CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH instruction (auide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 26	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) FIRST MI OFFICE USE ONLY	
	NICKNAME LAST SUFFIX	
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	25511 Bulde Rd The wood lands # FED 22 2016	
Change of Address	Ste 301 TX 77388 FEB 22 2016 \$	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION Date Hangistely wired or Date Pastmarked AREA CODE PHONE NUMBER EXTENSION Date Hangistely wired or Date Pastmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST M! Receipt # Amount \$ Out Muc NICKNAME LAST SUFFIX Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 25511 Budde Rd The Woodlands TX Ste 301 77380	
8 CAMPAIGN TREASURER PHONE	AREA CODE. PHONE NUMBER EXTENSION (832) 747.9224	
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year Month Day Year 1/22/16 THROUGH 2/20/16	
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special	
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Montgoney Conty Commissioner Pet 3	
GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ing Mac	Sanders 15 File	er ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE 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	COMMITTEE NAME	, , <u>, , , , , , , , , , , , , , , , , </u>	
	GENERAL	Citizen Suger PAC		
	SPECIFIC	COMMITTEE ADDRESS .		
		P.O.Box 341028 Austin TK	78734	
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		Luke Mc Alpin		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	"	
		P.O. Bro 341028 Austin To	X 78734	
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 832.00	
, ,		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$5,207.50	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 112-95	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 48,148.06	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D'AY ORTING PERIOD	\$ 6280.74	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 3100.00	
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. MIA CUBERO Notary ID #12521200-9				
My Commission Expires Signature of Candidate or Officeholder AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said <u>Jay Max Sunders</u> , this the <u>2275</u>				
day of tebruary, 20 , to certify which, witness my hand and seal of office.				
To The Cukero Noneil				
Signature of officer administering oath Printed name of officer administering oath . Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Tay Mac Sanders	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 49232.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 49232.00 \$ 5925.50
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 48,035.60
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Jay Mac Sanders	3 Filer ID (Ethics Commission Filers)
	J Full name of contributor ☐ out-of-state PAC (ID)#-	7 Amount of contribution (\$)
10/16	LAN PAC 6 Contributor address; City: State; Zip Code 2925 Branfords D. 1400 Houston, TN 47042 pation / Job title (See Instructions) 9 Employer (See Instruc	(000.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
25 Jan	Full name of contributor out-of-state PAC (ID#:) Lee Ann Sewell	Amount of contribution (\$)
16	Contributor address; City; State; Zip Code 2 Gilded Ind the Wood lands of TRI ation / Job title (See Instructions) Employer (See Instructions)	2 300.00
	Employer (See Instructions)	ions)
Date 1/25/	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
/16	1201 N. Bouser Rd. Richardson ty stol 81	500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructi	ons)
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)
	Gontributor address; City; State; Zip Code 46 First Bay Blvd the Weodlands TR 7770	1000.00
Principal occupa	ation / Job title (See Instructions) Employer (See Instruction	
	÷.	*
· · · · · · · · · · · · · · · · · · ·		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE If contributor is out-of-state PAC, please see instruction guide for additional re	DED porting requirements.

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2-///
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 (\$)
1/22/ 6 Contributer address; City; State; Zip Code 7739	250.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	dia
5 Employer (Gee Institut	uons)
Date Full name of contributor out-of-state PAC (ID#:) 1/ Fred Castillo	Amount of contribution (\$)
Contributor address; City: State; Zip Code 16 P.O.Sox 13 1973, The Woodlands TR 77323	500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor Carlos Les pollo Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) City; State; Zip Code Wamps of MA ORG Employer (See Instructions)	250.00
Date Full name of contributor Ut-oI-state PAG (ID#:	Amount of contribution (\$)
16 Contributor address; City; State: Zm	500.00
Principal occupation // Job title (See Instructions) Employer (See Instructions)	ons)
•	ļ
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEW	EDED eporting requirements.

