# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explai	ns how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/		MI	OFFICE USE ONLY
NAME	Mrs	Cynthia		Date Receives Chan
	NICKNAME	LAST	SUFFIX	Date Received (170)
		Jamieson	/	With the second
4 CANDIDATE / OFFICEHOLDER	ADDRESS /		CITY; STATE; ZIP CODE	- as and E
MAILING	907 Sh	adberry Drive Mag	gnolia TX 773545	FEB 05 2018 RAID
ADDRESS  Change of Address				2 / Le page
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	my setting
OFFICEHOLDER PHONE	( 832	) 774-0403		Date In delivered of Date Postmarked
6 CAMPAIGN	MS/MRS/	MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mrs	Kristina	N	Date Processed
	NICKNAME	LAST	SUFFIX	Date Imaged
		Harris		
7 CAMPAIGN	STREET AD	DRESS (NO PO BOX PLEASE); APT / SI	UITE #; CITY; STATE;	ZIP CODE
TREASURER ADDRESS	11 Quiet	Yearling PI	Tomball TX	77375
(Residence or Business)				
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	( 832	) 274-7658		
			<del></del>	
9 REPORT TYPE	Janua	y 15 X 30th day before e	lection Runoff	15th day after campaign treasurer appointment
	Tube 1	E	ction Exceeded \$500 limit	(Officeholder Only) Final Report (Attach C/OH - FR)
	July 1	Sth day before ele	COOR	That report Palace Contes by
10 PERIOD COVERED		Month Day Year	Month	Day Year
COVERED		01 / 01 / 2018	THROUGH 01	25 / 2018
11 ELECTION		TION DATE  Day Year X Primary	ELECTION TYPE	
	Month		Runoff Other Description	
	03	06 2018 General	Special	
12 OFFICE	OFFICE HELI	D (if any)	13 OFFICE SOUGHT (if known)	
			District Clerk	•
		<b>GO TO</b>	PAGE 2	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME Cynthia Jamieson			15	Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT KNOWLE	THE CANE	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITUR MIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUS INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN URES.	OUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE COMMITTEE NAME					
	GEN	ERAL	Cynthia Jamieson Gemmittee Campaign Co	muittee		
	<b>⊠</b> spe	CIFIC	COMMITTEE ADDRESS  907 Shadberry Drive Magnolia, TX 77354			
Additional Pages			committee campaign treasurer name Kristina Harris			
			COMMITTEE CAMPAIGN TREASURER ADDRESS 11 Quiet Yearling Place Tomball, TX 77375			
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)  \$0				
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$0				
	4.	TOTAL POLITICAL EXPENDITURES \$ 0				
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$0				
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$0				
18 AFFIDAVIT		!				
MEGANIFIE Commission My Colora October			Explies (	ation required to be reported by me		
AFFIX NOTARY STAM	P/SEALABC	VĒ	<i>a</i>	- Un		
Sworn to and subsci		. 2	٦,	, this the		
day of (1)) (U)	7) 20_	<u> </u>	to certify which, witness my hand and seal of office.	^		
Signature of officer a	dministerin	g oath	Way Mashery J	Title of officer administering oath		
		 ا	0 2 3	<b>J</b>		

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME Cynthia Jamieson  20 Filer ID (Ethics Cont	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$0

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Cynthia Jamieson 4 Date 7 Amount of contribution (\$) 5 Full name of contributor ut-of-state PAC (ID#:\_\_ 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:\_\_\_\_ Date Amount of contribution (\$) City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:\_ Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_ 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.

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

90141					
Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
2 FILER NAM Cynthia J			3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor	)	8 Amount of 9 In-kind contribution Contribution \$ , description		
	7 Contributor address; City; State; Zip Cod				
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	ontributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor	)	Amount of In-kind contribution Contribution \$ description		
	Contributor address; City; State; Zip Co	de	Check if travel outside of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ntor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	i				
If	ATTACH ADDITIONAL COPIES OF 1 contributor is out-of-state PAC, please see instruction				

#### SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: ; The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Cynthia Jamieson 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor 8 Amount ut-of-state PAC (ID#: 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#:\_ of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor out-of-state PAC (ID#:\_\_ Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Full name of pledgor out-of-state PAC (ID#:\_ description Pledge \$ City; State; Zip Code Pledgor address; Check 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 for additional reporting requirements.

