

# 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 Files)	2 Total pages filed:  <div style="text-align: center; font-size: 2em;">20</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST MI <div style="text-align: center; font-size: 1.5em;">James O</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Metts SR.</div>	<div style="text-align: center; border: 2px solid black; border-radius: 50%; padding: 10px;">                     MONTGOMERY COUNTY ELECTIONS ADMINISTRATOR  <b>RECEIVED</b>                      JAN 16 2018                      Walk IN                      20 pages                      X-ray it                 </div> Date Received Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 499 Splendora TX 77372		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 401-6235		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Jerry S</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Hayden</div>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9393 Fostoria Rd. Cleveland, Texas 77328		Date Processed Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 797-2699		
9 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) <input type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year     THROUGH     Month Day Year 07/01/2017         12/31/2017		
11 ELECTION	ELECTION DATE     ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE OFFICE HELD (if any) Justice of the Peace Pct. 4	13 OFFICE SOUGHT (if known) Montgomery County Commissioner Pct 4		

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME James O Metts Sr. 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  
 GENERAL  
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME


COMMITTEE CAMPAIGN TREASURER ADDRESS

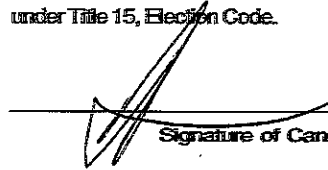
Additional Pages

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)	\$ 14680.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 32117.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1709.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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 James Metts, this the 11th day of January, 2018, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

Harry Brian Stanley  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

James O. Metts Sr

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14680.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 402.48
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 32117.36
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME

**James D. Metts Sr.**

3 Filer ID (Ethics Commission Filers)

4 Date

**10/15/17**

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Tom Martin**

6 Contributor address; City, State; Zip Code

**23449 US 59 Porter, Texas 77315**

7 Amount of contribution (\$)

**10,000.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**10/21/17**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Arlan Sorter**

Contributor address; City, State; Zip Code

**22490 Community dr. New Caney, Texas 77372**

Amount of contribution (\$)

**2005.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**11/14/17**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Billy Hoppes**

Contributor address; City, State; Zip Code

**25273 Blackburn dr. Splendora, Texas 77372**

Amount of contribution (\$)

**\$1925.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**12/9/17**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Billy Harrison**

Contributor address; City, State; Zip Code

**502 W. Montgomery #146 Willis, Texas 77378**

Amount of contribution (\$)

**150.00**

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.**

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME

**James D. Mutts Sr.**

3 Filer ID (Ethics Commission Filers)

4 Date

**12/9/17**

5 Full name of contributor

**A. K. Duran**

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

**100.00**

6 Contributor address;

City; State; Zip Code

**P.O. Box 1994 Splendora, Texas 77372**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**12/9/17**

Full name of contributor

**Kari Raoh**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**500.00**

Contributor address;

City; State; Zip Code

**P.O. Box 400 Splendora, Texas 77372**

Principal occupation / Job title (See Instructions)

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

out-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.**

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1
2 FILER NAME James D. Metts Sr		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 2.48
5 Date 7/11/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Yollick	8 Amount of Contribution \$ 2.48
7 Contributor address; City; State; Zip Code 10655 Six Pines Dr. Spring, TX 77380		9 In-kind contribution description 1- Fake Golden Hammer / used to build Campaign Signs. <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor'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 12/18/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie Winn	Amount of Contribution \$ 400.00
Contributor address; City; State; Zip Code 116751 FM 2854 Montgomery, TX 77316		In-kind contribution description wood to build Signs with <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor 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                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | 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.

<b>1</b> Total pages Schedule F1: 14	<b>2</b> FILER NAME James O. Mutt Sr.	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7/10/17	<b>5</b> Payee name Walmart	
<b>6</b> Amount (\$) 134.54	<b>7</b> Payee address; City; State; Zip Code 23561 US Hwy 59 Porter, Texas 77365	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Contributions/Donations made by candidate/officeholder/Political Committee	
	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies School Supply drive	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought / Office held	
Date 7/10/17	Payee name Walmart	
Amount (\$) 215.96	Payee address; City; State; Zip Code 23561 US Hwy 59 Porter, Texas 77365	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Contributions/Donations made by candidate/officeholder/Political Committee	
	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for School/Supply drive	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought / Office held	
Date 7/11/17	Payee name Office Max	
Amount (\$) 25.39	Payee address; City; State; Zip Code 20412 US Hwy 59 W. Humble, Texas 77338	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/ Rental Expense	
	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Campaign	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought / Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 Expense   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                |                                | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14	2 FILER NAME James O. Metts Sr	3 Filer ID (Ethics Commission Filers)
4 Date 7/12/17	5 Payee name Douland Clarke	
6 Amount (\$) \$16.72	7 Payee address; City; State; Zip Code 15955 LaCantera Parkway San Antonio, Texas 78256	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/ Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies Needed
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 7/19/17	Payee name Microsoft Office	
Amount (\$) 108.24	Payee address; City; State; Zip Code 5015 Westheimer Rd Houston, Texas 77056	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/ Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Program needed.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 7/20/17	Payee name Office Max	
Amount (\$) 154.04	Payee address; City; State; Zip Code 20412 US Hwy 59 N. Humble, Texas 77338	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/ Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies Needed/Ink
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# 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 Expense   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                |                                | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4</b>		2 FILER NAME <b>Jamie O. Muths Sr.</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>7/21/17</b>		5 Payee name <b>United States Postal Service</b>			
6 Amount (\$) <b>245.00</b>		7 Payee address; City; State; Zip Code <b>20811 US Highway 59 New Caney, Texas 77357</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Stamps.</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>7/25/17</b>		Payee name <b>Walmart</b>			
Amount (\$) <b>49.73</b>		Payee address; City; State; Zip Code <b>23561 US Hwy 59 Potter, Texas 77365</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Lunch for Staff</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>7/27/17</b>		Payee name <b>The Rotary Club of East Montgomery County</b>			
Amount (\$) <b>350.00</b>		Payee address; City; State; Zip Code <b>P.O. Box 29, Potter, Texas 77365</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Rotary Dues</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 Expense   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14	2 FILER NAME Jamo O. Metts Sr.	3 Filer ID (Ethics Commission Filers)
4 Date 8/1/17	5 Payee name DNH Go Daddy.com.	
6 Amount (\$) 163.28	7 Payee address; City; State; Zip Code 1455 N. Hayden Rd., Scottsdale Arizona 85260	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/ Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for Campaign Website
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name	Office sought Office held

Date 8/2/17	Payee name Office Max
Amount (\$) 397.49	Payee address; City; State; Zip Code 20412 US Hwy 59 N. Humble, Texas 77338
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/ Rental Expense
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies Needed/Copies
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

Date 8/3/17	Payee name Walmart
Amount (\$) 35.69	Payee address; City; State; Zip Code 23561 US Hwy 59 Porter, Texas 77365
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/ Rental Expense
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies needed / Ink
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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 Expense   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                |                                | Other (enter a category not listed above)  |

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>14</u>	<b>2</b> FILER NAME <u>James O. Melts SR.</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>8/7/17</u>	<b>5</b> Payee name <u>Good Promotions</u>	
<b>6</b> Amount (\$) <u>69.20</u>	<b>7</b> Payee address; City, State, Zip Code <u>803 E Houston St. Cleveland, Texas 77327</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>T-Shirts</u>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <u>8/7/17</u>	Payee name <u>New Camery-Cig Boosters</u>	
Amount (\$) <u>110.00</u>	Payee address; City, State, Zip Code <u>P.O. Box 2448 New Camery, Texas 77357</u>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <u>Contributions/Donations Made by Candidate/Officeholder/Political Committee</u>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Donation</u>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <u>8/10/17</u>	Payee name <u>Youth Splendor Sports Association football League</u>	
Amount (\$) <u>150.00</u>	Payee address; City, State, Zip Code <u>1801 S. Team Rd. Splendor, Texas 77372 P.O. BOX 173</u>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <u>Contributions/Donations Made by Candidate/Officeholder/Political Committee</u>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Donation/Team Sponsor</u>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                |                                | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 14	<b>2</b> FILER NAME: James O. Metts SR	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date: 8/10/17	<b>5</b> Payee name: Splendora Youth Football League	
<b>6</b> Amount (\$): 290.00	<b>7</b> Payee address; City; State; Zip Code: P.O. Box 173, Splendora, Texas 77372	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule): Contributions/donations made by candidate/officeholder/political committee	<b>(b)</b> Description: <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. Team Sponsor Junior division
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:	
<b>Date:</b> 8/11/17	<b>Payee name:</b> Hofbrau Steak House	
<b>Amount (\$):</b> 29.75	<b>Payee address; City; State; Zip Code:</b> 24890 Fm 1314 Rd., Potter, Texas 77365	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule):</b> Food/Beverage Expense	<b>Description:</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. Lunch / <del>club</del> club meeting
	<b>Complete ONLY if direct expenditure to benefit C/OH:</b> Candidate / Officeholder name: Office sought: Office held:	
<b>Date:</b> 8/10/17	<b>Payee name:</b> Lions Club	
<b>Amount (\$):</b> 270.00	<b>Payee address; City; State; Zip Code:</b> P.O. Box 1388 New Caney, Texas 77357	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule):</b> Fee	<b>Description:</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. Lions Club Dues
	<b>Complete ONLY if direct expenditure to benefit C/OH:</b> Candidate / Officeholder name: Office sought: Office held:	

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# 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                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | 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: <b>4</b>	2 FILER NAME <b>James O. Metts Sr.</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>8/21/17</b>	5 Payee name <b>East Montgomery County Fair Associations</b>		
6 Amount (\$) <b>275.00</b>	7 Payee address; City, State, Zip Code <b>20260 Heights Blvd. New Caney, Texas 77357</b>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Contributions/donations made by candidate/officeholder/Political Committee</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Spot Sponsor</b>	
	9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date <b>9/1/17</b>	Payee name <b>Splendora Youth football league</b>		
Amount (\$) <b>150.00</b>	Payee address; City, State, Zip Code <b>P.O. Box 173 Splendora, Texas 77372</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contributions/donations made by candidate/officeholder/Political Committee</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Sponsorship</b>	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date <b>9/6/17</b>	Payee name <b>Splendora Youth football league</b>		
Amount (\$) <del>500.00</del> <b>500.00</b>	Payee address; City, State, Zip Code <b>P.O. Box 173 Splendora, Texas 77372</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contribution/donation made by candidate/officeholder / Political Committee</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Sponsorship w/sign on fence</b>	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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# 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 Expense   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>14</u>	<b>2</b> FILER NAME: <u>James D Metts Sr.</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date: <u>9/16/17</u>	<b>5</b> Payee name: <u>Risky Brisket</u>	
<b>6</b> Amount (\$): <u>2500.00</u>	<b>7</b> Payee address: City: State: Zip Code <u>15935 Embe Splendora, Texas 77372</u>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Cook Off Sponsorship</u>
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: <u>9/21/17</u>	Payee name: <u>Splendora FFA Alumni</u>	
Amount (\$): <u>2100.00</u>	Payee address: City: State: Zip Code <u>P.O. Box 621 Splendora, Texas 77372</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Contributions/donations made by candidate/officeholder/Political Committee</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Purchase of Auction Items</u>
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: <u>9/23/17</u>	Payee name: <u>East Montgomery County Fair Association</u>	
Amount (\$): <u>500.00</u>	Payee address: City: State: Zip Code <u>20260 Heights Blvd. New Caney, Texas 77357</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Contributions/donations made by candidate/officeholder/Political Committee</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Chute Sponser/buckle Sponser</u>
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

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# 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                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | 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: 14 2 FILER NAME James D Metzger 3 Filer ID (Ethics Commission Filers)

4 Date 10/7/17 5 Payee name VFW Post 4816

6 Amount (\$) 100.00 7 Payee address; City, State, Zip Code 2411 Cunningham dr Forter, Texas 77365

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/donations made by candidate/office holder/Political Committee (b) Description  Check if travel outside of Texas. Complete Schedule I.  Check if Austin, TX, officeholder living expense donation/Raffle Tickets

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name \_\_\_\_\_ Office sought \_\_\_\_\_ Office held \_\_\_\_\_

Date 10/26/17 Payee name United States Postal Service

Amount (\$) 147.00 Payee address; City, State, Zip Code 20811 US Highway 59 New Caney, Texas 77357

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) office overhead/Rental expense Description  Check if travel outside of Texas. Complete Schedule I.  Check if Austin, TX, officeholder living expense Stamps

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name \_\_\_\_\_ Office sought \_\_\_\_\_ Office held \_\_\_\_\_

Date 10/31/17 Payee name Peach Creek Baptist Church

Amount (\$) 150.00 Payee address; City, State, Zip Code 25963 Fm 1485 East - New Caney, Texas 77357

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Contributions/donations made by candidate/office holder/Political Committee Description  Check if travel outside of Texas. Complete Schedule I.  Check if Austin, TX, officeholder living expense donation

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name \_\_\_\_\_ Office sought \_\_\_\_\_ Office held \_\_\_\_\_

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# 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 Expense   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                |                                | Other (enter a category not listed above)  |

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>14</u>	<b>2</b> FILER NAME <u>Jamie O Metts SR.</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>11/17/17</u>	<b>5</b> Payee name <u>Splendora High School</u>	
<b>6</b> Amount (\$) <u>2500.00</u>	<b>7</b> Payee address; City; State; Zip Code <u>23747 Fm 2090 Splendora, Texas 77372</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Ad-on Sign at football field</u>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date <u>12/10/17</u>	Payee name <u>Good Promotions</u>	
Amount (\$) <u>649.50</u>	Payee address; City; State; Zip Code <u>803 East Houston Cleveland, Texas 77327</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>T-Shirts</u>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date <u>12/7/17</u>	Payee name <u>Brett Ligon Campaign</u>	
Amount (\$) <u>\$1000.00</u>	Payee address; City; State; Zip Code <u>P. O. Box 805 Montgomery, Texas 77356</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Contributions/donations made by Candidate/officeholder/Political Committee</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>donation</u>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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# 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 Expense   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                |                                | Other (enter a category not listed above)  |

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>14</u>	<b>2</b> FILER NAME: <u>James D Metts Sr</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date: <u>12/9/17</u>	<b>5</b> Payee name: <u>Montgomery County Republican Party</u>	
<b>6</b> Amount (\$): <u>1250.00</u>	<b>7</b> Payee address; City; State; Zip Code: <u>P.O. Box 45 Conroe, Texas 77305</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <u>Fees</u>	
	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Filing Fee for Primary</u>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date: <u>12/11/17</u>	Payee name: <u>East Montgomery County Fair Association</u>	
Amount (\$): <u>\$7033.33</u>	Payee address; City; State; Zip Code: <u>P.O. Box 704 Porter, Texas 77365</u>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <u>Contributions/donations made by candidate/officeholder/Political Committee</u>	
	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Purchase of Auction Items</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date: <u>12-15-17</u>	Payee name: <u>Friends of Splendora Ag</u>	
Amount (\$): <u>\$725.00</u>	Payee address; City; State; Zip Code: <u>P.O. Box 1794, Splendora, Texas 77372</u>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <u>Contributions/donations made by candidate/officeholder/Political Candidate</u>	
	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Auction Item Purchase / Sponsorship Clay Shoot</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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# 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 Expense   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                |                                | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 17	<b>2</b> FILER NAME: Jamo D Melts Sr.	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date: 12/18/17	<b>5</b> Payee name: Walmart	
<b>6</b> Amount (\$): 137.06	<b>7</b> Payee address, City, State, Zip Code: 23561 US Hwy 59 Porter, Texas 77365	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule): Contributions/donations made by candidate/officeholder/Political Committee	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. \$137.06 donated to Seniors at the center
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
<b>Date</b> : 12/21/17	<b>Payee name</b> : East Montgomery County Gazette	
<b>Amount (\$)</b> : 500.00	<b>Payee address, City, State, Zip Code</b> : P.O. Box 701 Splendora, Texas 77372	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule): Advertising Expense	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. Ads
	<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
<b>Date</b> : 12/22/17	<b>Payee name</b> : McCoy's building Supply	
<b>Amount (\$)</b> : 208.32	<b>Payee address, City, State, Zip Code</b> : 2778 CR 2285 Cleveland Texas 77327	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule): Advertising Expense	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. materials to build campaign signs
	<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

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# 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 Expense   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>14</b>	2 FILER NAME <b>James O Metts Sr</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/26/17</b>	5 Payee name <b>McCoy's Building Supply</b>	
6 Amount (\$) <b>54.31</b>	7 Payee address; City; State; Zip Code <b>2778 CR 2285 Cleveland, Texas 77327</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>materials to build campaign signs.</b>
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <b>12/26/17</b>	Payee name <b>Lynch Signs</b>		
Amount (\$) <b>5000.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 1017 Conroe, Texas 77305</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Signs</b>	
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

Date <b>12/27/17</b>	Payee name <b>Lynch Signs</b>		
Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 1017 Conroe, Texas 77305</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Signs</b>	
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

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# 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                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expenses        | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                |                                | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>14</u>	<b>2</b> FILER NAME <u>James D. MATHS.</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>12/29/17</u>	<b>5</b> Payee name <u>Lynch Signs</u>	
<b>6</b> Amount (\$) <u>2712.81</u>	<b>7</b> Payee address; City; State; Zip Code <u>P.O. Box 1017 Conroe, Texas 77305</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	
	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Signs</u>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <u>                    </u> Office held <u>                    </u>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	
	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <u>                    </u> Office held <u>                    </u>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	
	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <u>                    </u> Office held <u>                    </u>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**