

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>																				
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: _____ FIRST: <u>John</u> MI: <u>K</u> NICKNAME: _____ LAST: <u>Allen</u> SUFFIX: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td style="padding: 2px;">Date Received</td> <td></td> </tr> <tr> <td style="padding: 2px;"><b>Date Filed</b> <u>12/8/14</u></td> <td></td> </tr> <tr> <td style="padding: 2px;"><u>Rebecca</u> <u>5:12pm</u></td> <td></td> </tr> <tr> <td style="padding: 2px;"><u>Huerta</u></td> <td></td> </tr> <tr> <td style="padding: 2px;">Date Used or Reported</td> <td></td> </tr> <tr> <td style="padding: 2px;"><b>Rebecca Huerta</b></td> <td></td> </tr> <tr> <td style="padding: 2px;">Rec: <b>City Secretary</b></td> <td></td> </tr> <tr> <td style="padding: 2px;">Date Processed</td> <td></td> </tr> <tr> <td style="padding: 2px;">Date Imaged</td> <td></td> </tr> </table>		OFFICE USE ONLY		Date Received		<b>Date Filed</b> <u>12/8/14</u>		<u>Rebecca</u> <u>5:12pm</u>		<u>Huerta</u>		Date Used or Reported		<b>Rebecca Huerta</b>		Rec: <b>City Secretary</b>		Date Processed		Date Imaged	
OFFICE USE ONLY																							
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<u>Huerta</u>																							
Date Used or Reported																							
<b>Rebecca Huerta</b>																							
Rec: <b>City Secretary</b>																							
Date Processed																							
Date Imaged																							
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / POBOX: _____ APT / SUITE #: _____ CITY: <u>Corpus Christi, TX</u> STATE: _____ ZIP CODE: <u>78410</u> <u>4701 TUSCAN WAY</u>																						
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: _____ PHONE NUMBER: <u>(361) 765-5793</u> EXTENSION: _____																						
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: _____ FIRST: _____ MI: <u>P</u> NICKNAME: _____ LAST: <u>Courtney Tegeler</u> SUFFIX: _____																						
<b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <u>4402 River Park Dr, Corpus Christi, TX 78410</u>																						
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: _____ PHONE NUMBER: <u>(361) 739-6366</u> EXTENSION: _____																						
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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>	Month: <u>10</u> Day: <u>26</u> Year: <u>14</u> THROUGH    Month: <u>12</u> Day: <u>8</u> Year: <u>14</u>																						
<b>11 ELECTION</b>	ELECTION DATE: Month: / Day: / Year: / / / ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special																						
<b>12 OFFICE</b>	OFFICE HELD (if any): <u>City Council District 1</u>	<b>13 OFFICE SOUGHT (if known)</b>																					

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*John Kelley Allen*

15 ACCOUNT # (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

GENERAL

SPECIFIC

COMMITTEE NAME

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)

\$ 18,050

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 17,641.50

CONTRIBUTION  
BALANCE

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

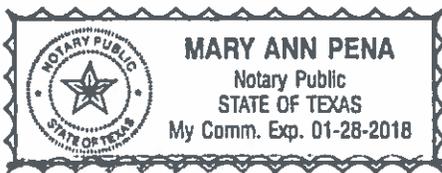
\$ 3587.69

OUTSTANDING  
LOAN TOTALS

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

\$ 2000.00

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.

*Kelley Allen*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kelley Allen, this the 8th day of December, 20 14, to certify which, witness my hand and seal of office.

*Mary Ann Pena*

Signature of officer administering oath

Mary Ann Pena

Printed name of officer administering oath

*Notary Public*

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Kelley Allan

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/28/14

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

LARRY ANDERWALD

6 Contributor address; City; State; Zip Code

4350 OCEAN DR. CCTX 78412

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/29/14

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

William Durrill

Contributor address; City; State; Zip Code

615 S Upper Broadway CCTX 78401

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/26/14

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

Lawrence Valls

Contributor address; City; State; Zip Code

312 PEERMAN PL CCTX 78411

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/14

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

Carol Rehtmeyer

Contributor address; City; State; Zip Code

502 HANCOCK CCTX 78404

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/14

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

Phillip Skobarczyk

Contributor address; City; State; Zip Code

250 Melrose Ave CCTX 78404

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Kelley Allen

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/29/14

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

Joe Fulton

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

48 Lake Shore CCTX78469

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/29/14

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

Eric Gutschow

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

3026 Twin Creek Dr CCTX78414

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/7/14

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

Kane Group

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

101 N Shoreline CCTX78401

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/14

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

Ken Schrom

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

1002 Black Diamond CCTX 78374

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/14

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

Richard Perry

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

P080x60636 CCTX78466

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Kelley Allen

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/29/14

5 Full name of contributor

Patti Smith

out-of-state PAC (ID#)

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

5144 Broken Arrow CCTX 78380

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/5/14

Full name of contributor

GOLF COAST CRANE

out-of-state PAC (ID#)

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5961 Hwy 44 CCTX 78406

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/14

Full name of contributor

Pat Veteto

out-of-state PAC (ID#)

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3525 Block OAKR CCTX 78418

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/2/14

Full name of contributor

TRIPAC

out-of-state PAC (ID#)

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO BOX 2146 AUSTIN TX 78384

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/14

Full name of contributor

John Michael

out-of-state PAC (ID#)

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3117 San Joaquin CCTX 78418

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Kelley Allen

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/20/14

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

Gene Guesney

6 Contributor address; City; State; Zip Code

340 Grand Place CCTX 78411

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/30/14

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

Rick Deyoe

Contributor address; City; State; Zip Code

PO Box 92464 AUSTIN TX  
78708

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/14

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

Devin Bhakta

Contributor address; City; State; Zip Code

40 EAST BARLEDOC CCTX 78414

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/14

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

CCPOA

Contributor address; City; State; Zip Code

8122 LEOPARD CCTX 78408

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/3/14

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

Brent Bottom

Contributor address; City; State; Zip Code

520 LAWRENCE CCTX 78401

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME Kelly Allan			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/5/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derwood Anderson	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code PO Box 2162 CCTX 78403		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date 10/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CCPOA	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 3122 Leopard St. CCTX 78408		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 10/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LA YATONA RANCH-VOSS	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 3756 Bration Rd CCTX 78413		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 11/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Griffen	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 5443 Aiken Way Robstown TX 78380		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 11/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AEP	Amount of contribution (\$) 500.00	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)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

*Kelley Allen*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*11/17/14*

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

*KAREN URBAN*

7 Amount of contribution (\$)

*500.00*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*4110 Ocean Dr CCTx 78411*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*11/12/14*

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

*LARRY URBAN*

Amount of contribution (\$)

*500.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*PO Box 6355 CCTx 78411*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*11/12/14*

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

*David Engel*

Amount of contribution (\$)

*1000.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*PO Box 4126 CCTx 78409*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*11/20/14*

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

*MARK ADAMS*

Amount of contribution (\$)

*500.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*5242 Green Briar CCTx 78413*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*11/20/14*

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

*GIGNAK & ASSOC. LLP*

Amount of contribution (\$)

*500.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*418 STARR CCTx 78401*

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

*Kelley Allen*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*11/17/14*

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

*EV BONNER*

6 Contributor address; City; State; Zip Code

*PO Box 9400 CCTX 78469*

7 Amount of contribution (\$)

*500.00*

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*11/24/14*

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

*Anthony Lemant, A*

Contributor address; City; State; Zip Code

*8761 Hwy 44 CCTX 78406*

Amount of contribution (\$)

*1000.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*11/12/14*

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

*SAM SOSPKE*

Contributor address; City; State; Zip Code

*PO Box 9036 CCTX 78469*

Amount of contribution (\$)

*1000.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*11/20/14*

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

*Willard H Harmons SR*

Contributor address; City; State; Zip Code

*4418 Ocean Dr. CCTX 78411*

Amount of contribution (\$)

*500.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*11/20/14*

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

*Coastal Area Builders PAC*

Contributor address; City; State; Zip Code

*5325 Yorktown Blvd CCTX 78414*

Amount of contribution (\$)

*500.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Kelley Allen

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/20/14

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

CHRIS ADLER

6 Contributor address; City; State; Zip Code

106 Rainbow LN CCTX 78411

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/18/14

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

Helm Properties

Contributor address; City; State; Zip Code

6262 Weber CCTX 78413

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/18/14

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

Charles Butler

Contributor address; City; State; Zip Code

PO Box 114 Chapman Ranch, TX 78347

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/14

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

Prasant Chhotu

Contributor address; City; State; Zip Code

3122 La Rochelle CCTX 78414

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/20/14

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

Barton Brashton

Contributor address; City; State; Zip Code

5337 Yorktown CCTX 78413

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME <i>Kelley Allan</i>			3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>11/18/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shane Torno</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <i>6830 Wendy Creek CCTX 78414</i>		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date <i>12/4</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Hummel</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>PO Box 6323 CCTX 78466</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <i>12/4/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joseph Debellas</i>	Amount of contribution (\$) <i>1500.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>PO Box 2452 CCTX 78409</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <i>12/8/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lynn Camacho</i>	Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>15102 Grudalape CCTX 78400</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <i>12/2/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JRU Management</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>615 S. Upper Broadway CCTX 78407</i>		(If travel outside of Texas, complete Schedule T)		
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Kelley Allan

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/21/14

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

John Hubbard

7 Amount of contribution (\$)

5000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

PO BOX 431 Robstown TX 78380

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/20/14

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

VIALARO PAC

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

POB 696000 SAN ANTONIO TX 78261

(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)

(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)

(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)

(If travel outside of Texas, complete Schedule T)

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**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Kelley Allen</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/29/14</i>		5 Payee name <i>Austin McIntosh</i>			
6 Amount (\$) <i>30.00</i>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Labor/contract</i>		(b) Description (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>10/27/14</i>		Payee name <i>Dillon Stores</i>			
Amount (\$) <i>60.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Contract Labor</i>		Description (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>10/27/14</i>		Payee name <i>Jeff Butler</i>			
Amount (\$) <i>2500.00</i>		Payee address; City; State; Zip Code <i>1321 Peterson, CCT X 78412</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Consulting/Advertise</i>		Description (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>10/29/14</i>		Payee name <i>Jeff Butler</i>			
Amount (\$) <i>3000.00</i>		Payee address; City; State; Zip Code <i>1321 Peterson, CCT X 78412</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Consulting/Advertising</i>		Description (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	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Kelley W/AN</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name <i>Jeff Butler</i>			
6 Amount (\$) <i>4000.00</i>		7 Payee address; City; State; Zip Code <i>1321 Peterson, CCTX 78412</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Consult/advertise</i>		(b) Description (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>10/27/14</i>		Payee name <i>Andrew Gonzales</i>			
Amount (\$) <i>30.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>LABOR</i>		Description (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>10/27/14</i>		Payee name <i>Ross Brunkenhoffer</i>			
Amount (\$) <i>30.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>LABOR</i>		Description (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>11/10/14</i>		Payee name <i>Dylan Flores</i>			
Amount (\$) <i>35.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>LABOR</i>		Description (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	

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Kelley Allon</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>11/10/14</i>		5 Payee name <i>Austin McIntosh</i>			
6 Amount (\$) <i>35.00</i>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>LABOR</i>		(b) Description (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>11/11/14</i>		Payee name <i>Jeff Butler</i>			
Amount (\$) <i>1500.00</i>		Payee address; City; State; Zip Code <i>1321 Pelisson, CCTX 78412</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Consult/Adverst.</i>		Description (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>11/20/14</i>		Payee name <i>PPG Consulting</i>			
Amount (\$) <i>1000.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Consulting</i>		Description (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>11/25/14</i>		Payee name <i>Frost</i>			
Amount (\$) <i>7.00</i>		Payee address; City; State; Zip Code <i>802 N Caranahua St CCTX 78401</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Service Charge</i>		Description (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	

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Kelley Allan</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>11/26/14</i>		5 Payee name <i>Roland Garcia</i>			
6 Amount (\$) <i>150.00</i>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>consulting</i>		(b) Description (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>11/26/14</i>		Payee name <i>Jeff Butler</i>			
Amount (\$) <i>600.00</i>		Payee address; City; State; Zip Code <i>1321 Peterson, CCTX 78412</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consult / Advertise</i>		Description (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>11/26/14</i>		Payee name <i>Jeff Butler</i>			
Amount (\$) <i>900.00</i>		Payee address; City; State; Zip Code <i>1321 Peterson, CCTX 78412</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consult / Advert.</i>		Description (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>11/20/14</i>		Payee name <i>NWBA</i>			
Amount (\$) <i>15.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>		Description (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	

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <i>Kelley Allen</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>12/3/14</i>	<b>5</b> Payee name <i>Ron Benavidez</i>	
<b>6</b> Amount (\$) <i>125.00</i>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Consult</i>	(b) Description (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: _____ Office held: _____	
Date <i>11/10/14</i>	Payee name <i>Andrew Gonzalez</i>	
Amount (\$) <i>15.00</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>LABOR</i>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>11/11/14</i>	Payee name <i>COOPER OUTDOOR</i>	
Amount (\$) <i>1616.50</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>11/19/14</i>	Payee name <i>Kelley Allen</i>	
Amount (\$) <i>2000.00</i>	Payee address; City; State; Zip Code <i>4701 Tuscan Way CC TX 78410</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Loan Repayment</i>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--------------	--

4 Date	5 Payee name
--------	--------------

6 Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	--	--

Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (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                      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received  ..... 6 Address of person from whom amount is received; City; State; Zip Code  7 Purpose for which amount is received	8 Amount (\$)
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received	Amount (\$)
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received	Amount (\$)
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received	Amount (\$)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
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Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder