

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1 Filer ID (Ethics Commission Filers) 00065786		2 Total pages filed: 19		<b>OFFICE USE ONLY</b>			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Patricia	MI MI	ELECTRONICALLY FILED 02/01/2016			
	NICKNAME Patty	LAST Maginnis	SUFFIX				
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt #	Amount		
	<input type="checkbox"/> 30th day before election	<input checked="" type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		Date Processed			
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)		Date Imaged			
	5 ORIGINAL PERIOD COVERED						
Month	Day	Year	Month	Day	Year		
	01	01	2016	THROUGH	01	21	2016

6 EXPLANATION OF CORRECTION  
no correction known I electronically filed at approximately 11:07 and have not received a confirmation email.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Ms. Patricia Maginnis

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00065786	<b>2</b> Total pages filed:  19	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Patricia	MI MI	<b>OFFICE USE ONLY</b>
	NICKNAME Patty	LAST Maginnis	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 908 N. San Jacinto  Conroe, TX 77301			Date Hand-delivered or Date Postmarked
				Receipt #      Amount
				Date Processed
				Date Imaged
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Jarrod Lee	MI MI	
	NICKNAME	LAST Walker	SUFFIX	
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 300 W. Davis, Ste. 450  Conroe, TX 77301			
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(936)	756-0444		
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9</b> PERIOD COVERED	Month    Day    Year 01/01/2016	THROUGH	Month    Day    Year 01/21/2016	
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year 03/01/2016		ELECTION TYPE	
			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any)		<b>12</b> OFFICE SOUGHT (if known) District Judge District 435	

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

3 of 19

**13** C / OH NAME      Maginnis, Patricia (Ms.)      **14** Filer ID      (Ethics Commission Filers)  
00065786

**15** 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

<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
	<b>COMMITTEE ADDRESS</b>
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>16</b> CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	18,655.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	7,568.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	14,288.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17** 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.

Ms. Patricia Maginnis  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - JC/OH

