedule T.
EXPENDITURE	PRINTING EXPENSE	Check if Austin, TX, o	officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME ROBERT J. REHAK (BOB) Date, 5 Payee name 3 Filer ID (Ethics Commission Filers) 5 Payee name COMMUNITY PRINT & COPY 7 Payee address; City; State; Zip Code 2612 CHESTNUT RIDGE DR. 4 Date KINGWOOD DX 77339 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Check if travel outside of Texas, Complete Schedule T. OF PRINTING EXPENSE EXPENDITURE Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date COMMUNITY PRINT COPY Payee address; City; State; Zip Code 26/2 CHESTNUT RIDGE DR. 03/17/2017 KINGWOOD TX 77339 political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF PRINTING EXPENSE **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH AMERICAN SCREEN GRAPHICS Payee address; City; State; Zip Code PO BOX 6988 Amount (\$) KINGWOOD, TX 77325 Reimbursement from political contributions . intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE RINTING EXPENSE EXPENDITURE Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate / Officeholder name

Office held

Complete ONLY if direct expenditure to benefit C/OH

Office sought