CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1						
The C/OH Instruction Guide expla		ins how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE/ OFFICEHOLDER	MS / MRS /		M!	OFFICE USE ONLY				
NAME		Dan	E	Pare\Secelyed				
	NICKNAME		SUFFIX	& AFTIFIVE S				
		Zientek		S TINTO S				
4 CANDIDATE/	ADDRESS	/ PO BOX; APT / SUITE #;	DITY; STATE; ZIP CODE	FEB 0 5 2018				
OFFICEHOLDER MAILING	PO BOX	X 7896 , The Woodlands, TX 77387						
ADDRESS		,	\	18 8/				
Change of Address				128.10				
5 CANDIDATE/ OFFICEHOLDER	AREA COD		EXTENSION	Date Hand-delivered or Date Postmarked				
PHONE	(936) 587-9101						
6 CAMPAIGN	MS / MRS /		MI	Receipt # Amount \$				
TREASURER NAME		Christina	D	Date Processed				
	NICKNAME	LAST Zientek	SUFFIX	Date Imaged				
		Zientek						
7 CAMPAIGN TREASURER		DDRESS (NO PO BOX PLEASE); APT / SI		ZIP CODE				
ADDRESS 47 Wind River Drive, Conroe, TX 77384								
(Residence or Business)								
				-				
8 CAMPAIGN	AREA COD	E PHONE NUMBER	EXTENSION					
TREASURER PHONE	(936) 587-9101							
9 REPORT TYPE	Janua	ary 15 🔲 30th day before e	lection Runoff	15th day after campaign treasurer appointment				
				(Officeholder Only)				
	July	15 Sth day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)				
10 PERIOD		Month Day Year	Month	Day Year				
COVERED		01 / 16 / 2017	02 /					
		/ /	THROUGH	,				
11 ELECTION	ELE	CTION DATE	ELECTION TYPE					
	Month	Day Year X Primary	Runoff Other Description					
	03 /	06 / 2017 General	Special					
12 OFFICE	OFFICE HEI	D (if any)	13 OFFICE SOUGHT (if known)				
12 OFFICE	502.112.1	HELD (if any) Justice of the Peace Precinct 3						
		\ {						
		\						
GO TO PAGE 2								

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 F	iler ID (Ethics Commission Filers)				
Dan 2	Zientek							
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S							
	COMMITTE	E TYPE	COMMITTEE NAME					
	GENERAL							
	SPE	CIFIC	COMMITTEE ADDRESS					
			COMMITTEE CAMPAIGN TREASURER NAME					
Additional Pages								
			COMMITTEE CAMPAIGN TREASURER ADDRESS					
45 000/55/5/5/5/								
17 CONTRIBUTION TOTALS	1.		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00				
	2.		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00				
EXPENDITURE TOTALS	3.		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 0.00				
	4.	TOTAL	POLITICAL EXPENDITURES	\$ 99.00				
CONTRIBUTION BALANCE	5.		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$ 2609.78				
OUTSTANDING LOAN TOTALS	6.		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0.00				
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								
RACHEL GARNER Notary Public, State of Texas Comm. Expires 04-15-2021								
Notary ID 1 2687107-2 Signature of Candidate or Officeholder								
AFFIX NOTARY STAMP / SEALABOVE								
Sworn to and subscribed before me, by the said Daniel Zientek , this the 5th								
day of February , 20 <u>18</u> , to certify which, witness my hand and seal of office.								
Lachel Down			Rachel Garner	Notary				
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	FILER NAME Dan Z	ientek	20 Filer ID (Ethics Co.	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULEA1: MO	NETARY POLITICAL CONTRIBUTIONS		\$ 0.00
2.	SCHEDULE A2: NO	N-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3.	SCHEDULE B: PLE	DGED CONTRIBUTIONS		\$ 0.00
4.	SCHEDULE E: LOA	NS		\$ 0.00
5.	SCHEDULE F1: PC	LITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$ 99.00
6.	SCHEDULE F2: UN	PAID INCURRED OBLIGATIONS		\$ 0.00
7.	SCHEDULE F3: PL	RCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EX	PENDITURES MADE BY CREDIT CARD		\$ 0.00
9.	SCHEDULE G: PO	ITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$ 0.00
10.	SCHEDULE H: PAY	MENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-	POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTI RETURNED TO FILE	EREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI R	ONS	\$ 0.00

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Fees Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dan Zientek 4 Date 5 Payee name 1/31/2018 Batchgeo City; State; Zip Code 6 Amount (\$) 7 Payee address; 113 Cherry St. #15478, Seattle, WA 98104 \$99.00 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH