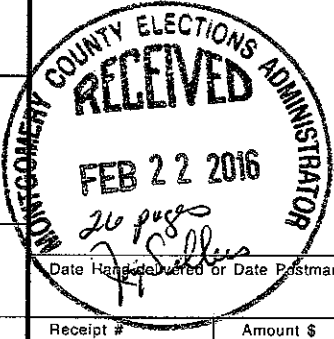


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <span style="font-size: 1.5em;">26</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI <span style="font-size: 1.2em;">Jay Mae</span> NICKNAME LAST SUFFIX <span style="font-size: 1.2em;">Sanders</span>	<b>OFFICE USE ONLY</b> 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 <span style="font-size: 1.2em;">25511 Buddle Rd The Woodlands TX 77380</span> <span style="font-size: 1.2em;">ste 301</span>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.2em;">(832) 797.9224</span>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI <span style="font-size: 1.2em;">Jay Mae</span> NICKNAME LAST SUFFIX <span style="font-size: 1.2em;">Sanders</span>	Receipt # Amount \$	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or <u>Business</u> )	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.2em;">25511 Buddle Rd The Woodlands TX</span> <span style="font-size: 1.2em;">ste 301 77380</span>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.2em;">(832) 797.9224</span>		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th 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 <span style="font-size: 1.2em;">1 / 22 / 16</span> <span style="font-size: 1.2em;">2 / 20 / 16</span>		
11 ELECTION	ELECTION DATE Month Day Year <span style="font-size: 1.2em;">3 / 1 / 16</span>	ELECTION TYPE <input checked="" 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)	13 OFFICE SOUGHT (if known) <span style="font-size: 1.2em;">Montgomery County Commissioner Pct 3</span>	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Jay Max Sanders 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.

Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	<u>Citizen Super PAC</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>P.O. Box 341028 Austin TX 78734</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>Luke McAlpin</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>P.O. Box 341028 Austin TX 78734</u>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>832.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>55,207.50</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>112.95</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>48,148.06</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>6280.74</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>3100.00</u>

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]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jay Max Sanders, this the 22<sup>th</sup> day of February, 2016, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Mia Cubero  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Jay Mac Sanders</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 49,292.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5925.50
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	\$ 48,035.00
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: 4/11

2 FILER NAME Jay Mac Sanders

3 Filer ID (Ethics Commission Filers)

4 Date  
2/10/16

5 Full name of contributor  out-of-state PAC (ID#:  
LAN PAC

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
2925 Briar Park Dr #400, Houston, TX 77042

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
25 Jan 16

Full name of contributor  out-of-state PAC (ID#:  
Lee Ann Sewell

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
2 Grilled Pond The Woodlands TX 77382

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4/25/16

Full name of contributor  out-of-state PAC (ID#:  
HALPR Assoc. State PAC

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
1201 N. Bowser Rd, Richardson, TX, 75081

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4/25/16

Full name of contributor  out-of-state PAC (ID#:  
Barry Donoho

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
46 East Bay Blvd The Woodlands TX 77392

1000.00

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: 2/11

2 FILER NAME **Jay Mac Sanders**

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

4/22/16

**Sejio Grado**  
6 Contributor address; City; State; Zip Code **77392**

250.00

**102 Sunlit Grove The Woodlands**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

4/22/16

**Fred Castillo**  
Contributor address; City; State; Zip Code

500.00

**P.O. Box 134973, The Woodlands TX 77393**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

4/22/16

**Carlos Leopoldo**  
Contributor address; City; State; Zip Code

250.00

**205 Vantage Swanscott MA 01907**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

2/1/16

**Tim Weems**  
Contributor address; City; State; Zip Code

500.00

**15 Eagles Wing, Magnolia, TX, 77354**

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: 3/11

2 FILER NAME Jay Mac Sanders

3 Filer ID (Ethics Commission Filers)

4 Date  
4/25/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Brent Everson

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
11 Strawberry Canyon The Woodlands TX 77382

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
4/26/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tom Coale

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
214 Heather Lane Conroe TX 77385

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4/26/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Leslie Fullerton

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
2165 Crescent Mill Lane Conroe TX 77384

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4/29/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Marsha Jobe

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
6 Tall Sky Place The Woodlands TX 77381

250.00

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: <u>4/11</u>
2 FILER NAME <u>Jay Mac Sanders</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/2/16</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kerri Ellis</u>	7 Amount of contribution (\$) <u>100.00</u>
6 Contributor address; City; State; Zip Code <u>6418 Mowring Ct Spring TX 77389</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/5/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Byron Beavers</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>18727 Tuscan Woods Spring TX 77381</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/8/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Walter Lisiewski</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>33 Rustic View Ct Spring TX 77381</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/11/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sonny Smoak</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>19 Planchard Ct, Spring TX 77382</u>		
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: 5/11

