

# 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:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <i>Mr.</i> FIRST: <i>CHAD</i> MI: <i>H</i> NICKNAME: _____      LAST: <i>TRESSLER</i> SUFFIX: _____	<b>OFFICE USE ONLY</b> Date Received <p style="font-size: 1.2em; font-weight: bold;">City of League City Received</p> <p style="font-size: 1.5em; font-weight: bold;">JUL 16 2018</p> <p style="font-weight: bold;">Office of City Secretary</p> Date Hand-delivered or Date Postmarked <i>7-16-18 3:30</i>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>2953 BUFFALO SPRINGS LN LEAGUE CITY TX 77573</i>	Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged <i>detapp</i>	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <i>(832)</i> PHONE NUMBER: <i>590-0248</i> EXTENSION: _____	MS / MRS / MR: <i>Mrs.</i> FIRST: <i>MICHELLE</i> MI: <i>C</i> NICKNAME: _____      LAST: <i>TRESSLER</i> SUFFIX: _____	
<b>6 CAMPAIGN TREASURER NAME</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2953 BUFFALO SPRINGS LN LEAGUE CITY TX 77573</i>	AREA CODE: <i>(832)</i> PHONE NUMBER: <i>641-4808</i> EXTENSION: _____	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	<b>9 REPORT TYPE</b> <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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>8 CAMPAIGN TREASURER PHONE</b>	<b>10 PERIOD COVERED</b> Month Day Year      THROUGH      Month Day Year <i>5 / 3 / 2018</i> <i>7 / 13 / 2018</i>		
<b>9 REPORT TYPE</b>	ELECTION DATE Month Day Year <i>11 / 6 / 2018</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <i>NONE</i>	<b>13 OFFICE SOUGHT (if known)</b> <i>CITY COUNCIL</i>	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**14 C/OH NAME** CHAD TRESSLER **15 Filer ID (Ethics Commission Filers)**

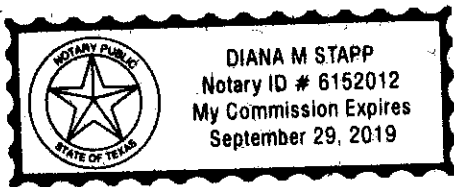
**16 NOTICE FROM POLITICAL COMMITTEE(S)**

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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>670.00</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ <u>941.22</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1728.14</u>
<b>OUTSTANDING LOAN TOTALS</b>	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.

Chad Tressler

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Chad Tressler, this the 16<sup>th</sup> day of July, 2018, to certify which, witness my hand and seal of office.

Diana M. Stapp

Signature of officer administering oath

Diana M. Stapp

Printed name of officer administering oath

Notary

Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b>	<b>NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 670.94
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 941.22
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	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME

CHAD HAGEN TRESSLER

3 Filer ID (Ethics Commission Filers)

4 Date

6/11/2018

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

DAN BOTLER

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

2726 SAN MARCO LN LEAGUE CITY TX 77573

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/20/2018

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

EUGENE MEAKIN

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

4514 REGAL PINE TR HOUSTON TX 77059

Principal occupation / Job title (See Instructions)

ENGINEER

Employer (See Instructions)

ARES CORPORATION

Date

6/25/2018

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

WENDY WINN

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

418 WILLOW POINTE DR LEAGUE CITY TX 77573

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/26/2018

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

WILLIAM TREVICHEL

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

166 SWEGESFORD RD AMBUR PA 19002

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME **CHAD HAGEN TOESSLER**

3 Filer ID (Ethics Commission Filers)

4 Date **6/26/2018**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**ARON TUNOS**

6 Contributor address; City; State; Zip Code  
**1419 BASILIAN LN HOUSTON TX 77058**

7 Amount of contribution (\$)  
**20.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **7/3/2018**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**MAURICE HEIMLICH**

Contributor address; City; State; Zip Code  
**1411 COFFEE MILL CT LEAGUE CITY TX 77573**

Amount of contribution (\$)  
**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **7/6/2018**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**ALEX FEUER**

Contributor address; City; State; Zip Code  
**14023 KINGSIDE LN HOUSTON TX 77079**

Amount of contribution (\$)  
**100.00**

Principal occupation / Job title (See Instructions)  
**LOGISTICS ANALYST**

Employer (See Instructions)  
**DGF**

Date **7/9/2018**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**DAVID YEOMAN**

Contributor address; City; State; Zip Code  
**2410 LAKESIDE DR SARASOTA TX 77586**

Amount of contribution (\$)  
**50.00**

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME

CHAD HAGEN TRESSLER

3 Filer ID (Ethics Commission Filers)

4 Date

7/10/2018

5 Full name of contributor

RICK TRESSLER

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

313 CENTRAL DR LANSDALE PA 19446

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/13/2018

Full name of contributor

JEFF WEGMAN

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

4822 PALM ST SEABROOK TX 77586

Principal occupation / Job title (See Instructions)

SUPPLY CHAIN MANAGER

Employer (See Instructions)

LOBRIZOL

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.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>CHAD HABEN TRESSLER</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u>Ø</u>
5 Date of loan <u>6/2/2018</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CHAD TRESSLER</u>	9 Loan Amount (\$) <u>2000.00</u>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <u>2953 BUFFALO SPRINGS LN LEAGUE CITY TX 77573</u>	10 Interest rate <u>Ø</u>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <u>ENGINEER</u>		13 Employer (See Instructions) <u>BOBZ ALLEN HAMILTON</u>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution?  Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**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 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: <i>2</i>	<b>2</b> FILER NAME <i>CHAD HAGEN TRASSLER</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>6/11/2018</i>	<b>5</b> Payee name <i>LEAGUE CITY REGIONAL CHAMBER OF COMMERCE</i>	
<b>6</b> Amount (\$) <i>225.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>319 E. GALVESTON ST; LEAGUE CITY; TX; 77573</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	<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 <i>CANDIDATE MEMBERSHIP FEES</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date <i>6/14/2018</i>	Payee name <i>VORAN CONTACT</i>	
Amount (\$) <i>338.20</i>	Payee address; City; State; Zip Code <i>2591 DALLAS PARKWAY SUITE 300; AUSTIN, TX 75034</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>PRES CARDS</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date <i>6/21/2018</i>	Payee name <i>LA BRISA</i>	
Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>501 N. WESLEY DR LEAGUE CITY TX 77573</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>EVENT DEPOSIT</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

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.

<b>1</b> Total pages Schedule F1: <i>2</i>	<b>2</b> FILER NAME <i>CHAD HAGEN TRESSLER</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>7/13/2018</i>	<b>5</b> Payee name <i>ANEDOT.COM</i>	
<b>6</b> Amount (\$) <i>25.50</i>	<b>7</b> Payee address; City; State; Zip Code <i>4017 BENAUSTA ST #109, DALLAS TX 75204</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>SOLICITATION/FUNDRAISING EXPENSE</i>	<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 <i>ONLINE DONATION TRANSACTION FEES</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate / Officeholder name		Office sought
Office held		

Date <i>7/13/2018</i>	Payee name <i>WALGREENS</i>	
Amount (\$) <i>53.22</i>	Payee address; City; State; Zip Code <i>2585 E. WAGUE CITY PKWY, LEAGUE CITY TX 77573</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>STAMPS &amp; ENVELOPES</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate / Officeholder name		Office sought
Office held		

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<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
	<b>9</b> 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