	LOANS		!		SCHEDULE <b>E</b>	
	The	Instruction G	uide explains how to comple	ete this form.	1 Total pages Schedule E:	
	FILER NAME Cynthia Jamieson				3 Filer ID (Ethics Commission Filers)	
4	TOTAL OF UN	IITEMIZED	LOANS		\$	
5	Date of loan	7 Name of	lender 🔲 out-of-state P	'AG (ID#;)	9 Loan Amount (\$)	
6	Is lender 8 Lender address; City; State; Zip Code a financial Institution?			10 Interest rate		
	Y N		!		11 Maturity date	
12 Principal occupation / Job title (S			See (instructions)	13 Employer (See Instructions)		
14 Description of Collateral  none		ateral		15 Check if personal funds were account (See Instructions)	deposited into political	
16	GUARANTOR INFORMATION	17 Name of	juarantor		19 Amount Guaranteed (\$)	
ļ	not applicable	18 Guaranto	or address; City; S	, , ,		
20	Principal Occupat	ion (See Instru	ictions)	21 Employer (See Instructions)		
	Date of loan	Name of	lender out-of-state F	PAC (ID#:)	Loan Amount (\$)	
-vir-smeleri	ls lender a financial	Lender a	address; City; S	State; Zip Code	Interest rate	
	Institution? Y N				Maturity date	
	Principal occupation	on / Job title (	See Instructions)	Employer (See Instructions)		
Description of Collateral		iteral		Check if personal funds were of account (See Instructions)	deposited into political	
	GUARANTOR INFORMATION	Name of g	guarantor		Amount Guaranteed (\$)	
		Guaranto	or address; City; S			
	not applicable	·	i	p=		
	Principal Occupation	on (See Instruc	ctions)	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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) 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) Cynthia Jamieson 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 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 Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE 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 Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit G/OH

#### **UNPAID INCURRED OBLIGATIONS** SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission Filers) Cynthia Jamieson 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address: City; State; Zip Code TYPE OF Political Non-Political EXPENDITURE 10 (a) Caltegory (See Categories listed at the top of this schedule) (b) Description PURPOSE \_\_ Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE 11 Complete ONLY if direct Office held Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit G/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

Т	he Instruction Guid	de explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME Cynthia Jamie:	son		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of pers	on from whom investment is purchased	
ļ			
	6 Address of pe	rson from whom investment is purchased; Cit	y; State; Zip Code
	7 Description o	f investment	
	Angele appear to secure to		
	8 Amount of in	vestment (\$)	
	1		
Date	Name of pers	on from whom investment is purchased	
		,	
	Address of pe	erson from whom investment is purchased; City	r; State; Zip Code
	Description o	f investment	
	A		
	Amount of in	yesiment (\$)	
· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	ATT	ACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED
	AI I	MOLLADDITIONAL COFIES OF THIS SCHEBULE	AG MEEDED

## EXPENDITURES MADE BY CREDIT CARD

#### SCHEDULE F4

		: 			SCHEDULE F4	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		EXPENDITURE CAT  Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense tee Legal Services  The Instruction Guide exp	Loan Repaymen Office Overhead Polling Expense Printing Expens Salaries/Wages	t/Reimbursement t/Rental Expense e e /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 F4:	! —	LER NAME thia Jamieson			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED	EXPENDITURES CHARGE	DTOACRED	ITCARD	\$	
5 Date	6 P	ayee name				
7 Amount (\$)	8 P	Payee address; Gity; State; Zip Code				
9 TYPE OF EXPENDITURE		Political	Non-Politica	1		
10 PURPOSE OF EXPENDITURE	(a) C	Category (See Categories listed at the top of this schedule)  (b) Description  Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
11 Complete ONLY if direct expenditure to benefit C/Oh	<del>-</del> 1	Candidate / Officeholder name	Office	sought	Office held	
Date	P	ayee name			, , , , , , , , , , , , , , , , , , , ,	
Amount (\$)	P	ayee address; City; State	e; Zip Code			
TYPE OF EXPENDITURE		Political	Non-Politica	ú	,	
PURPOSE OF EXPENDITURE	G	ategory (See Categories listed at the top o	f this schedule)		on travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit G/OH		Candidate / Officeholder name	Office	sought	Office held	
		-    -				
	Α	TACH ADDITIONAL COPIES	OF THIS SCHE	DULE AS NE	EDED	

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) **Gredit Card Payment** The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Cynthia Jamieson 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas, Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

### SCHEDULE H

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

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

Event Expense Fees Food/Severage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

The Instruction Guide explains how  NAME Jamieson  ess name  ess address; City; State; Zip Code  ory (See Categories listed at the top of this schedule)  didate / Officeholder name  ess name  ess address; City; State; Zip Code  ory (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Te  Check if Austin, TX, offi	
Jamieson ess name ess address; City; State; Zip Cod ory (See Categories listed at the top of this schedule) didate / Officeholder name ess name ess address; City; State; Zip Cod	(b) Description  Check if travel outside of Te  Check if Austin, TX, offi  Office sought	ceholder living expense
ess address; City; State; Zip Code ory (See Categories listed at the top of this schedule) didate / Officeholder name ess name ess address; City; State; Zip Code	(b) Description  Check if travel outside of Te  Check if Austin, TX, offi  Office sought	ceholder living expense
ory (See Categories listed at the top of this schedule) didate / Officeholder name ess name ess address; City; State; Zip Cod	(b) Description  Check if travel outside of Te  Check if Austin, TX, offi  Office sought	ceholder living expense
didate / Officeholder name ess name ess address; City; State; Zlp Cod	Check if travel outside of Te Check if Austin, TX, offi Office sought	ceholder living expense
ess name ess address; City; State; Zip Cod		Office held
ess address; City; State; Zip Cod		
ory (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Te	exas. Complete Schedule T. ceholder living expense
didate / Officeholder name	Office sought	Office held
ess name		
ess address; City; State; Zip Cod	3	
ory (See Categories listed at the top of this schedule)	<del></del>	exas. Complete Schedule T. iceholder fiving expense
didate / Officeholder name	Office sought	Office held
	gory (See Categories listed at the top of this schedule) adidate / Officeholder name	didate / Officeholder name  Office sought  ess name  less address; City; State; Zip Code  ory (See Categories listed at the top of this schedule)  Check if travel outside of Te

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE !

		<u> </u>	
		The Instruction Guide explains how to comp	lete this form.
1 Total pages Schedule I:	2 FILER	AME	3 Filer ID (Ethics Commission Filers)
1	Cynthia	Jamieson	
4 Date	5 Payeer	ame	
6 Amount (\$)	7 Payee a	address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Categories	y (See instructions for examples of acceptable	(b) Description (See instructions regarding type of information required.)
Date	Payee r	ame	
Amount (\$)	Payee a	address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Catego: categorie:	y (See instructions for examples of acceptable s.)	Description (See instructions regarding type of information required.)
Date	Payee r	ame	
Amount (\$)	Payee a	address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Categories	y (See instructions for examples of acceptable	Description (See instructions regarding type of information required.)
Date	Payee r	ame	
Amount (\$)	Payee a	ddress; City; State; Zip Code	
PURPOSE OF Expenditure	Categories	y (See instructions for examples of acceptable )	Description (See instructions regarding type of information required.)
	AT	ACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

		1 Total pages Cale	dula K
The	Instruction Guide explains how to complete this form.	1 Total pages Scher	ouie it.
2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
Cynthia Jamies	on		
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State;	Zip Gode	
	7 Purpose for which amount is received	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received	1	Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

### SCHEDULE T

The instr	The Instruction Guide explains how to complete this form.						
2 FILER NAME Cynthia Jamieson					3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor	/ Corporation	or Labor O	rganization / Pledgor /	Payee			
5 Contribution / Expend	liture reported	i on:	·				
Schedule A2	· ·	edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	L Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
6 Dates of travel	7 Name o	of person(s) traveling					
	8 Departu	ure city or name of departure location					
	9 Destina	tion city or a	name of destination for	cation			
10 Means of transportat	ion	11 Purpo	se of travel (including I	name of conference, s	eminar, or other event)		
Name of Contributor	/ Gorporation	or Labor O	rganization / Pledgor /	Payee			
Contribution / Expend	diture reporte	d on:					
Schedule A2		edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name	of person(s)	traveling	4,, -1, -1, -1, -1, -1, -1, -1, -1, -1, -			
	Depart	ire city or n	ame of departure locat	ion			
	Destina	tion city or	name of destination lo	cation			
Means of transportation Purpose of travel (including name of conference, seminar, or other event)					eminar, or other event)		
Name of Contributor	/ Corporation	or Labor C	rganization / Pledgor /	Payee			
Contribution / Expens	diture reports	d on:					
				Schedule C2	Schedule D Schedule F1		
Schedule A2		edule B	☐ Schedule B(J)				
Schedule F2		edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name	of person(s)	traveling				
	Departu	are city or n	ame of departure locat	ion			
	Destina	tion city or	name of destination lo	cation			
Means of transporta	tion	Purpo	se of travel (including	name of conference, s	eminar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
					Dii 0/0/004		