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: 9

OFFICE USE ONLY

Date Received: Received CITY MANAGER'S OFFICE HARLINGEN, TX APR - 8 2010 4:54 pm

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR | FIRST: George | MI: O

NICKNAME | LAST: MERRILL | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: P.O. Box 188 Harlingen Texas 78551

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (956) | PHONE NUMBER: 543 7141 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR | FIRST: BRUCE | MI: ~~Burgamy~~

NICKNAME | LAST: Burgamy | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 1000 Camelot Drive Harlingen Texas 78550

8 CAMPAIGN TREASURER PHONE

AREA CODE: (956) | PHONE NUMBER: 428 4422 | EXTENSION

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: JAN / 11 / 2010 THROUGH Month / Day / Year: March / 29th / 2010

11 ELECTION

ELECTION DATE Month / Day / Year: MAY / 08 / 2010

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known): ~~Mayor~~ MAYOR

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: GEORGE O. MERREL

16 ACCOUNT # (Ethics Commission Filers):

17 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 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)	$ 6423.25
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 3988.52 ~~3938.52~~
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 411.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 777.99

19 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
D. VARGAS
MY COMMISSION EXPIRES
March 4, 2014

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said George O. Merrill, this the 8th day of April, 20 10, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	D. Vargas	Notary Public

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 3

2 FILER NAME: GEORGE O. MERRILL

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/11/2010	CHRIS VILLAREAL 1018 E. Tyler Harlingen, Texas 78550	40.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/13/2010	Alfredo Montano, Jr. 102 E Taylor Harlingen, Texas 78550	300.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/23/2010	James R. Hess 914 W. Tyler Avenue Harlingen, Texas 78550	~~300.00~~ 400.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/19/2010	David ~~Garza~~ Garza 5001 Bodenhamer Ave. Harlingen, Texas 78551	500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/20/2010	~~Joshua~~ ~~Cano~~ ~~Joshua~~ Enedelia Cano 27194 Baker Potts Harlingen, Texas 78552	160.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 3

FILER NAME: GEORGE O. MERRILL

3 ACCOUNT # (Ethics Commission filers)

Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/13/2010	DIAL DUNKIN P.O. Box 2180 HARLINGEN, TEXAS 78551	1500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/14/2010	BOB DUNKIN 410 Retama, HARLINGEN, TEXAS 78550	250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/14/2010	RUDY CANTU 1822 E. MADISON HARLINGEN, TEXAS, 78550	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/15/2010	ERIC SOLIS 26986 BASS BLVD, HARLINGEN TEXAS 78552	200.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/25/2010	MIKE BADENHAMMER 204 E. JACKSON STREET HARLINGEN, TEXAS 78550	200.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/19/2010	DAVID HEFFERNAN 6 Contributor address; City; State; Zip Code 3513 Pebble Beach Harlingen, TX 78550	500.00	
		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
2/4/2010	HUMBERTO ZAMORA Contributor address; City; State; Zip Code 1014 E. HARRISON HARLINGEN, TEXAS 78550	2273.25	CAMPAIGN SIGNS
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor 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 contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor 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 contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME: GEORGE O. MERREW

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan: Jan 15th 2010

7 Name of lender: GEORGE O. MERREW ☐ out-of-state PAC (ID#:)

9 Loan Amount ($): 500.00

6 Is lender a financial Institution? Y N

8 Lender address; City; State; Zip Code: 1773 Apple Ct Harlingen Tx 78550

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral ☐ none

15 GUARANTOR INFORMATION ☐ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan: Jan 15th

Name of lender: GEORGE O. MERREW ☐ out-of-state PAC (ID#:)

Loan Amount ($): 277.99

Is lender a financial Institution? Y N

Lender address; City; State; Zip Code: 1773 Apple Ct. Harlingen Tx 78550

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME GEORGE O. MERREN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/15/2010	M5 SIGNS 424 W. HARRISON HARLINGEN, TX 78550	1000.00

8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SIGNS

(If travel outside of Texas, complete Schedule T)

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/18/2010	JAMAR PRINTING 925 S. 77 HARLINGEN, TX 78550	162.05

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN CARDS

(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/19/2010	VALLEY MORNING STAR 1310 S. COMMERCE HARLINGEN, TX 78550	600.00

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN AD

(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/21/2010	LITERACY CENTER 101 E. MONROE HARLINGEN, TX 78550	195.00

Purpose of payment (See instructions regarding type of information required.) ROAST TICKETS

(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME GEORGE D. MERRILL

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/26/2010	MS SIGNS 424 W. HARRISON HARLINGEN, TX 78550	1273.25

8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SIGNS

(If travel outside of Texas, complete Schedule T)

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/8/2010	RIO GRANDE VALLEY COUNCIL S. RANGERVILLE RD. HARLINGEN, TX 78550	100.00

Purpose of payment (See instructions regarding type of information required.) DINNER

(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/12/2010	TRACTOR SUPPLY 901 FM 509 SAN BENITO, TX 78586	159.78

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SIGN SUPPLIES

(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/16/2010	JAMAR PRINTING 925 S. 77 HARLINGEN, TX 78550	248.44

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME GEORGE O. MERREN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/11/2010	MATT HOFF 28165 Colony Point Harlingen, TEXAS 78552	250.00

8 Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

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