CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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The C/OH Instruction G	auide explains hov	w to complete this form.	1 Filer ID (Ethic	cs Commission Filers)	2 Total pages filed:	11
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS MR	James		O	OFFICE US	SEONLY
	NICKNAME	MeHS	<u> </u>	SUFFIX	Date Received	EIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P. O. A	x; APT / SUITE #; 3 DX 499	CITY; STATE	E; ZIP CODE	FEB (LIVED TO STRAFF
Change of Address		Solu	Mora Tay	m'7872	POI	3/
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER √ 401 - 6235		NSION	Date Hand-deliver or	Sellus Date Postmarked
6 CAMPAIGN TREASURER NAME	MS MRS / MR	Jeley		SUFFIX	Receipt # Date Processed	Amount \$
	;	Nauden			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	9393	(NO PO BOK PLEASE); APT / S	r Rd	ŕ	ZIP CODE	
(Residence or Business)	Clevel	and, Tex	ao 77	398		
8 CAMPAIGN TREASURER PHONE	AREA CODE	197-2699	EXTEN	ISION		
9 REPORT TYPE	January 15	30th day before		Runoif	15th day after of treasurer appoint (Officeholder Of	ntment
	July 15	8th day before el	ection E	exceeded \$500 limit	Final Report (At	tach C/OH - FR)
10 PERIOD COVERED	Month	61/2018	THROUGH	Month Da/	Day Year 20	18
11 ELECTION	ELECTION DAY Month Day 03/06	Year Primary 2018 General	Runoff Special	ELECTION TYPE Other Description		
12 OFFICE	TUSTICE HELD (IF any	c of the Rea	Men CO	ESOUGHT (IF KNOWN) + 9 DME) DMM ISS	rx Count	y
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	-	~	Mall = CQ 15	Filer ID (Ethics Commission Filers)				
<i>\\</i> 0	mrs		· IIletts JE.					
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.							
	СОММІТТЕ	E TYPE						
	GEN	IERAL						
	SPE	CIFIC	COMMITTEE ADDRESS					
Additional Pares			COMMITTEE CAMPAIGN TREASURER NAME					
Additional Pages								
			COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS	1.		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED					
	2.		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8000,00				
EXPENDITURE TOTALS	3.		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ -0-				
	4.	TOTAL	POLITICAL EXPENDITURES	\$ 5388.08				
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 432).2						
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 perj	1 2 2 1				
			true and correct and includes all inform under Title ∕/5, Election Code.	nation required to be reported by me				
Notary I My C	BRIAN ST Public, State of	fTexas						
FERR	RUARY 27,	2019	Signature of Candid	ate or Officeholder				
AFFIX NOTARY STAMP/SEALABOVE								
Sworn to and subscri	ibed befor	e me, b	y the said Jame Mets	, this the				
day of, 20 l k, to certify which, witness my hand and seal of office.								
12)	4	3	Harry Brean Stanly	Notes Police				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath								

SUBTOTALS - C/OH	FORM COVER SHEET	C/OH T PG 3
James O. Metts S.R.	Filer ID (Ethics Commission	n Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		UBTOTAL MOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8	000. OD
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 CONT	RIBUTIONS \$ \$	388.88
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$.	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	NTRIBUTIONS \$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	\$	_
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BI	JSINESS OF C/OH \$.
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS \$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	NS \$	
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MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
James O. Metts SR.	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor Dout-of-state PAC (ID#:	7 Amount of contribution (\$) 5000 60
Date Full name of contributor Out-of-state PAC (ID#:) Full name of contributor Council Contributor address; City; State; Zip Code 2023 Monday Hargrowe Kd	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:) 1/29/18 Jimmie Wuch Contributor address; City; State; Zip Code 7338 486 Kinsman Rd. Cleveland, Texto 338	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$) 360, 50
Principal occupation / Job title (See Instructions)	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE if contributor is out-of-state PAC, please see instruction guide for additional results.	

MONE	TARY PO	SCHEDULE A1			
The	Instruction Guid	1 Total pages Schedule A1:			
2 FILER NAME	Jam	3 Filer ID (Ethics Commission Filers)			
4 Date 213)8 8 Principal occu	5 Full name of MOK K 6 Contributor of 7703 B	7 Amount of contribution (\$)			
	,			9 Employer (See Instruc	uons)
) 3] 8	Full name of Brian contributor a 23354	and	Christina City: State PA		Amount of contribution (\$)
Principal occup	pation / Job title (S	ee Instruction	ns)	Employer (See Instruct	ions)
Date	Full name of o		□ out-of-state PAG City; State		Amount of contribution (\$)
Principal occup	pation / Job title (S	ee Instruction	s)	Employer (See Instruct	ions)
Date	Full name of o	 	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
Principal occup	eation / Job title (S	ee Instruction	s)	Employer (See Instruct	ions)
				F THIS SCHEDULE AS NE uction guide for additional r	

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	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committ Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Travel Out Of 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 FILE	Tames 1) MeHS Sl 3 Filer ID (Ethics Commission Filers)
4 Date /8/18 5 Pay	ename Canven. Ag Boosters
6 Amount (\$) 7 Pay	O. Box 2448 New Carry, Fedow 17357
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	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 Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor 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 Somedule F1: 2 FILER NAME 4 Date 5 Payee name 6 Amount (\$) State: 500,00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Check if Austin, TX, officeholder living expense OF Event Expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 7737 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 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** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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