

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: <u>ML</u> FIRST: <u>ANDY</u> MI: <u>M</u> NICKNAME: _____ LAST: <u>MANN</u> SUFFIX: _____ | OFFICE USE ONLY | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX, APT / SUITE #: <u>2279 QUICK BLVD LN</u> <u>77573</u> CITY, STATE, ZIP CODE | Date Received <p style="text-align: center;">City of League City Received</p> <p style="text-align: center; font-size: 1.2em;">JUL 19 2021</p> <p style="text-align: center;">Office of City Secretary</p> | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE: <u>(281)</u> PHONE NUMBER: <u>667-5013</u> EXTENSION: _____ | Date Hand-delivered or Date Postmarked | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: <u>MR.</u> FIRST: <u>MARK</u> MI: _____ NICKNAME: _____ LAST: <u>BROWN</u> SUFFIX: _____ | Receipt # | Amount \$ |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <u>2028 SUDONA</u> CITY, STATE, ZIP CODE: <u>LEAGUE CITY TX 77573</u> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE: <u>(938)</u> PHONE NUMBER: <u>297-2450</u> 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month / Day / Year: <u>1 / 1 / 2021</u> THROUGH Month / Day / Year: <u>7 / 15 / 2021</u> | | |
| 11 ELECTION | ELECTION DATE: Month / Day / Year: <u> / / </u> | 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) <u>city council position # 1</u> | 13 OFFICE SOUGHT (if known) | |

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FORM C/OH
COVER SHEET PG 2

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

ANDY MANN FOR CIPD COUNCIL

SPECIFIC

COMMITTEE ADDRESS

2027 AVIAR BLVD, LENOX CT, 77573

COMMITTEE CAMPAIGN TREASURER NAME

MARIE C. BROWN

COMMITTEE CAMPAIGN TREASURER ADDRESS

2027 SUDANA DR, LENOX CT 77573

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION
BALANCE

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

\$ 0

OUTSTANDING
LOAN TOTALS

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

\$ 14,860.00

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

Andy Mann

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andy Mann, this the 19th day of July, 2021, 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