

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

5

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
 MR DIDMUS B
 NICKNAME LAST SUFFIX
 BANDA

OFFICE USE ONLY

Date Received

RECEIVED - CSO
15 MAY - 1 PM 12:37

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 PO BOX 120821 ARLINGTON TX
 76012

change of address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
 (214) 537/7416

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
 MR DIDMUS B
 NICKNAME LAST SUFFIX
 BANDA

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 PO BOX 120821 (OR) 408 N Fielder Rd 182
 ARLINGTON TX 76012 Arlington TX 76012

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
 (214) 537/7416

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
 04 / 08 / 2015 THROUGH 04 / 29 / 2015

11 ELECTION

Month ELECTION DATE Year ELECTION TYPE
 05 / 09 / 2015 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

MAYOR

13 OFFICE SOUGHT (if known)

MAYOR

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME DIDMUS B BANDA **15 ACCOUNT #** (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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		N/A
	COMMITTEE ADDRESS	N/A
	COMMITTEE CAMPAIGN TREASURER NAME	N/A
	COMMITTEE CAMPAIGN TREASURER ADDRESS	N/A

17 CONTRIBUTION TOTALS EXPENDITURE TOTALS <u>\$11,000.00</u> CONTRIBUTION BALANCE <u>\$0</u> OUTSTANDING LOAN 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)	<u>7,000</u> / (Personal Cost)
	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,000.00
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0 (Bal. as of election period)
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2,000.00</u> ^{DB}

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Didmus Banda, this the 1st day of May, 20 15, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Tina Stewart
Printed name of officer administering oath

notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

Candidate financial
- the campaign

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME DIDMUS B BANDA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2014-2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Didmus Banda	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 408 N. Fielder Rd #182 Ash Jc TX 76012		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) BANKER (customer service)		10 Employer (See Instructions) JPMORGAN CHASE BANK	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
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 (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
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 (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
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 (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

Didmus B Bond

3 ACCOUNT # (Ethics Commission Filers)

N/A

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ *0.00*

5 Date

6 Full name of pledgor out-of-state PAC (ID#: *N/A*)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

N/A
N/A

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

N/A

11 Employer (See Instructions)

N/A

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Didmus Banda

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ 2000.00

5 Date of loan

3/2015

7 Name of lender

401K

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

2000.00

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

401K _____

10 Interest rate

18.7% (Not sure will sub mat 1 yr)

11 Maturity date

60 months

12 Principal occupation / Job title (See Instructions)

Banker

13 Employer (See Instructions)

JP Morgan Chase Bank

14 Description of Collateral

none

pay check

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

Didmus Banda
 not applicable

17 Name of guarantor

Didmus Banda

18 Guarantor address; City; State; Zip Code

408 N. Fielder Rd 182, Arhy TX 76012

19 Amount Guaranteed (\$)

\$ 2000.00

20 Principal Occupation (See Instructions)

Banker

21 Employer (See Instructions)

JP Morgan Chase Bank

Date of loan

March 2015

Name of lender

401K

out-of-state PAC (ID#: _____)

Loan Amount (\$)

2000.00

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

18.86%

Maturity date

Principal occupation / Job title (See Instructions)

Banker (customer service)

Employer (See Instructions)

JP Morgan Chase Bank

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

not applicable

Name of guarantor

Didmus Banda 408 N. fielder Rd #182

Guarantor address; City; State; Zip Code

Arhy TX 76012

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Banker

Employer (See Instructions)

JP Morgan Chase Bank

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 FILER NAME **Didmos B Banda** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 5 Payee name

6 Amount (\$) **7000** 7 Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
**408. N. Fielder Rd 182
 Arlington TX 76012**

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule)
**Travel In District - food expense
 Rental Expense - Polling expense
 Advertising expense - printing exp.** (b) Description (If travel outside of Texas, complete Schedule T)
Rentals/Travel/Food/campaign materials
 Check if Austin, TX, officeholder living expense

Date Payee name

Amount (\$) **2000** Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
**408. N. Fielder Rd 182
 Arlington TX 76012**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule)
~~Travel In District - food expense~~ **candidate's contribution made from 401K** Description (If travel outside of Texas, complete Schedule T)
campaign materials
 Check if Austin, TX, officeholder living expense

Date Payee name

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

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense

Date Payee name

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

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense

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