# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers) 2 Total pages filed:								
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR) FIRST Mark	G.	OFFICE USE ONLY					
NAME	NICKNAME LAST	SUFFIX	Date Received					
	Vones	-	JAN . L					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box 982, Kyll	TK. 78640	ELECTION OFFIC					
Change of Address	,							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 517-2925	EXTENSION	Date Hand-delivered or Date Postmarked					
6 CAMPAIGN E TREASURER	MS/MRS/MR FIRST James	MI D	Receipt # Amount \$					
NAME	NICKNAME LAST	SUFFIX	Date Processed					
	Ouvarne Anderso	Λ	Date Imaged					
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY; STATE;	ZIP CODE					
TREASURER ADDRESS	101 W. 6th St, Ste# 508	Austin TV 78701						
(Residence or Business)	101 W' 0 7 21, 21, 21	, Variney, in						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (517) 481-9506	EXTENSION						
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)					
8 0	July 15 Sth day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month Day Year	Month	Day Year					
	7/1/15	THROUGH ( 2/	(31/15					
11 ELECTION	ELECTION DATE	ELECTION TYPE						
	Month Day Year Primary  General	Runoff Cther Description Special						
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known	1)					
	County Commissioner	2						
GO TO PAGE 2								

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Park G.	Jones	5 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'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			
OFFICE	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages			20.	
*1	¢	COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 8	
	to the same of the	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 39.80	
	4. TOTAL POLITICAL EXPENDITURES \$ 9,050,94			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 13.321.54			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
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.  Notary Public, State of Texas My Commission Expires November 10, 2018				
Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said				
day of January, 20 10, to certify which, witness my hand and seal of office.				
A STO	<del></del>	Smoolifu T. Cont.	2 Netwyfublic	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:					
2 FILER NAME G. Jones  3 Filer ID (Ethics Commission Filers)					
4 Date 5 Full name of contributor out-of-state PAC (ID#:					
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)					
Contributor address; City; State; Zip Code					
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date Full name of contributor					
Contributor address; City; State; Zip Code					
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$)					
Contributor address; City; State; Zip Code					
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.					

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

	COVER	SHEET PG 3			
19	19 FILER NAME 20 Filer ID (Ethics Cor				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
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.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
6.	GOVERNMENT OF THE PROPERTY OF	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$			
8.					
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	\$			

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER 8 (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE \_ Check if Austin, TX, officeholder living expense EXPENDITURE Gandidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Amount (\$) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

### SCHEDULE F1

		EXPENDITURE CAT	EGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Glitt/Awards/Memorials Expense Legal Services The Instruction Guide expli	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILERN	AME, / TO	r		3 Filer ID (Ethics Commission Filers)
4 Date 8/11/15	5 Payee na	ark 6. Vone	1		
6 Amount (\$)	7 Payee ad	ddress; City; State;	Zip Code		
120.00	k	yle, Tx. 786	40		
PURPOSE OF EXPENDITURE	0.1	(See Categories listed at the top of the	is schedule)		outside of Texas. Complete Schedule T in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh		late / Officeholder name		Office sought	Office held
Date 8/15/15	Payee na	MAR Thames		ial Foun	dation
750,00	Payee ad	Buda, Tx. 786	Zip Code		
PURPOSE OF EXPENDITURE		(See Categories listed at the top of the	is schedule)		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	Office held
Date	Payee na	ame		·	
8/24/15	Hay	15 Youth Soci	LER		
Amount (\$)	Payee a		Zip Code		
250,00		Buda, TX. 7	-8610		
PURPOSE OF EXPENDITURE	4	(See Categories listed at the top of th	is schedule)		utside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 6 Amount (\$) San Marios, Tx. 786666 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Donation Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Hays County Republican Porty Payee address; City; State; Zip Code Amount (\$) San Marcos, Tx. 78666 2,500,00 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Donation Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH

### SCHEDULE F1

	EXPENDITURE CATEGORII	ES FOR BOX 8(a)	
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4 Date 10/19/15	5 Payee name JDRF		
6 Amount (\$)	7 Payee address; City; State; Zip Cod	е	
100,00	Buda, Tx. 78610		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if travel ou	tside of Texas. Complete Schedule T., TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
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5/17/15	The Tourney  Payee address; City: State: Zip Cod		
Amount (\$)	Payee address; City; Sate; Zip Cod	e	
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		***
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Amount (\$)	Payee address; City; State; Zip Code	9	
160.00	Budg, Tx. 78610		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Dona From		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Saleries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Printing Expense Salaries/Wages/Contract Labor Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense Nanation EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Hays County Brown Santa

Payee address; City; State; Zip Code

San Marros, Tx. 786666 100.00 ries listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Monation OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Monotion Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 shove)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salarie  The Instruction Guide explains how	Other (enter a category not listed above)		
		to complete this form.		
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3/30/15	5 Payee name HEB			
6 Amount (\$)	7 Payee address; City; State; Zip Code	9		
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
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4/23/15	Huys County Lives Pavee address: City: State: Zip Gods	TOCK Show		
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	Category (See Categories listed at the top of this schedule)	Description		
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Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
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8/24/15	Wounded Warriors Dov	P Han		
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	Category (See Categories listed at the top of this schedule)	Description		
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Complete ONLY if direct expenditure to benefit C/OF		Onice riole		
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#### 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.				
1 Total pages Schedule F1:	2 FILER NAME, G. Janes		3 Filer ID (Ethics Commission Filers)	
4 Date 8/24/15	5 Payee name	Bonk		
6 Amount (\$)				
250.00	San Marcos, TX- 78 (a) Category (See Categories listed at the top of this schedule)	666		
8	(a) Category (See Categories listed at the top of this schedule)			
PURPOSE 6	Check if travel outside of Texas. Complete Schedule T.			
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9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
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γαιισμίτ (φ)	Payee address; City; State; Zip Code		1	
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PURPOSE	,		side of Texas. Complete Schedule T.	
OF EXPENDITURE			TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH			Office field	
Date	Payee name			
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PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				