

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



**RECEIVED**

4-25-19

**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:																		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; font-size: small;">FIRST</td> <td style="width:15%; font-size: small;">MI</td> </tr> <tr> <td></td> <td style="text-align: center; font-size: x-large;">VIRENDER</td> <td style="text-align: center; font-size: x-large;">P</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center; font-size: x-large;">SINGH</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		VIRENDER	P	NICKNAME	LAST	SUFFIX		SINGH		<b>OFFICE USE ONLY</b>							
MS / MRS / MR	FIRST	MI																			
	VIRENDER	P																			
NICKNAME	LAST	SUFFIX																			
	SINGH																				
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">ADDRESS / PO BOX;</td> <td style="font-size: small;">APT / SUITE #;</td> <td style="font-size: small;">CITY;</td> <td style="font-size: small;">STATE;</td> <td style="font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; padding: 5px;">2513 HAMMOCK LAKE DR LITTLEELM, TX 75068</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	2513 HAMMOCK LAKE DR LITTLEELM, TX 75068					Date Received									
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																	
2513 HAMMOCK LAKE DR LITTLEELM, TX 75068																					
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">AREA CODE</td> <td style="font-size: small;">PHONE NUMBER</td> <td style="font-size: small;">EXTENSION</td> </tr> <tr> <td style="text-align: center; font-size: x-large;">(214)</td> <td style="text-align: center; font-size: x-large;">783-1289</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(214)	783-1289		Date Hand-delivered or Date Postmarked													
AREA CODE	PHONE NUMBER	EXTENSION																			
(214)	783-1289																				
<b>6 CAMPAIGN TREASURER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">MS / MRS / MR</td> <td style="font-size: small;">FIRST</td> <td style="font-size: small;">MI</td> </tr> <tr> <td></td> <td style="text-align: center; font-size: x-large;">Same</td> <td></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> </table>	MS / MRS / MR	FIRST	MI		Same		NICKNAME	LAST	SUFFIX	Receipt #	Amount \$									
MS / MRS / MR	FIRST	MI																			
	Same																				
NICKNAME	LAST	SUFFIX																			
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="font-size: small;">APT / SUITE #;</td> <td style="font-size: small;">CITY;</td> <td style="font-size: small;">STATE;</td> <td style="font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; padding: 5px;">Same</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Same												
STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE																	
Same																					
<b>8 CAMPAIGN TREASURER PHONE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">AREA CODE</td> <td style="font-size: small;">PHONE NUMBER</td> <td style="font-size: small;">EXTENSION</td> </tr> <tr> <td style="text-align: center; font-size: x-large;">(214)</td> <td style="text-align: center; font-size: x-large;">783-1289</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(214)	783-1289													
AREA CODE	PHONE NUMBER	EXTENSION																			
(214)	783-1289																				
<b>9 REPORT TYPE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input 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 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)										
<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 PERIOD COVERED</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> </tr> <tr> <td style="text-align: center; font-size: x-large;">1</td> <td style="text-align: center; font-size: x-large;">/ 25</td> <td style="text-align: center; font-size: x-large;">/ 19</td> <td style="text-align: center; font-size: x-large;">THROUGH</td> <td style="text-align: center; font-size: x-large;">4</td> <td style="text-align: center; font-size: x-large;">/ 25 / 19</td> </tr> </table>			Month	Day	Year	Month	Day	Year	1	/ 25	/ 19	THROUGH	4	/ 25 / 19						
Month	Day	Year	Month	Day	Year																
1	/ 25	/ 19	THROUGH	4	/ 25 / 19																
<b>11 ELECTION</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: small;">ELECTION DATE</td> </tr> <tr> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> </tr> <tr> <td style="text-align: center; font-size: x-large;">5</td> <td style="text-align: center; font-size: x-large;">/ 4</td> <td style="text-align: center; font-size: x-large;">/ 2019</td> </tr> </table>	ELECTION DATE			Month	Day	Year	5	/ 4	/ 2019	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: small;">ELECTION TYPE</td> </tr> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		ELECTION TYPE			<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
ELECTION DATE																					
Month	Day	Year																			
5	/ 4	/ 2019																			
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)	<b>13 OFFICE SOUGHT</b> (if known)																			

**GO TO PAGE 2**



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED



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

4-28-19

14 C/OH NAME

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

None

Additional Pages

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)

\$

800

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

619.42

CONTRIBUTION  
BALANCE

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

\$

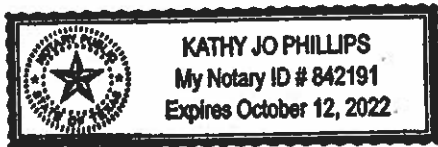
180.58

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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tom Singh, this the 25<sup>th</sup> day of April, 2019, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Kathy Jo Phillips  
Printed name of officer administering oath

Notary  
Title of officer administering oath



**SUBTOTALS - C/OH**



**RECEIVED**  
*\$-25-18*

**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	\$ 800
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	\$ 619.42
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	\$ 9.21
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 160.41
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	\$





RECEIVED

4-25-19

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
---	----------------------------

2 FILER NAME <b>VIRENDER PAL SINGH</b>	3 Filer ID (Ethics Commission Filers)
---	---------------------------------------

4 Date <b>4/4/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GREG A ROEMER</b>	7 Amount of contribution (\$) <b>200.00</b>
6 Contributor address; City; State; Zip Code <b>2010 California Crossing Dallas, TX-75220</b>		

8 Principal occupation / Job title (See Instructions)	9 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)
---	-----------------------------

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)
---	-----------------------------

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.





# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS



**RECEIVED**

2-28-19

**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.

1 Total pages Schedule F1:	2 FILER NAME <b>VIRENDER PAL SINGH</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/11/2019</b>	5 Payee name <b>LOWES</b>	
6 Amount (\$) <b>19.46</b>	7 Payee address; City; State; Zip Code <b>2773 E. ELDORADO PKWY, LITTLE ELM TX - 75068</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>misc items for Yard Sign</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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Candidate / Officeholder name	
Payee name	Office sought	
Office held		
Date	Candidate / Officeholder name	
Payee name	Office sought	
Office held		
Amount (\$)	Candidate / Officeholder name	
Payee address; City; State; Zip Code	Office sought	
Office held		
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	
Date	Candidate / Officeholder name	
Payee name	Office sought	
Office held		
Amount (\$)	Candidate / Officeholder name	
Payee address; City; State; Zip Code	Office sought	
Office held		
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	
Date	Candidate / Officeholder name	
Payee name	Office sought	
Office held		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