<b>18</b> FILER NAME Maginnis, Patricia (Ms.)		<b>19</b> Filer ID 00065786	(Ethics Commission Filers)
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	14,550.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	4,105.00
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	3,369.44
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	2,689.29
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	1,510.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/6 Rpt: 5/19
<b>2</b> FILER NAME Maginnis, Patricia (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00065786
<b>4</b> Date 01/16/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ackerman, William	<b>7</b> Amount of Contribution (\$)  \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Bolingbrook, IL 60440	
<b>8</b> Contributor's Principal Occupation IT Software Developer		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm U.S. Department of Veterans Affairs		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 01/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Reagan (Mrs.)	Amount of Contribution (\$)  \$2,000.00
	Contributor address; City; State; Zip Code  Conroe, TX 77301	
Contributor's Principal Occupation Teacher		Contributor's Job Title
Contributor's employer/law firm CISD		Law firm of contributor's spouse (if any) Law firm of chris Allen
If contributor is a child, law firm of parent(s) (if any)		
Date 01/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Robbie	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  Conroe, TX 77301-2841	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Robbie Barker		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/6 Rpt: 6/19
<b>2</b> FILER NAME Maginnis, Patricia (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00065786
<b>4</b> Date 01/20/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dagostino, Pablo (Mr.)	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$2,500.00</span>
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77027-3729		
<b>8</b> Contributor's Principal Occupation Corporate Management		<b>9</b> Contributor's Job Title Corporate Operations Manager
<b>10</b> Contributor's employer/law firm Toshiba		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 01/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elliott, Paula	Amount of Contribution (\$) <span style="float:right">\$2,500.00</span>
Contributor address; City; State; Zip Code  Conroe, TX 77301		
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Paula Elliott		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gaines, Gregory	Amount of Contribution (\$) <span style="float:right">\$1,000.00</span>
Contributor address; City; State; Zip Code  Conroe, TX 77301		
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Gregory Gaines		Law firm of contributor's spouse (if any) Harris County Appraisal District
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/6 Rpt: 7/19
<b>2</b> FILER NAME Maginnis, Patricia (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00065786
<b>4</b> Date 01/15/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gregg, Linda (Mrs.)	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code  Jonestown , TX 78645		
<b>8</b> Contributor's Principal Occupation Homemaker		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm none		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 01/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrison , Michael	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Baltimore , MD 21211-1919		
Contributor's Principal Occupation Public Administrator		Contributor's Job Title Policy Director
Contributor's employer/law firm Maryland Department of Labor		Law firm of contributor's spouse (if any) none
If contributor is a child, law firm of parent(s) (if any)		
Date 01/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnnie Dishongh Bail Bonds	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code  Conroe, TX 77301		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/6 Rpt: 8/19
<b>2</b> FILER NAME Maginnis, Patricia (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00065786
<b>4</b> Date 01/19/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Tim ..... <b>6</b> Contributor address; City; State; Zip Code  Houston , TX 77030	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Partner
<b>10</b> Contributor's employer/law firm Locke Lord LLP		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 01/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Levin, Steven ..... Contributor address; City; State; Zip Code  Fort Lauderdale, FL 33308	Amount of Contribution (\$)  \$200.00
Contributor's Principal Occupation Entrepreneur		Contributor's Job Title
Contributor's employer/law firm self employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Milner, Corinne ..... Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm self		Law firm of contributor's spouse (if any) none
If contributor is a child, law firm of parent(s) (if any)		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 5/6 Rpt: 9/19
2 FILER NAME Maginnis, Patricia (Ms.)		3 Filer ID (Ethics Commission Filers) 00065786
4 Date 01/06/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Munger, Sharon	7 Amount of Contribution (\$)  \$250.00
	6 Contributor address; City; State; Zip Code  Dallas, TX 75209	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any) none
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez, Shannon	Amount of Contribution (\$)  \$150.00
	Contributor address; City; State; Zip Code  Houston , TX 77005-3959	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Hays, McConn, Rice and Pickering		Law firm of contributor's spouse (if any) Bush and Ramirez PLLC
If contributor is a child, law firm of parent(s) (if any)		
Date 01/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivera, Christopher	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Spring, TX 77388	
Contributor's Principal Occupation legal clerk		Contributor's Job Title legal clerk
Contributor's employer/law firm Garcia Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 6/6 Rpt: 10/19
2 FILER NAME Maginnis, Patricia (Ms.)		3 Filer ID (Ethics Commission Filers) 00065786
4 Date 01/21/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scandrett, Amy	7 Amount of Contribution (\$)  \$50.00
	6 Contributor address; City; State; Zip Code  Allen, TX 75013	
8 Contributor's Principal Occupation sales		9 Contributor's Job Title
10 Contributor's employer/law firm Scholastic Book Fairs		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Deven, Mari (Mrs.)	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  Conroe, TX 77301	
Contributor's Principal Occupation Bail Bondsman		Contributor's Job Title Owner and Bondsman
Contributor's employer/law firm A-1 Discount Bail Bonds		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Michael	Amount of Contribution (\$)  \$1,500.00
	Contributor address; City; State; Zip Code  The Woodlands, TX 77381	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm MP&Y Lawfirm		Law firm of contributor's spouse (if any) Anadarko
If contributor is a child, law firm of parent(s) (if any)		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/1 Rpt: 11/19	
2 FILER NAME Maginnis, Patricia (Ms.)		3 Filer ID (Ethics Commission Filers) 00065786	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/06/2016	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bahamas Calypso Music LTD 7 Contributor address; City; State; Zip Code  Harbor Island West New Providence NP PO Box EE 15056 Bahamas	8 Amount of contribution (\$) \$1,500.00	9 In-kind contribution description Certificate of Donated Accommodations at OutIsland Club  <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 01/04/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Destination Schooner Bay Ltd. Contributor address; City; State; Zip Code  Abaco West New Providence NP PO Box EE15056 Bahamas	Amount of contribution (\$) \$2,400.00	In-kind contribution description Certificate of Donated Accommodations for party of 4  <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)			
Date 01/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Carlene (Mrs.) Contributor address; City; State; Zip Code  Nashville, TN 37221	Amount of contribution (\$) \$205.00	In-kind contribution description Yeti cooler for auction item  <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) Workshop Instructor NVC		Contributor's job title (FOR JUDICIAL) (See instructions) Instructor	
Contributor's employer/law firm (FOR JUDICIAL) Self		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# LOANS (JUDICIAL)

# SCHEDULE E(J)

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 1/1 Rpt: 12/19
<b>2</b> FILER NAME Maginnis, Patricia (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00065786
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Lender's Principal Occupation		<b>13</b> Lender's Job Title
<b>14</b> Lender's Employer/Law Firm		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>19</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>20</b> Name of guarantor	<b>22</b> Amount Guaranteed (\$)
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		

