

# 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</b> Filer ID (Ethics Commission Filers)   | <b>2</b> Total pages filed: <b>2</b> |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR                      FIRST                      MI<br>MR.                      JOHN<br>NICKNAME                      LAST                      SUFFIX<br><br><p style="text-align: center;">ELLEN</p>   | <b>OFFICE USE ONLY</b><br>Date Received<br><br><h2 style="margin: 0;">Received</h2> <h3 style="margin: 0;">JAN - 4 2019</h3> <h2 style="margin: 0;">Elections Office</h2> Date Hand-delivered or Date Postmarked |                                      |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br><br><p style="text-align: center;">1645 MAIN STREET #37 BUDA, TEXAS 78610</p>   | Receipt #                      Amount \$<br>Date Processed<br>Date Imaged  |                                      |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE                      PHONE NUMBER                      EXTENSION<br>( 512 )                      295-3030   | Date Hand-delivered or Date Postmarked   |                                      |
| <b>6</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR                      FIRST                      MI<br>MR.                      JOHN<br>NICKNAME                      LAST                      SUFFIX<br><br><p style="text-align: center;">ELLEN</p>   | Receipt #                      Amount \$<br>Date Processed<br>Date Imaged  |                                      |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br><small>(Residence or Business)</small>                   | STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br><br><p style="text-align: center;">1645 MAIN STREET #37 BUDA, TEXAS 78610</p>  |  |                                      |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE                      PHONE NUMBER                      EXTENSION<br>( 512 )                      636-0927   |  |                                      |
| <b>9</b> REPORT TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><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) |  |                                      |
| <b>10</b> PERIOD COVERED  | Month                      Day                      Year                      Month                      Day                      Year<br>07 / 01 / 2018                      THROUGH                      12 / 31 / 2018   |  |                                      |
| <b>11</b> ELECTION  | ELECTION DATE<br>Month                      Day                      Year<br>/ /  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special     |                                      |
| <b>12</b> OFFICE  | OFFICE HELD (if any)<br><br><p style="text-align: center;">HAYS COUNTY CONSTABLE,<br/>PRECINCT 5</p>  | <b>13</b> OFFICE SOUGHT (if known)   |                                      |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**14** C/OH NAME  
**JOHN ELLEN**

**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.

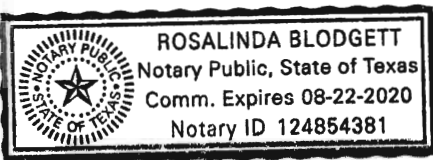
|                                   |                                      |
|-----------------------------------|--------------------------------------|
| COMMITTEE TYPE                    | COMMITTEE NAME                       |
| <input type="checkbox"/> GENERAL  | NA                                   |
| <input type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS                    |
|                                   | COMMITTEE CAMPAIGN TREASURER NAME    |
|                                   | COMMITTEE CAMPAIGN TREASURER ADDRESS |

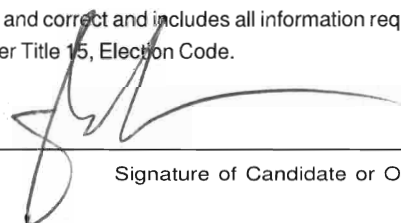
Additional Pages

|                               |   |              |
|-------------------------------|---|--------------|
| <b>17</b> 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   | \$ 0.00      |
|                               | 4. TOTAL POLITICAL EXPENDITURES   | \$ 0.00      |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 848.25    |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 20,924.52 |

**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.



Signature of Candidate or Officeholder: 

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Ellen, this the 4th day of January, 20 19, to certify which, witness my hand and seal of office.

Rosalinda Blodgett Signature of officer administering oath  
Rosalinda Blodgett Printed name of officer administering oath  
Notary Title of officer administering oath