CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OU because in a		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 4			
The C/OH Instruction C	Guide explains how to complete this form.					
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY			
NAME	MR. JOHN	Date Received				
		Received				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #;					
MAILING ADDRESS		JUL 0 3 2019				
Change of Address	1645 MAIN STREET #37 BUDA,	Elections Office				
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION				
OFFICEHOLDER PHONE	(512) 295-3030	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$			
TREASURER NAME	MR. JOHN.					
	NICKNAME LAST ELLEN	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / S		ZIP CODE			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER PHONE	(512) 636-0927					
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	X July 15 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year	Month	Day Year			
COVERED	12 / 31 / 2018	THROUGH 06	30 / 2019			
11 ELECTION	ELECTION DATE	ELECTION TYPE				
	Month Day Year Primary	Runoff Other Description				
	General	Special				
12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)						
	HAYS COUNTY CONSTABLE, PRECINCT 5					
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 Filer ID (Ethics Commission Filers)		
JOHN ELLEN					
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			
	GENERAL	NA			
	[man]	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
		GONNITTEE GANTAIGN THE ROOTER ABBITEGO			
·					
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
	\$ 0.00				
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURE UNLESS ITEMIZED		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 0.00		
	4. TOTAL POLITICAL EXPENDITURES		\$ 365.00		
CONTRIBUTION BALANCE	5. TOTAL F	\$ 483.25			
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					
ROSALINDA BLODGETT Notary Public, State of Texas Comm. Expires 08-22-2020 Notary ID 124854381					
Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said					
day of July , 20_19 , to certify which, witness my hand and seal of office.					
Koralinde Blodgett Rosalinda Blodgett Notary					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	ommission Filers)	
21	SUBTOTAL AMOUNT		
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$365.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

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/Wades/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V	Vages/Contract Labor	Other (enter a category not listed above)			
Oreun Gard Flayment	The Instruction Guide explains how to d	complete this form.				
1 Total pages Schedule F1:	2 FILER NAME JOHN ELLEN		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
06-26-2019	Hays Activity Fund					
6 Amount (\$) 175.00	7 Payee address; City; State; Zip Code					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE		Check if travel out	tside of Texas. Complete Schedule T.			
OF EXPENDITURE	Advertising Expense	Check if Austin.	. TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name	///	A. A			
06-27-2019	HCRW					
Amount (\$) 190.00	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE		Check if travel out	side of Texas. Complete Schedule T.			
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						