# POLITICAL EXPENDITURES 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.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 13/19	<b>2</b> FILER NAME Maginnis, Patricia (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00065786
<b>4</b> Date 01/19/2016	<b>5</b> Payee name Home Depot Inc.	
<b>6</b> Amount (\$) \$156.33	<b>7</b> Payee address; City; State; Zip Code 19103  conroe, TX 77385	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<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 t post, zip ties for campaign signage
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/07/2016	Payee name LCARW PAC	
Amount (\$) \$25.00	Payee address; City; State; Zip Code P.O. Box 737  Montgomery, TX 77356	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<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 table rental to display campaign info
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/07/2016	Payee name Proven Results Marketing	
Amount (\$) \$185.11	Payee address; City; State; Zip Code 27351 Blueberry Hill Dr.  Conroe, TX 77385	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<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 printing push cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES 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 -<br>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: Sch: 2/2 Rpt: 14/19	<b>2</b> FILER NAME Maginnis, Patricia (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00065786
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<b>4</b> Date 01/20/2016	<b>5</b> Payee name Woodforrest Bank
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<b>6</b> Amount (\$) \$3.00	<b>7</b> Payee address; City; State; Zip Code 400 West Davis st.  Conroe, TX 77301
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Paper statement fee for campaign account
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/20/2016	Payee name adWhite
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Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 33300  Magnolia, TX 77354
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<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 advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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 -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | 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 F4: Sch: 1/4 Rpt: 15/19	<b>2</b> FILER NAME Maginnis, Patricia (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00065786
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 01/12/2016	<b>6</b> Payee name Facebook
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<b>7</b> Amount (\$) \$250.01	<b>8</b> Payee address; City; State; Zip Code 1 Hacker Way  Menio Way Park, CA 94025
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<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 Facebook social media advertising
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/11/2016	Payee name Party City
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Amount (\$) \$32.46	Payee address; City; State; Zip Code 19189 N.FWY  Shenandoah, TX 77385
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<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 Tablecloths for events
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(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 -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | 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 F4: Sch: 2/4 Rpt: 16/19	<b>2</b> FILER NAME Maginnis, Patricia (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00065786
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 01/04/2016	<b>6</b> Payee name Vistaprint.com
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<b>7</b> Amount (\$) \$738.52	<b>8</b> Payee address; City; State; Zip Code 95 Hayden Ave.  Lexington , MA 02421
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<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 Printing and mailing postcards invites for events
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/05/2016	Payee name Vistaprint.com
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Amount (\$) \$24.99	Payee address; City; State; Zip Code 95 Hayden Ave.  Lexington , MA 02421
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<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 Facebook ad
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 3/4 Rpt: 17/19	<b>2</b> FILER NAME Maginnis, Patricia (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00065786
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 01/14/2016	<b>6</b> Payee name Vistaprint.com
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<b>7</b> Amount (\$) \$428.24	<b>8</b> Payee address; City; State; Zip Code 95 Hayden Ave.  Lexington , MA 02421
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<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 printing and mailing postcards invites for events
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/15/2016	Payee name Vistaprint.com
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Amount (\$) \$174.79	Payee address; City; State; Zip Code 95 Hayden Ave.  Lexington , MA 02421
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<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 printing and mailing of postcard invites for events
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 4/4 Rpt: 18/19	<b>2</b> FILER NAME Maginnis, Patricia (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00065786
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 01/05/2016	<b>6</b> Payee name customsignbanner.com	
<b>7</b> Amount (\$) \$1,040.28	<b>8</b> Payee address; City; State; Zip Code 5512 Mitchelldale  Houston, TX 77092	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<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 printing of campaign signage for advertising
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought <span style="float: right;">Office held</span>

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 19/19	<b>2</b> FILER NAME Maginnis, Patricia (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00065786
<b>4</b> Date 01/07/2016	<b>5</b> Payee name BOA Visa	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code PO Box 851001  Dallas, TX 75285-1001	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<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 Visa monthly credit card payment payment towards advertising/sign purchase
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 01/19/2016	Payee name Discover	
Amount (\$) \$1,000.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 6103  Carol Stream, IL 60197-6103	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Discover card monthly payment
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 01/21/2016	Payee name Rowdy Hayden for constable dinner fundraiser	
Amount (\$) \$10.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Bx 529  Splendora , TX 77372	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Entry fee to re-Elect constable Hayden dinner	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee for dinner event
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	