MONETAF	RY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	oction Guide explains how to complete this form.	1 Total pages Schedule A1: 3/1
	x Mac Sanders	3 Filer ID (Ethics Commission Filers)
5	ull name of contributor	7 Amount of contribution (\$)
125/16 60	ontributor address; City; State; Zip Code	250-00
	Strant by Canon The Woodlands # 771 / Job title (See Instructions) 9 Employer (See Instructions)	}
1/ ton	Ill name of contributor	Amount of contribution (\$)
416	- 1 come come in 4 + 3 + 5	250.00
Principal occupation /	Job title (See Instructions) Employer (See Instructi	ons)
i .	il name of contributor	Amount of contribution (\$)
16 2113	Cresent Mill Lane Conroc TX 77384	250.08
Principal occupation /	Job title (See Instructions) Employer (See Instructions)	ons)
	Il name of contributor out-of-state PAC (IDI):	Amount of contribution (\$)
67	ntributor address; City; State; Zip Code The Woodlands TV 772 PI	250.00
Principal occupation /	Job title (See Instructions) Employer (See Instructions)	ons)
	÷	,
lf con	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE tributor is out-of-state PAC, please see instruction guide for additional re	DED porting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 1000.00 8 Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#:_ (\$). Amount of contribution Byron Beavers Contributor address; 100.00 Principal occupation / Job title (See Instructions) Date Full name of contributor Walter Lisiewski Contributor address; City; State; Zip Code 33 Ruskic View 4 Spring TV 77381 Employer (See Instruc ut-of-state PAC (ID#:_ Amount of contribution (\$) 100.00 Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#:____ Amount of contribution (\$) Full name of contributor Sonny Smoak Contributor address; City; State; Zip Code 100.00 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A
Th FILER NAME	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5/1
Date	Jax Mac Sanders	3 Filer ID (Ethics Commission Filer
27/	5 Full name of contributor out-of-state PAC (ID#:) W.II Perry	7 Amount of contribution (\$)
116	95N. Bacosa The March 1 12	250.00
Principal occi	upation / Job title (See Instructions) 9 Employer (See Instruc	
) ate	Full name of contributor out-of-state PAC (ID#:) Julie Anbler Contributor address: City: Change of the contributor of	Amount of contribution (\$)
2 9	Contributor address; Gity; State; Zip Code 11361 Lake Fourt Pr Conne # 77384 pation / Job title (See Instructions)	100.00
ate 16	Full name of contributor out-of-state PAC (ID#:) Priscible Lopez Contributor address: City; State; Zip Code Polyon 2186217 Howston TX 77218	Amount of contribution (\$)
ncipal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
te	Full name of contributor out-of-state PAC (ID#:) Hygh Callander	Amount of contribution (\$)
7/16	Contributor address; City; State; Zip Code 63 Barley Hall Sorium #X 72382	2000.00
ncipal occup	ation / Job title (See Instructions) Employer (See Instructions)	ons)
	·	
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MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 6/
FILER NAM	Jax Mac Sanders	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor cut-of-state PAC (ID#:) Lee Ahn Sewell	7 Amount of contribution (\$)
116	5 Full name of contributor cut-of-state PAC (ID#: Lee Ann Sewell 6 Contributor address; City; State; Zip Code Cut-of-state PAC (ID#: City: State; Zip Code Cut-of-state PAC (ID#: Figure 1	100.00
Principal occ	supation / Job title (See Instructions) 9 Employer (See Instructions)	Lions)
Date	Full name of contributor	Amount of contribution (\$)
116	Contributor address; City; State; Zip Code 15 Eagler Wins Macania H 27274	15 000-00
rincipal occu	pation / Job title (See Instructions) Magnolia , ##, 77354	ions)
Pate	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
1/16	Contributor address: City; State; Zip Gode 30 E Niver Creat D. 11	6.000.00
rincipal occuj	30 E Nivercreet Dr., Housdan TV 77042 pation / Job title (See Instructions) Employer (See Instructions)	ons)
ate	Full name of contributor	Amount of contribution (\$)
716	Contributor address; City; State; Zip Code	(00.00
incipal occup	pation / Job title (See Instructions) The Woodland TX 78891 Employer (See Instructions)	ons)
	:	
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE If contributor is out-of-state PAC, please see instruction guide for additional re	DED

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 7
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 (\$)
Tom Standt 6 Contributor address; City: State; Zip Code 7525 FM 723 Rd Richmod Td. 2704	500.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	6
Date Full name of contributor out-ol-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City: State; Zip Code	5060.00
Principal occupation / Job title (See Instructions) Howadlands TX 37392 Employer (See Instru	uctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code 106 Laura Ln Conroe TX 77335	100.00
Principal occupation / Job title (See Instructions) Employer (See Instru	
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code 26 Barn Landern PL The land of many	100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
•	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional	EEDED reporting requirements.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The 2 FILER NAME	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 3/
	Jax Mac Sanders	3 Filer ID (Ethics Commission Filers)
4 Date .	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of contribution (\$)
14/16	5 Full name of contributor out-of-state PAC (ID#: Eriz Yo Uick 6 Contributor address; City; State; Zip Code P.O. Sox 7571 H. Wool Linds TV 77387 pation / Job title (See instructions) 9 Employer (See Instructions)	(00.00
8 Principal occu	pation / Job title (See instructions) 9 Employer (See Instructions)	
Date 2/	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
14/16	Contributor address; City: State; Zip Code 77785	100.00
Principal occupi	27117 Rola Lone, Oak Ridge North Ht ation / Job title (See Instructions) Employer (See Instructions)	ons)
Date 2/4/16	Full name of contributor out-of-state PAC (ID#:) Watt Soss Contributor address; City; State; Zip Code 2707 Antum L.L. D. L.L. 77450	Amount of contribution (\$) 250.60
Principal occupa	ation / Job title (See Instructions) Employer (See Instructions)	ons)
Date 2	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
14/16	Contributor address; City; State; Zip Code	500.00
	tion / Job title (See Instructions) The Woodlands TX 77.78.7 Employer (See Instructions)	ons)
•	:	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE If contributor is out-of-state PAC, please see instruction guide for additional rej	DED porting requirements.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: \$
2 FILER NAME	Jay Mac Sanders	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
14/16	6 Contributor address; City; State; Zip Code	1000.00
Principal occi	upation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
14/16	Contributor address; City; State; Zip Code	1000.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ons)
Date 2/14/14	Full name of cointributor cut-of-state PAC (10#:	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ons)
Date 2/14/	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
114/16	Contributor address; City; State; Zip Code 26 S. Brokenfan A. I.	500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE If contributor is out-of-state PAC, please see instruction guide for additional re	DED

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 10/
2 FILER NAME Jay Mac Sanders	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contribution	7 Amount of contribution (\$)
Charles Holmes 6 Contributor address; City; State; Zip Code TX 6 Hidden View Gir, the Wood lands 77381 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	100.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	I tions)
Date Full name of contributor out-of-state PAC (ID#:) Rescription:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Out-of-state PAC (ID#:	5000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor W. Robert Eteslen Contributor address; City; State; Zip Code 29 Covalvine of the Vocalant TX 7731 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) 250.00
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Employer (See Instructions)	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEI If contributor is out-of-state PAC, please see instruction guide for additional re	EDED eporting requirements.

MONE	TARY POLITICAL CONTRIBUTION	ONS SCHEDULE A1
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4/
	Jay Mac Sanders	
Date	5 Full name of contributor Out-of-state PAC (ID#:	7 Amount of contribution (\$)
116	6 Contributor address; City; State; Zip Code 108 Seven Oaks D. Hat Springs A pation / Job title (See Instructions)	(00.00
Principal occu	pation / Job title (See Instructions) 9 Employe	er (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
119	Bill Winkelmann Contributor address; City; State; Zip Code 10 Eagles Wing Magnolia TX	500.00
	Employe	r (See Instructions)
Date	Full name of contributor Out-of-state PAC (ID#: Papa	Amount of contribution (\$)
119/16	Contributor address; City; State; Zip Code P.O. Box 8466 The Woodands The Woodands The Code of the Woodands The Code of the Woodands The Code of the Woodands The Woodands The Code of the Woodands The Woodands The Woodands The Woodands The Woodands The Code of the Woodands The	2000.00
Principal occup	alion / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor out-ot-state PAC (ID#:	Amount of contribution (\$)
	Contributor address: City; State; Zip Code	
rincipal occupa	ation / Job title (See Instructions) Employer	(See Instructions)
	.,	
	ATTACH ADDITIONAL COPIES OF THIS SCHED If contributor is out-of-state PAC, please see instruction guide for	DULE AS NEEDED or additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE A2 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 2 FILER NAME Jay Mac Sanders 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5925.50 Date Amount of 9 In-kind contribution Tim Weems: 7 Contributor address; City: State; Zip Code 810.00 Advertixing 15 Eagles: Wing Magnel: TX 77374 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/taw 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) In-kind contribution description News Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Contributor's employer/law firm (FQR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

			SCHEDULE AZ
 	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2: 13
2 FILER NAM	Tay Mac Sunders		3 Filer ID (Ethics Commission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 5925.50
5 Date 2/15/16	6 Full name of contributor out-of-state PAC (ID#:	** ***********************************	8 Amount of Contribution \$ 9 In-kind contribution description 1582.50 Print Viry Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor'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/ 1/5/ 1/6	Full name of contributor out-of-state PAC (ID#: Tim Weems Contributor address; City; State; Zip Contributor address; Magnolia H	de 77354	Amount of In-kind contribution description 400.00 Advertises Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor'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)		
	:		
			}
	•		
	:		
If	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction	HIS SCHEDU	LE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

CON			SCHEDULE AZ
·	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 3/13
2 FILER NAMI	Tay Mac Sunders		3 Filer ID (Ethics Commission Filers)
	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 5925.50
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of . 9 In-kind contribution Contribution \$. description - VevS
/19/	7 Contributor address; City; State; Zip Coc 15 Eagles Wing Magnelia TX upation / Job title (FOR NON-JUDICIAL) (See Instructions)	**************************************	1830.00 Advertising Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	ntor'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 2/2/16	Full name of contributor out-of-state PAC (ID#: Terry Mc B w ney Contributor address; City; State; Zip Contributor address; City; State; Zip Contributor Achieves the Word and a contributor (ICHE IN INC.)		Amount of In-kind contribution Contribution \$ description 250.00 Foed Check if travel outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FUR NUN-JUDIOIAL) (COL	Employe	FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor'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) .		· · · · · · · · · · · · · · · · · · ·
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lf .	ATTACH ADDITIONAL COPIES OF T		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/barising Consulting Expense Contributions/Donations Made By Solicitation/Fundralsing Expense Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Credit Card Payment 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 465.00 N. Main Sty 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Todd Smith + Associates avee address: City; State; Zip Code Amount (\$) 11,000.00 2204 Hazel tino PURPOSE Consulting Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Signisational Signs Amount (\$) City; State; Zip Gode 129.90 The Woodlands Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Solicitation/Fundraising Expense rees Food/Beverage Expense Giff/Awards/Memorials Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Transportation Equipment & Related Expense Polling Expense Printing Expense Travel In District Travel Out Of District Legal Services Credit Card Payment 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 4.20 8 PURPOSE Check if travel outside of Texas. Complete Schedule T. Feec OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Payee name Amount (\$) 4.20 PURPOSE Check if travel outside of Texas. Complete Schedule T. Fees EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Payee name Amount (\$) 4.20 See Categories listed at the top of this schedule) bescription **PURPOSE** Check if travel outside of Texas, Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations M Candidate/Officeholder/F Credit Card Payment	ada D	iy et Co	ommittee	
Total pages Schedule	F1:	2	FILER	_

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense 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)

Credit Card Payment	The instruction Guide explains how to	Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)
Total pages Schedule F1 Date 1/8	5 Payee name	anders 3 Filer ID (Ethics Commission Filers)
6 Amount (\$)	7 Payee address; City; State; Zip Code	+ Associates
3,000.00	2204 Hazeltine	Audin TX 78747
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consult in	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name -i	Office sought Office held
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Amount (\$)	Payee address; City; State; Zip Code	
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500.00	Payee address: City: State: Zip Code 33300 Egypt Lane #F300	Magnola to 77754
	Category (Sep Category - 15-)	- ' '
PURPOSE OF EXPENDITURE	Advertising Printing	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
OF		Check if travel outside of Texas. Complete Schedule T.

A dua satus	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made t Candidate/Officeholder/Politic Credit Card Payment	Food/Beverage Expense P Gift/Awards/Memorials Expense P al Committee Legal Services S The Instruction Guide explains h	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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92/16 6 Amount (\$)	The Woodlands Cl	ramber	
75.00	7 Payee address: City; State; Zip C G320 Lakesids Blvd		, the bood only to me
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder Ilving expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name i	Office sought	Office held
Date 2/4/ //// Amount (\$)	Payee name The Woodland Char	nka	
, ,	9320 Laheride Blvd B	142 4200 A	re Woodlands HR FF
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Date V/4/	Payee name Todd Smith + As	socrits	
Amount (\$) 2000.00	Payee address: City: State; Zip Co		787-47
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Check if travel outsi	de of Texas. Complete Schedule T. (X. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED	ED