2 FILER NAME Jay Mac Sanders

3 Filer ID (Ethics Commission Filers)

4 Date  
4/27/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Will Perry

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
95N. Dacops The Woodlands TX 77388

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Julie Ambler

Amount of contribution (\$)

4/28

Contributor address; City; State; Zip Code  
11381 Lake Forest Dr Conroe TX 77384

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Priscilla Lopez

Amount of contribution (\$)

4/26/16

Contributor address; City; State; Zip Code  
P.O. Box 2186217 Houston TX 77218

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Hugh Callander

Amount of contribution (\$)

4/27/16

Contributor address; City; State; Zip Code  
63 Barley Hall Spring TX 77382

2000.00

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: 6/1

2 FILER NAME Jay Mac Sanders

3 Filer ID (Ethics Commission Filers)

4 Date 2/10/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Lee Ann Sewell

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
2 Crilled Pond The Woodlands TX 77381

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 2/10/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tom Weems

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
15 Eagles Wings, Magnolia, TX, 77354

15000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 2/12/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Louis Smulders

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
30 E Rivercrest Dr, Houston, TX 77042

6000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 2/4/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Mills Bell

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
53 N. Buck Ridge The Woodlands TX 77381

100.00

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: **7/11**

2 FILER NAME **Jay Mac Sanders**

3 Filer ID (Ethics Commission Filers)

4 Date  
**2/4/16**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Tom Staudt**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**7525 FM 723 Rd, Richmond, TX, 77046**

**500.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**2/4/16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Henry Brooks**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**15 Maymont Way The Woodlands TX 77382**

**5000.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**2/4/16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Karen Smith**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**106 Laura Ln Conroe TX 77385**

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**2/4/16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Stephen Sheffer**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**26 Barn Lantern Pl, The Woodlands, TX 77382**

**100.00**

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: **3/11**

2 FILER NAME **Jay Mac Sanders**

3 Filer ID (Ethics Commission Filers)

4 Date  
**2/4/16**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Eric Yolkick**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**P.O. Box 7571 The Woodlands TX 77387**

**100.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**2/4/16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Joe Michels**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**27117 Pala Lane, Oak Ridge North, TX 77385**

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**2/4/16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Walt Sass**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**2707 Autumn Lake Dr Katy TX 77450**

**250.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**2/4/16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Linda Speight**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**P.O. Box 9645 The Woodlands TX 77387**

**500.00**

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: 9/11

2 FILER NAME Jay Mac Sanders

3 Filer ID (Ethics Commission Filers)

4 Date  
2/4/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Will Perry

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
95 N. Bacopa The Woodlands TX 77389

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
2/4/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jim Russ

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
10555 Westfield Houston TX 77042

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
2/4/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jones Carter PAC

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
6335 Gulfport St, Ste 100, Houston TX 77081

1500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
2/4/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Norman Parrish

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
26 S. Brookman The Woodlands TX 77380

500.00

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: 10/11

2 FILER NAME **Jay Mac Sanders**

3 Filer ID (Ethics Commission Filers)

4 Date  
2/14/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Charles Holmes**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**61 Hidden View Cir, The Woodlands, TX 77381**

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
2/16/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Reggie Winstinger**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**2944 4th St #200, Phoenix, AZ, 85018**

5000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
2/18/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**W. Robert Etesler**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**29 Corlaine Ct, The Woodlands TX 77380**

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
2/13/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Anna Marie Rosa**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**11902 Sadora Lane, Richmond, TX, 77407**

500.00

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: 9/11

2 FILER NAME **Jay Mac Sanders**

3 Filer ID (Ethics Commission Filers)

4 Date  
2/13/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Eldon Cooley**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**108 Seven Oaks Dr, Hot Springs, AR, 71901**

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
2/19/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Bill Winkelmann**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**10 Eagles Wing Magnolia TX 77054**

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
2/19/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Omese Del Papa**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**P.O. Box 8466 The Woodlands TX 77382**

2000.00

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: **1/3**

2 FILER NAME **Jay Mac Sanders**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ **5925.50**

5 Date

**2/15/16**

6 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Tim Weems**

8 Amount of Contribution \$

**810.00**

9 In-kind contribution description

**News Advertising**

7 Contributor address; City; State; Zip Code

**15 Eagles Wing Magnolia TX 77254**

Check if travel outside of Texas. Complete Schedule T.

