

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: <div style="text-align: center; font-size: 2em; font-weight: bold;">8</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>0</i> FIRST: <i>Harold</i> MI: <i>N</i> NICKNAME: <i>Harold</i> LAST: <i>Froelich</i> SUFFIX: <i>II</i>	OFFICE USE ONLY Date Received <div style="font-size: 2em; font-weight: bold; color: blue;">RECEIVED</div> <div style="color: red; font-weight: bold;">JUL 17 2017</div> <div style="color: blue; font-weight: bold;">CITY MANAGER'S OFFICE</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #: <i>17831 Braemar Dr</i> CITY; STATE; ZIP CODE: <i>Farmers Branch TX 75224</i>	Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <i>(469)</i> PHONE NUMBER: <i>212 6261</i> EXTENSION:	Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>0</i> FIRST: <i>Jayon</i> MI: <i>KE</i> NICKNAME: <i>O'Quinn</i> LAST: SUFFIX:	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <i>3434 Thelma Rd</i> CITY; STATE; ZIP CODE: <i>Addison TX 75001</i>	Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE: <i>(214)</i> PHONE NUMBER: <i>432 0443</i> EXTENSION:		
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month Day Year Month Day Year <div style="font-size: 1.5em; font-weight: bold;">6 / 3 / 2017</div> THROUGH <div style="font-size: 1.5em; font-weight: bold;">7 / 15 / 2017</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.5em; font-weight: bold;">6 / 10 / 2017</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 2em; font-weight: bold;">NA</div>	13 OFFICE SOUGHT (if known) <div style="font-size: 2em; font-weight: bold;">NA</div>	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Harold W. Froehlich Sr

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

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)

\$

6050.00

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

15,220.74

CONTRIBUTION
BALANCE

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

\$

10,890.74

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

23,500.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / 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.

Harold W. Froehlich Sr
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Harold W. Froehlich Sr*, this the 14 day of July, 20 17, to certify which, witness my hand and seal of office.

Ashley Elliott
Signature of officer administering oath

Ashley Elliott
Printed name of officer administering oath

CSR
Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>2</i>
2 FILER NAME <i>Harold N Froehlich II</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/2/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wanklem & Lonnie Cooper</i>	7 Amount of contribution (\$) <i>2500.00</i>
	6 Contributor address; City; State; Zip Code <i>3839 McKinney Ave Suite 155 Dallas TX 75204</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>6/2/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roy Magno</i>	Amount of contribution (\$) <i>500.00</i>
	Contributor address; City; State; Zip Code <i>402 Brockett St Aubrey TX 76222</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/3/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sam & Sidie Davenport</i>	Amount of contribution (\$) <i>150.00</i>
	Contributor address; City; State; Zip Code <i>14011 Cypress Point Farmers Branch TX 75234</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/3/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Floyd Henry Prather Jr.</i>	Amount of contribution (\$) <i>50.00</i>
	Contributor address; City; State; Zip Code <i>3065 Amber Ln Dallas TX 75234</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME

Harold N. Froehlich II

3 Filer ID (Ethics Commission Filers)

4 Date

6/6/12

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

Bret Larson Susan Larson

7 Amount of contribution (\$)

350.00

6 Contributor address; City; State; Zip Code

*5034 Corinthian Bay Dr.
Ft Worth, TX 75034-2162*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/7/12

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

Dusty N. Wilson

Amount of contribution (\$)

2500.00

Contributor address; City; State; Zip Code

*4418 Brookview Dr
Dallas, TX 75220-6A02*

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)

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.

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.

1 Total pages Schedule F1: 4	2 FILER NAME Harold N. Froehlich II	3 Filer ID (Ethics Commission Filers)
4 Date 6/5/17	5 Payee name City of Farmers Branch	
6 Amount (\$) 172.00	7 Payee address; City; State; Zip Code 13000 William Dotson Parkway Farmers Branch, TX 75234	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense Sr. Breakfast	(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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Harold N. Froehlich II Office sought: Mayor Office held: NA	
Date 6/5/17	Payee name Murphy Nasiea & Assoc 815-A Bravos St	
Amount (\$) 4880.44	Payee address; City; State; Zip Code Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Exp	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: Harold N. Froehlich II Office sought: Mayor Office held: NA	
Date 6/5/17	Payee name Murphy Nasiea Assoc	
Amount (\$) 7250.00	Payee address; City; State; Zip Code 815 A Bravos St Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising / Consulting	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: Harold N. Froehlich II Office sought: Mayor Office held: NA	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F1: 4	2 FILER NAME Harold N. Froehlich II	3 Filer ID (Ethics Commission Filers)
4 Date 6/5/17	5 Payee name Murphy Nascica & Asso	
6 Amount (\$) 416.76	7 Payee address; City; State; Zip Code 815 A Brazos St Austin TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Telephone/Polling Exp	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Harold N Froehlich II	Office sought Mayor
Date 6/6/17	Payee name PCR Election Consulting	
Amount (\$) 390.00	Payee address; City; State; Zip Code 12401 Veronica Circle Dallas TX 75234	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Polling	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 Harold N Froehlich II	Office sought Mayor
Date 6/8/17	Payee name Murphy Nascica & ASSO	
Amount (\$) 1459.99	Payee address; City; State; Zip Code 815 A Brazos St Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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 Harold N Froehlich II	Office sought Mayor

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.

1 Total pages Schedule F1: 4	2 FILER NAME Harold N. Froehlich II	3 Filer ID (Ethics Commission Filers)
4 Date 6/7/17	5 Payee name Honesty & Integrity for Farmers Branch	
6 Amount (\$) 4000.00	7 Payee address; City; State; Zip Code 2909 Bergen Ln. Farmers Branch TX 75234	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Harold N. Froehlich II Mayor 12 Office held: NA	
Date 6/10/17	Payee name Enchiladas Restaurant	
Amount (\$) 561.58	Payee address; City; State; Zip Code 7050 Greenville Ave Dallas TX 75231	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Refreshment	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: Harold N. Froehlich II Mayor Office held: NA	
Date 6/21/17	Payee name MLB Sigma Rb LLC	
Amount (\$) \$70.00	Payee address; City; State; Zip Code 3402 Brookhaven Club Dr Farmers Branch TX 75234	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead Rent Exp	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: Harold N. Froehlich II Mayor Office held: NA	

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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: <u>4</u>	2 FILER NAME <u>Harold N Kroehlich II</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>6/27/14</u>	5 Payee name <u>The Dorothy Miller Agency</u>	
6 Amount (\$) <u>\$40,000</u>	7 Payee address; City; State; Zip Code <u>2711 Valley View Ln Dallas TX 75234</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Office Overhead Rent Expense</u>	(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: <u>Harold N. Kroehlich II</u> Mayor Office sought: <u>Mayor</u> Office held: <u>N/A</u>	
Date	Payee name	
Amount (\$)	Payee 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
	9 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	
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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