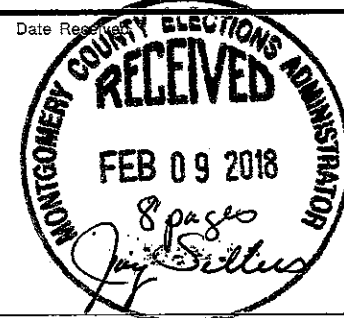


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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;">8</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <i>Mr</i> <i>Bob</i> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.5em;">Bagley</div>	OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1602 Old Oak Hill St</i> <i>Conroe TX 77301</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <i>(936) 523-0223</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <i>Mr</i> <i>Chris</i> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.5em;">Hageman</div>	Receipt # Amount \$	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2646 Tacoma Spring Dr      Conroe TX 77304</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <i>(713) 992-5220</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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      THROUGH      Month      Day      Year <i>1 / 1 / 18</i> <i>2 / 6 / 18</i>		
11 ELECTION	ELECTION DATE Month      Day      Year /      /	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)	13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.5em;">Precinct 4 County Commissioner</div>		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

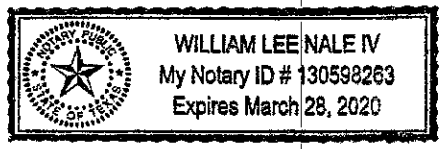
14 C/OH NAME Bob Bagley 15 Filer ID (Ethics Commission Filers)

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	

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)	\$ 2,590
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$ 1,726.73
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,178.54
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.

Bob Bagley  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bob Bagley, this the 9th day of February, 20 18, to certify which, witness my hand and seal of office.

William Nale Signature of officer administering oath  
William Nale Printed name of officer administering oath  
Notary Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

Bob Bagley

3 Filer ID (Ethics Commission Filers)

4 Date

1/18/18

5 Full name of contributor

Janel Volke

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

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

10 Golden Sunset Circle The Woodlands TX 77381

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Teresa Strack

100.00

Contributor address;

City; State; Zip Code

36102 Post Oak Cir Magnolia TX 77355

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

1/2/18

Kelli Cook

Contributor address;

City; State; Zip Code

10.00

14218 FM 1097 West Willis TX 77318

Principal occupation / Job title (See Instructions)

Rancher

Employer (See Instructions)

SELF

Date

Full name of contributor

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

Amount of contribution (\$)

1/8/18

James Byers

Contributor address;

City; State; Zip Code

1,000.00

10204 Forest Glade Ct Conroe TX 77385

Principal occupation / Job title (See Instructions)

Retired

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:

2 FILER NAME

*Bob Bagley*

3 Filer ID (Ethics Commission Filers)

4 Date

*1/8/18*

5 Full name of contributor

*James Howard*

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

7 Amount of contribution (\$)

*100.00*

6 Contributor address; City; State; Zip Code

*11 Woods Estates Dr Conroe TX 77304*

8 Principal occupation / Job title (See Instructions)

*Retired*

9 Employer (See Instructions)

Date

*2/3/18*

Full name of contributor

*Thomas Campbell*

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

Amount of contribution (\$)

*100.00*

Contributor address; City; State; Zip Code

*6 Coralvine Ct The Woodlands, TX 77380*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*1/29/18*

Full name of contributor

*Walter West II*

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

Amount of contribution (\$)

*500.00*

Contributor address; City; State; Zip Code

*25355 Dogwood Ln Splendor TX 77372*

Principal occupation / Job title (See Instructions)

*Fire, Safety, & Risk Consulting*

Employer (See Instructions)

*Veteran HSE LLC*

Date

*1/19/18*

Full name of contributor

*Jackie Nelson*

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

Amount of contribution (\$)

*20.00*

Contributor address; City; State; Zip Code

*21360 Punkin St New Caney TX 77357*

Principal occupation / Job title (See Instructions)

*Evidence & Records Custodian*

Employer (See Instructions)

*University of Houston Police Department*

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:

2 FILER NAME

*Bob Bagley*

3 Filer ID (Ethics Commission Filers)

4 Date

*1/18/18*

5 Full name of contributor

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

*Mike McMullen*

6 Contributor address;

City; State; Zip Code

*510 Oak Ridge Grove Cir Oak Ridge North TX 77386*

7 Amount of contribution (\$)

*50.00*

8 Principal occupation / Job title (See Instructions)

*Information Security Director*

9 Employer (See Instructions)

*Amadako Petroleum Corp*

Date

*1/8/18*

Full name of contributor

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

*Allison Winter*

Contributor address;

City; State; Zip Code

*31 Day City Place The Woodlands TX 77381*

Amount of contribution (\$)

*100.00*

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

Date

*1/5/18*

Full name of contributor

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

*Walter West II*

Contributor address;

City; State; Zip Code

*25355 Dogwood Lane Splendora TX Houston 77372*

Amount of contribution (\$)

*500.00*

Principal occupation / Job title (See Instructions)

*Fire, Safety & Risk Consulting*

Employer (See Instructions)

*Veteran HSE LLC*

Date

*1/2/18*

Full name of contributor

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

*Kelli Cook*

Contributor address;

City; State; Zip Code

*14218 FM 1092W Willis TX 77318*

Amount of contribution (\$)

*10.00*

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.

# 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: <b>4</b>		2 FILER NAME <b>Bob Bagley</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>1/31/18</b>		5 Payee name <b>Office Depot</b>			
6 Amount (\$) <b>78.64</b>		7 Payee address; City; State; Zip Code <b>27500 I-45 N Oak Ridge North TX</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Office Supplies</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date <b>2/1/18</b>		Payee name <b>Office Depot</b>			
Amount (\$) <b>37.35</b>		Payee address; City; State; Zip Code <b>1319 W Davis St Conroe TX 77304</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing</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		Office sought
Date <b>1/17/18</b>		Payee name <b>Bryan's Signs</b>			
Amount (\$) <b>718.51</b>		Payee address; City; State; Zip Code <b>23604 Roberts Rd New Caney TX 77357</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing</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		Office sought

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:	2 FILER NAME <i>Bob Bagley</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/5/18</i>	5 Payee name <i>HP32</i>
-------------------------	-----------------------------

6 Amount (\$) <i>53.70</i>	7 Payee address; City; State; Zip Code <i>13575 Aliea Clodine Houston TX 77082</i>
-------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Transportation/fuel</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/5/18</i>	Payee name <i>Quik Pizs</i>
-----------------------	--------------------------------

Amount (\$) <i>119.08</i>	Payee address; City; State; Zip Code <i>25329 Badde Rd #604 The Woodlands TX 77380</i>
------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/15/18</i>	Payee name <i>Montgomery County Tea Party PAC</i>
------------------------	--

Amount (\$) <i>125.00</i>	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <input checked="" 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	Candidate / Officeholder name	Office sought	Office held
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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:		2 FILER NAME <i>Bob Bagley</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/30/18</i>		5 Payee name <i>Quik Pics</i>			
6 Amount (\$) <i>119.08</i>		7 Payee address; City; State; Zip Code <i>25329 Budde Rd Ste 604 The Woodlands TX 77380</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Printing</i>		(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		Office sought Office held	
Date <i>2/5/18</i>		Payee name <i>Pioyx</i>			
Amount (\$) <i>57.60</i>		Payee address; City; State; Zip Code <i>580 Howard St #402 San Francisco CA 94105</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Fees</i>		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		Office sought Office held	
Date <i>2/1/18</i>		Payee name <i>Universal Signs &amp; Banners</i>			
Amount (\$) <i>297.69</i>		Payee address; City; State; Zip Code <i>7825 Hwy 65 Houston TX 77083</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Printing</i>		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		Office sought Office held	

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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Bob Bagley</i>	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>2/1/18</i>	<b>5</b> Payee name <i>Quik Pies</i>		
<b>6</b> Amount (\$) <i>119.08</i>	<b>7</b> Payee address; City; State; Zip Code <i>25329 Bunde Rd #604 The Woodlands TX 77380</i>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing</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	
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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