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

**2/12/16**

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

**Tim Weems**

Amount of Contribution \$

**1053.00**

In-kind contribution description

**News Advertising**

Contributor address; City; State; Zip Code

**15 Eagles Wing Magnolia TX 77254**

Check if travel outside of Texas. Complete Schedule T.

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>2/3</u>	
2 FILER NAME <u>Jay Mac Sanders</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>5925.50</u>	
5 Date <u>2/15/16</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tim Weems</u>	8 Amount of Contribution \$ <u>1582.50</u>	9 In-kind contribution description <u>Printing Vinyl</u>
7 Contributor address; City; State; Zip Code <u>15 Eagles Wing Magnolia TX 77354</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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 <u>2/15/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tim Weems</u>	Amount of Contribution \$ <u>400.00</u>	In-kind contribution description <u>Sp Board Advertising</u>
Contributor address; City; State; Zip Code <u>15 Eagles Wing Magnolia TX 77354</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>3/13</b>	
2 FILER NAME <b>Jay Mac Sanders</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>5925.50</b>	
5 Date <b>4/19/16</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tim Weems</b>	8 Amount of Contribution \$ <b>1830.00</b>	9 In-kind contribution description <b>news Advertising</b>
7 Contributor address; City; State; Zip Code <b>15 Eagles Wing Magnolia TX 77254</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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 <b>2/2/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Terry McBurney</b>	Amount of Contribution \$ <b>250.00</b>	In-kind contribution description <b>Food</b>
Contributor address; City; State; Zip Code <b>9 Wake Robin Ct The Woodlands TX 77380</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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 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: <i>4/9</i>	2 FILER NAME <i>Jay Mac Sanders</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/17/16</i>	5 Payee name <i>Branding Iron Productions</i>	
6 Amount (\$) <i>465.00</i>	7 Payee address; City; State; Zip Code <i>210 N. Main St, Conroe TX 77301</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/12/16</i>	Payee name <i>Todd Smith &amp; Associates</i>		
Amount (\$) <i>11,000.00</i>	Payee address; City; State; Zip Code <i>2204 Hazel fino Austin TX 78747</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/20/16</i>	Payee name <i>Sensational Signs</i>		
Amount (\$) <i>129.90</i>	Payee address; City; State; Zip Code <i>261116 I45 The Woodlands TX 77380</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/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: <b>49</b>		2 FILER NAME: <b>Jay Mac Sanders</b>		3 Filer ID (Ethics Commission Filers)	
4 Date: <b>2/5/16</b>		5 Payee name: <b>Anedot.com</b>			
6 Amount (\$): <b>4.20</b>		7 Payee address: City; State; Zip Code <b>10202 Perkins Rowe Ste 2006, Baton Rouge, LA, 70810</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</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		
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____				
Date: <b>2/3/16</b>		Payee name: <b>Anedot.com</b>			
Amount (\$): <b>4.20</b>		Payee address: City; State; Zip Code <b>10202 Perkins Rowe Ste 2006, Baton Rouge, LA, 70810</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		
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____				
Date: <b>2/11/16</b>		Payee name: <b>Anedot.com</b>			
Amount (\$): <b>4.20</b>		Payee address: City; State; Zip Code <b>10202 Perkins Rowe Ste 2006, Baton Rouge, LA, 70810</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		
	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         | 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>3/9</b>		2 FILER NAME <b>Jay Mac Sanders</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>27 Jan 16</b>		5 Payee name <b>Amerigas</b>			
6 Amount (\$) <b>500.00</b>		7 Payee address; City; State; Zip Code <b>25250 Grogans Park Dr The Woodlands TX 77380</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Event Expense on 1/14/16</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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>30 Jan 16</b>		Payee name <b>Staheworld.com</b>			
Amount (\$) <b>680.21</b>		Payee address; City; State; Zip Code <b>407 North Michigan Ave Pavenport IA 52804</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>other</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>1/30/16</b>		Payee name <b>Anedot.com</b>			
Amount (\$) <b>1.66</b>		Payee address; City; State; Zip Code <b>10202 Perkins Rowe Ste 20006 Baton Rouge, LA, 70810</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	
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   | 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	4/9	2 FILER NAME	Jay Mac Sanders	3 Filer ID (Ethics Commission Filers)
4 Date	4/26/16	5 Payee name	Anedot.com	
6 Amount (\$)	4.20	7 Payee address; City; State; Zip Code	16202 Perkins Rowe Ste 2006, Baton Rouge, LA, 70816	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)	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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held

Date	4/27/16	Payee name	Anedot.com	
Amount (\$)	73.70	Payee address; City; State; Zip Code	10202 Perkins Rowe Ste 2006, Baton Rouge, LA, 70816	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)	Fees	
		Description	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held

Date	4/28/16	Payee name	Anedot.com	
Amount (\$)	4.20	Payee address; City; State; Zip Code	16202 Perkins Rowe Ste 2006, Baton Rouge, LA, 70816	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)	Fees	
		Description	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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   | 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: <u>5/9</u>	2 FILER NAME <u>Jay Mac Sanders</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>2/2/16</u>	5 Payee name <u>Anadot.com</u>	
6 Amount (\$) <u>4.20</u>	7 Payee address; City; State; Zip Code <u>10202 Perkins Rowe Ste 2006, Baton Rouge, LA, 70810</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Fees</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>4/22/16</u>	Payee name <u>Anadot.com</u>	
Amount (\$) <u>10.05</u>	Payee address; City; State; Zip Code <u>10202 Perkins Rowe Ste 2006, Baton Rouge, LA, 70810</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>4/23/16</u>	Payee name <u>Anadot.com</u>	
Amount (\$) <u>2.25</u>	Payee address; City; State; Zip Code <u>10202 Perkins Rowe Ste 2006, Baton Rouge, LA, 70810</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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         | 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.

1 Total page <u>2/9</u> Schedule F1:	2 FILER NAME <u>Jay Mae Sanders</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>2/1/16</u>	5 Payee name <u>Todd Smith &amp; Associates</u>	
6 Amount (\$) <u>3000.00</u>	7 Payee address; City; State; Zip Code <u>2204 Hazeltine Austin TX 78747</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Consulting Expense</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date <u>25 Jan 16</u>	Payee name <u>Signisational Signs</u>	
Amount (\$) <u>492.54</u>	Payee address; City; State; Zip Code <u>26111 I-45 The Woodlands TX 77380</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing</u>	Description <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 _____ Office held _____	

Date <u>26 Jan 16</u>	Payee name <u>Todd Smith &amp; Associates</u>	
Amount (\$) <u>5000.00</u>	Payee address; City; State; Zip Code <u>2204 Hazeltine Austin TX 78747</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Consulting</u>	Description <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 _____ 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         | 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>2/4</b>	2 FILER NAME <b>Jay Mae Sanders</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/12/16</b>	5 Payee name <b>Taylorized PR</b>	
6 Amount (\$) <b>500.00</b>	7 Payee address: City; State; Zip Code <b>P.O. Box 541 Splendora TX 77372</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Consulting</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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/12/16</b>	Payee name <b>Todd Smith &amp; Associates</b>		
Amount (\$) <b>15000.00</b>	Payee address: City; State; Zip Code <b>2204 Hazeltine Austin TX 78747</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting</b>	Description <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	Office held
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Date <b>2/16/16</b>	Payee name <b>Marx Candyece Sanders</b>		
Amount (\$) <b>500.00</b>	Payee address: City; State; Zip Code <b>207 Trivista Left Hot Springs AR 71901</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting / Advertising</b>	Description <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	Office held
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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         | 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>49</b>	2 FILER NAME <b>Jay Mac Sanders</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/8/16</b>	5 Payee name <b>Todd Smith &amp; Associates</b>	
6 Amount (\$) <b>3,000.00</b>	7 Payee address; City; State; Zip Code <b>2204 Hazeltine Austin TX 78747</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Consulting</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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/9/16</b>	Payee name <b>Todd Smith &amp; Associates</b>		
Amount (\$) <b>5000.00</b>	Payee address; City; State; Zip Code <b>2204 Hazeltine Austin TX 78747</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting</b>	Description <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	Office held
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Date <b>2/11/16</b>	Payee name <b>Ad. White</b>		
Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>33700 Egypt Lane # F300 Magnolia TX 77354</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising / Printing</b>	Description <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	Office held
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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         | 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.

1 Total pages Schedule F1: <b>9/9</b>		2 FILER NAME <b>Jay Mae Sanders</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2/2/16</b>		5 Payee name <b>The Woodlands Chamber</b>			
6 Amount (\$) <b>75.00</b>		7 Payee address; City; State; Zip Code <b>9320 Lakeside Blvd Bldg 2 #200, The Woodlands TX 77381</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event 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		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____				
Date <b>2/4/16</b>		Payee name <b>The Woodlands Chamber</b>			
Amount (\$) <b>75.00</b>		Payee address; City; State; Zip Code <b>9320 Lakeside Blvd Bldg 2 #200, The Woodlands TX 77381</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event 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		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____				
Date <b>2/4/16</b>		Payee name <b>Todd Smith + Associates</b>			
Amount (\$) <b>2000.00</b>		Payee address; City; State; Zip Code <b>2204 Hazeltime Austin TX 78747</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting</b>		Description <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 _____ Office held _____				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED