

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p><b>1</b> Filer ID (Ethics Commission Filers)</p>	<p><b>2</b> Total pages filed:</p> <p style="text-align: center; font-size: 1.2em;">6</p>															
<p><b>3</b> CANDIDATE / OFFICEHOLDER NAME</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border-bottom: 1px solid black;">MS / MRS / MR</td> <td style="width: 20%; border-bottom: 1px solid black;">FIRST</td> <td style="width: 20%; border-bottom: 1px solid black;">MI</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Mr.</td> <td style="border-bottom: 1px solid black;">John</td> <td style="border-bottom: 1px solid black;">H.</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST</td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">Ellen</td> <td style="border-bottom: 1px solid black;">Jr.</td> </tr> </table>		MS / MRS / MR	FIRST	MI	Mr.	John	H.	NICKNAME	LAST	SUFFIX		Ellen	Jr.	<p style="text-align: center;"><b>OFFICE USE ONLY</b></p>			
	MS / MRS / MR	FIRST	MI															
Mr.	John	H.																
NICKNAME	LAST	SUFFIX																
	Ellen	Jr.																
<p>Date Received</p> <div style="text-align: center; font-size: 1.5em; font-weight: bold; transform: rotate(-5deg);"> RECEIVED MAY 17 2016 ELECTION OFFICE </div>																		
<p><b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border-bottom: 1px solid black;">ADDRESS / PO BOX;</td> <td style="width: 20%; border-bottom: 1px solid black;">APT / SUITE #;</td> <td style="width: 20%; border-bottom: 1px solid black;">CITY;</td> <td style="width: 20%; border-bottom: 1px solid black;">STATE;</td> <td style="width: 20%; border-bottom: 1px solid black;">ZIP CODE</td> </tr> <tr> <td style="border-bottom: 1px solid black;">1645 Main Street #37</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">Buda,</td> <td style="border-bottom: 1px solid black;">Texas</td> <td style="border-bottom: 1px solid black;">78610</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1645 Main Street #37		Buda,	Texas	78610	<p>Date Hand-delivered or Date Postmarked</p>					
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE														
1645 Main Street #37		Buda,	Texas	78610														
<p><b>5</b> CANDIDATE / OFFICEHOLDER PHONE</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border-bottom: 1px solid black;">AREA CODE</td> <td style="width: 40%; border-bottom: 1px solid black;">PHONE NUMBER</td> <td style="width: 40%; border-bottom: 1px solid black;">EXTENSION</td> </tr> <tr> <td style="border-bottom: 1px solid black;">( 512 )</td> <td style="border-bottom: 1px solid black;">376-8017</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	( 512 )	376-8017		<p>Receipt #</p> <p>Amount \$</p>									
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( 512 )	376-8017																	
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MS / MRS / MR	FIRST	MI																
Mrs.	Katherine	E.																
NICKNAME	LAST	SUFFIX																
	Matteson																	
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<p><b>10</b> PERIOD COVERED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Year</td> <td style="width: 20%; text-align: center;">THROUGH</td> <td style="width: 20%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Year</td> </tr> <tr> <td style="text-align: center;">02</td> <td style="text-align: center;">21</td> <td style="text-align: center;">2016</td> <td></td> <td style="text-align: center;">05</td> <td style="text-align: center;">14</td> <td style="text-align: center;">2016</td> </tr> </table>				Month	Day	Year	THROUGH	Month	Day	Year	02	21	2016		05	14	2016
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<p><b>12</b> OFFICE</p>	<p>OFFICE HELD (if any)</p>		<p><b>13</b> OFFICE SOUGHT (if known)</p> <p style="text-align: center; font-size: 1.1em;">Constable, Precinct 5</p>															

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME**

John H. Ellen, Jr.

**15 Filer ID (Ethics Commission Filers)**

**16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

NA

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

\$ 0.00

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

\$ 0.00

**EXPENDITURE  
TOTALS**

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

\$ 0.0

4. **TOTAL POLITICAL EXPENDITURES**

\$ 930.37

**CONTRIBUTION  
BALANCE**

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

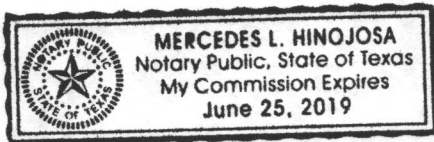
\$ 905.37

**OUTSTANDING  
LOAN TOTALS**

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

\$ 5,115.68

**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.

*John H. Ellen, Jr.*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John H. Ellen, Jr., this the 17th day of May, 2016, to certify which, witness my hand and seal of office.

*Mercedes L. Hinojosa*

Signature of officer administering oath

Mercedes L. Hinojosa

Printed name of officer administering oath

Title of officer administering oath

## SUBTOTALS - C/OH

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21

SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,115.68
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,218.18
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: EXPENDITURES MADE BY CREDIT CARD FROM POLITICAL CONTRIBUTIONS	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
	<input type="checkbox"/>	

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <div style="text-align: center;">1</div>
2 FILER NAME John H Ellen		3 Filer ID (Ethics Commission Filers)
4 Date 04-05-2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce Poer	7 Amount of contribution (\$)  25.00
6 Contributor address; City; State; Zip Code PO Box 525 Buda, Texas 78610		
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule E:

1

**2** FILER NAME

John H. Ellen, Jr

**3** Filer ID (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED LOANS

\$

**5** Date of loan

02-09-2016

**7** Name of lender☐ out-of-state PAC (ID#: \_\_\_\_\_ )

John H. Ellen, Jr

**9** Loan Amount (\$)

5,115.68

**6** Is lender  
a financial  
institution?Y ☒**8** Lender address;

City; State; Zip Code

1645 Main Street

Buda Texas 78610

**10** Interest rate

0.00

**11** Maturity date

NA

**12** Principal occupation / Job title (See Instructions)

NA

**13** Employer (See Instructions)**14** Description of Collateral☒ none**15** Check if personal funds were deposited into political  
account (See Instructions)☒**16** GUARANTOR  
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)**18** Guarantor address;

City; State; Zip Code

☒ not applicable**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

## Date of loan

## Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_ )

## Loan Amount (\$)

Is lender  
a financial  
institution?

Y N

## Lender address;

City; State; Zip Code

## Interest rate

## Maturity date

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Description of Collateral

☐ noneCheck if personal funds were deposited into political  
account (See Instructions)☐GUARANTOR  
INFORMATION

## Name of guarantor

## Amount Guaranteed (\$)

## Guarantor address;

City; State; Zip Code

☐ not applicable

## Principal Occupation (See Instructions)

## Employer (See Instructions)

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

If lender 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.

<b>1</b> Total pages Schedule F1: 1		<b>2</b> FILER NAME John H. Ellen, Jr		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 03-03-2016		<b>5</b> Payee name Jerod Patterson / Patterson & Company, LLC			
<b>6</b> Amount (\$) 5,115.68		<b>7</b> Payee address; City; State; Zip Code PO Box 91405 Austin, Texas 78709			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Consulting Expense		<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  Campaign Services	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03-30-2016		Payee name Steven Jorgensen / OnSite Signs			
Amount (\$) 102.50		Payee address; City; State; Zip Code 3100 Taku Rd. Cedar Park, Texas 78613			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
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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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