Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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:

OFFICE USE ONLY
Date Received
Date Filed June 18, 2015
Date Hand Delivered or Postmarked
Received by Rebecca Huerta City Secretary
Amount
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR; FIRST: ROBERT; MI: E; NICKNAME: BOB; LAST: JONES; SUFFIX:
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ change of address	ADDRESS / PO BOX: P.O. BOX 6993; APT / SUITE #:; CITY: CC.; STATE: TX; ZIP CODE: 78466
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: (361); PHONE NUMBER: 779-5579; EXTENSION:
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: O; FIRST: ALLAN; MI: E.; NICKNAME:; LAST: TORRES; SUFFIX:
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 4541 EVERHART; APT / SUITE #: SUITE 3; CITY: CC.; STATE: TX; ZIP CODE: 78411
8 CAMPAIGN TREASURER PHONE	AREA CODE: (361); PHONE NUMBER: 816-9125; 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: 10/28/2014 THROUGH Month Day Year: 1/15/2015
11 ELECTION	ELECTION DATE Month Day Year: 11/4/2014; ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special
12 OFFICE	OFFICE HELD (if any):
13 OFFICE SOUGHT (if known)	MAYOR

GO TO PAGE 2

INDEXED

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: BOB JONES

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: BOB JONES CAMPAIGN

COMMITTEE ADDRESS: P.O. BOX 6993 CC., TX 78466

COMMITTEE CAMPAIGN TREASURER NAME: AL TORRES

COMMITTEE CAMPAIGN TREASURER ADDRESS: 4541 EVERHART SUITE #3 CC., TX 78411

- [ ] additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ —0—
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2,125.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ —0—
	4. TOTAL POLITICAL EXPENDITURES	$ 2,300.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1,346.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 5,000.00

18 AFFIDAVIT

PAUL PIERCE
Notary Public
STATE OF TEXAS
My Comm. Exp. 04-16-2018

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 Robert E. Jones, this the 18th day of June, 20 15, 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
	Paul Pierce	Assistant City Secretary

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: BOB JONES

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)
10/30/14	NUECES CTY GOP CAMPAIGN COMM. 711 N. CARANCAVA ST.1600 CC, TX 78401	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#: ____)) / Contributor address: City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/29/14	C.T. EISENBERG 1309 SANDPIPER DR. CC, TX 78412	25.00	

(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)
11/12/14	NORMAN K. WIMER 1339 BAYVIEW BLVD. PORTLAND, TX 78374	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)
10/24/14	DEREK NAISER 104 SUMMER GLEN BOERNE, TX 78006	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)
10/27/14	KEITH ROSE 3120 OCEAN DR CC, TX 78404	1,000.00	

(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 foradditional 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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 1	2 FILER NAME BOB JONES	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/27/14	5 Payee name JEFF BUTLER	
6 Amount ($) 1,000.00	7 Payee address; City; State; Zip Code 1321 PETERSON CC, TX 78412	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXP.	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 10/27/14	Payee name JEFF BUTLER	
Amount ($) 1,300.00	Payee address; City; State; Zip Code 1321 PETERSON CC, TX 78412	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADV. EXP.	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED