

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: <div style="text-align: right; font-size: 1.2em;">33</div>
3 CANDIDATE / OFFICEHOLDER NAME	XXXX MR FIRST Dwight MI E. NICKNAME LAST Jefferson SUFFIX	<div style="border: 2px solid black; padding: 10px; border-radius: 50%; width: 150px; margin: auto;"> <p style="text-align: center; margin: 0;">RECEIVED</p> <p style="text-align: center; margin: 0;">JUL 15 2015</p> <p style="text-align: center; margin: 0;">CITY SECRETARY</p> </div> <p style="font-size: 0.8em; margin-top: 5px;">Date Received</p> <p style="font-size: 0.8em; margin-top: 5px;">Date Hand-delivered or Date Postmarked</p> <p style="font-size: 0.8em; margin-top: 5px;">Receipt # Amount \$</p> <p style="font-size: 0.8em; margin-top: 5px;">Date Processed</p> <p style="font-size: 0.8em; margin-top: 5px;">Date Imaged</p>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	XXXX / PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE 22455 Houston, Texas 77227 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 308-8250		
6 CAMPAIGN TREASURER NAME	XXXX / MR FIRST David MI NICKNAME LAST Black SUFFIX		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 5301 Judalon Lane, Houston, Texas 77056		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 539-9035		
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 checked="" 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)		
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 1 / 2015 THROUGH 6 / 30 / 2015		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 11 / 3 / 2015 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Houston City Controller	
GO TO PAGE 2			

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Dwight E. Jefferson		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,653.49
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,943.67
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 1,860.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 9,255.93
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<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:

1 of 7

2 FILER NAME
Dwight E. Jefferson

3 Filer ID (Ethics Commission Filers)

4 Date
5/4/2015

5 Full name of contributor out-of-state PAC (ID# _____)

Muhammad Aziz

7 Amount of contribution (\$)

\$1,500.00

6 Contributor address; City; State; Zip Code

8 _____, Houston, Texas 77002

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Abraham Watkins Nichols Sorrells Agosto & Friend

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

5/5/2015

Andrews & Kurth LLP PAC

\$1,000.00

Contributor address; City; State; Zip Code

_____, Houston, Texas 77002

Principal occupation / Job title (See Instructions)

Political Action Committee

Employer (See Instructions)

N/A

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

7/2/2015

Darryl Freling

\$100.00

Contributor address; City; State; Zip Code

_____, Dallas, Texas 75209

Principal occupation / Job title (See Instructions)

Real Estate Private Equity

Employer (See Instructions)

Med Properties Holdings, LLC

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

7/2/2015

Charles Schwartz

\$100.00

Contributor address; City; State; Zip Code

_____, Houston, Texas 77002

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Skadden Arps LLP

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 of 7

2 FILER NAME
Dwight E. Jefferson

3 Filer ID (Ethics Commission Filers)

4 Date
6/19/2015

5 Full name of contributor out-of-state PAC (ID# _____)

Jarett Dillard

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code

25010 Houston, Texas 77004

8 Principal occupation / Job title (See Instructions)
Law Student/Law Clerk

9 Employer (See Instructions)
Coats Rose Yale Ryman & Lee PC

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

6/19/2015

Patrick Hughes

\$250.00

Contributor address; City; State; Zip Code

The Woodlands, Texas 77301

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Haynes & Boone LLP

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

6/11/2015

Virginia Hodge

\$150.00

Contributor address; City; State; Zip Code

Housotn, Texas 77024

Principal occupation / Job title (See Instructions)
Financial Advisor

Employer (See Instructions)
UBS

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

6/10/2015

Elijah Gooden

\$200.00

Contributor address; City; State; Zip Code

, Pearland, Texas 77581

Principal occupation / Job title (See Instructions)
Attorney

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 of 7

2 FILER NAME
Dwight E. Jefferson

3 Filer ID (Ethics Commission Filers)

4 Date
5/19/2015

5 Full name of contributor out-of-state PAC (ID# _____)
Rick Ingraham
6 Contributor address; City; State; Zip Code
Austin, Texas 78746

7 Amount of contribution (\$)
\$100.00

8 Principal occupation / Job title (See Instructions)
Healthcare Consultant

9 Employer (See Instructions)
Self

Date
5/13/2015

Full name of contributor out-of-state PAC (ID# _____)
Tom McNutt
Contributor address; City; State; Zip Code
Conroe, Texas 77301

Amount of contribution (\$)
\$250.00

Principal occupation / Job title (See Instructions)
Undertaker

Employer (See Instructions)
McNutt Funeral Home

Date
4/28/2015

Full name of contributor out-of-state PAC (ID# _____)
Marc Grosz
Contributor address; City; State; Zip Code
Manvel, Texas 77578

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Grosz & Associates, P.C.

Date
4/27/2015

Full name of contributor out-of-state PAC (ID# _____)
Alan Baum
Contributor address; City; State; Zip Code
, Houston, Texas 77057

Amount of contribution (\$)
\$50.00

Principal occupation / Job title (See Instructions)
Ophthalmologist

Employer (See Instructions)
Texas Eye Institute

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: **4 of 7**

2 FILER NAME
Dwight E. Jefferson

3 Filer ID (Ethics Commission Filers)

4 Date
4/21/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
Glenn Blackwood

7 Amount of contribution (\$) **\$100.00**

6 Contributor address; City; State; Zip Code
Palm Beach Gardens, Florida 33410

8 Principal occupation / Job title (See Instructions)
Insurance Broker

9 Employer (See Instructions)
Self

Date
4/19/2015

Full name of contributor out-of-state PAC (ID#: _____)
Morgan Copeland

Amount of contribution (\$) **\$250.00**

Contributor address; City; State; Zip Code
Houston, Texas 77019

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Schick & Copeland

Date
4/16/2015

Full name of contributor out-of-state PAC (ID#: _____)
Rob Todd

Amount of contribution (\$) **\$1,000.00**

Contributor address; City; State; Zip Code
Houston, Texas 77002

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
Amplified Solutions

Date
4/1/2015

Full name of contributor out-of-state PAC (ID#: _____)
Timothy Rothberg

Amount of contribution (\$) **\$250.00**

Contributor address; City; State; Zip Code
Pearland, Texas 77584

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Coats Rose Yale Ryman & Lee, P.C.

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 of 7

2 FILER NAME
Dwight E. Jefferson

3 Filer ID (Ethics Commission Filers)

4 Date
3/29/2015

5 Full name of contributor out-of-state PAC (ID# _____)

A. Robert Fischer

7 Amount of contribution (\$) \$500.00

6 Contributor address: City: State: Zip Code
Austin, Texas 78703

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Jackson Lewis P.C.

Date
3/28/2015

Full name of contributor out-of-state PAC (ID# _____)

Patty and Allen Watson

Amount of contribution (\$) \$1,000.00

Contributor address: City: State: Zip Code
Houston, Texas 77007

Principal occupation / Job title (See Instructions)
Engineer

Employer (See Instructions)
Retired

Date
6/18/2015

Full name of contributor out-of-state PAC (ID# _____)

Don Jackson

Amount of contribution (\$) \$103.49

Contributor address: City: State: Zip Code
Houston, Texas 77019

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Ware Jackson

Date
6/17/2015

Full name of contributor out-of-state PAC (ID# _____)

Kurt Lyn

Amount of contribution (\$) \$250.00

Contributor address: City: State: Zip Code
Houston, Texas 77027

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Lam Lyn Philip

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 of 7
2 FILER NAME Dwight E. Jefferson		3 Filer ID (Ethics Commission Filers)
4 Date 6/16/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Black 6 Contributor address; City; State; Zip Code Housotn, Texas 77056	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Builder		9 Employer (See Instructions) Urban Craft Homes
Date 6/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cheryl Dotson Contributor address; City; State; Zip Code Missouri City, Texas 77459	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self
Date 6/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James W. Robinson Contributor address; City; State; Zip Code Houston, Texas 77002	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Deputy Director of Special Projects		Employer (See Instructions) Harris County
Date 6/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mavis Kelsey Contributor address; City; State; Zip Code	Amount of contribution (\$) \$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: 7 of 7
2 FILER NAME Dwight E. Jefferson		3 Filer ID (Ethics Commission Filers)
4 Date 6/15/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laura Ingle 6 Contributor address; City; State; Zip Code Houston, Texas 77027	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 6/13/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ryan Colburn Contributor address; City; State; Zip Code Houston, Texas 77027	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Regions Bank
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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:	
2 FILER NAME Dwight E. Jefferson		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 6/18/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coats Rose PAC	8 Amount of Contribution \$ \$ 2,943.67	9 In-kind contribution description Event Expense
7 Contributor address; City; State; Zip Code Houston, Texas 77046		<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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		<input type="checkbox"/> 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)	
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.			

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T			
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T			
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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1 of 2
2 FILER NAME Dwight E. Jefferson		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1,860.00
5 Date of loan 3/26/2015	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Dwight E. Jefferson	9 Loan Amount (\$) \$60.00
6 Is lender a financial institution? <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code Post Office Box 22455, Houston, Texas 77227	10 Interest rate -0-
		11 Maturity date 3/1/2016
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) Coats Rose Yale Ryman & Lee, P.C.
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 3/27/2015	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Dwight E. Jefferson	Loan Amount (\$) \$800.00
Is lender a financial institution? <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code Post Office Box 22455, Houston, Texas 77227	Interest rate -0-
		Maturity date 3/1/2016
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Coats Rose Yale Ryman & Lee, P.C.
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2 of 2
2 FILER NAME Dwight E. Jefferson		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1,860.00
5 Date of loan 3/25/2015	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Dwight E. Jefferson	9 Loan Amount (\$) \$60.00
6 Is lender a financial Institution? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	8 Lender address; City; State; Zip Code Post Office Box 22455, Houston, Texas 77227	10 Interest rate -0-
		11 Maturity date 3/1/2016
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) Coats Rose Yale Ryman & Lee, P.C.
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 1 of 12	2 FILER NAME Dwight Jefferson	3 Filer ID (Ethics Commission Filers)
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4 Date 3/30/2015	5 Payee name Worldwide Crowdfund Corp.
----------------------------	--

6 Amount (\$) \$800.00	7 Payee address; City; State; Zip Code 1001 Texas Avenue, Suite 1400, Houston, Texas 77002
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting 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
---	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 4/8/2015	Payee name Ft. Bend County Ministers Coalition
------------------	---

Amount (\$) \$300.00	Payee address; City; State; Zip Code c/o Dr. Richard Booker, Little Zion, 13230 Battle Rd., Kendelton, Texas 77451
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Award/Memorial Expense	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 4/11/2015	Payee name Copy It
-------------------	-----------------------

Amount (\$) \$75.00	Payee address; City; State; Zip Code 10531 South Post Oak, Houston, Texas 77035
------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	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 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 2 of 12	2 FILER NAME Dwight E. Jefferson	3 Filer ID (Ethics Commission Filers)
4 Date 4/9/2015	5 Payee name Street Media	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 2656 South Loop West, Houston, Texas 77054	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 4/9/2015	Payee name Worldwide Crowdfund Corp.	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1001 Texas Avenue, Suite 1400, Houston, Texas 77002	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	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 4/10/2015	Payee name Gold Cloud LLC	
Amount (\$) \$60.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	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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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	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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 12	2 FILER NAME Dwight E. Jefferson	3 Filer ID (Ethics Commission Filers)
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4 Date 4/16/2015	5 Payee name Copy It
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6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 10531 S. Post Oak, Houston, Texas 77035
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing 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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/22/2015	Payee name South Union Church of Christ
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 7427 Ardmore Street, Houston, TX 77054
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gifts/Awards/Memorial Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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Date 5/4/2015	Payee name Heidi Powell
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 2300 Lazy Hollow, Apt. 341-D, Houston, Texas 77063
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 12	2 FILER NAME Dwight E. Jefferson	3 Filer ID (Ethics Commission Filers)
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4 Date 5/5/2015	5 Payee name Houston Chronicle
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6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code Post Office Box 80075, Prescott, Arizona 86304-8075
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising 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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/6/2015	Payee name Copy It
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Amount (\$) \$108.24	Payee address; City; State; Zip Code 10531 South Post Oak Houston, Texas 77035
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8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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Date 5/7/2015	Payee name James Cardona
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Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 5216 Leeland Street, Houston, Texas 77023
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8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 12	2 FILER NAME Dwight E. Jefferson	3 Filer ID (Ethics Commission Filers)		
4 Date 5/15/2015	5 Payee name Worldwide Crowdfund Corp.			
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1001 Texas Avenue, Suite 1400, Houston, Texas 77002			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting 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		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 5/29/2015	Payee name Worldwide Crowdfund Corp.			
Amount (\$) \$600.00	Payee address; City; State; Zip Code 1001 Texas Avenue, Suite 1400, Houston, Texas 77002			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 6/3/2015	Payee name Worldwide Crowdfund Corp.			
Amount (\$) \$400.00	Payee address; City; State; Zip Code 1001 Texas Avenue, Suite 1400, Houston, Texas 77002			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

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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

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: 6 of 12	2 FILER NAME Dwight E. Jefferson	3 Filer ID (Ethics Commission Filers)			
4 Date 6/8/2015	5 Payee name Worldwide Crowdfund Corp.				
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 1001 Texas Avenue, Suite 1400, Houston, Texas 77002				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expenses	(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 style="width:100%; border:none;"> <tr> <td style="width:60%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:20%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:10%; border:none; text-align:center;">Office sought</td> <td style="width:10%; border:none; text-align:center;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 6/5/2015	Payee name Fontis Solutions				
Amount (\$) \$400.00	Payee address; City; State; Zip Code 60 Bunsen Irvine, California 92618				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expenses	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:60%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:20%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:10%; border:none; text-align:center;">Office sought</td> <td style="width:10%; border:none; text-align:center;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 6/17/2015	Payee name Worldwide Crowdfund Corp.				
Amount (\$)	Payee address; City; State; Zip Code 1001 Texas Avenue, Suite 1400, Houston, Texas 77002				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:60%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:20%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:10%; border:none; text-align:center;">Office sought</td> <td style="width:10%; border:none; text-align:center;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 of 12	2 FILER NAME Dwight E. Jefferson	3 Filer ID (Ethics Commission Filers)
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4 Date 6/18/2015	5 Payee name Heidi Powell
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6 Amount (\$)	7 Payee address; City; State; Zip Code 2300 Lazy Hollow, Apt. 341-D, Houston, Texas 77063
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/19/2015	Payee name Fontis Solutions
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Amount (\$) \$482.69	Payee address; City; State; Zip Code 60 Bunsen Irvine, California 92618
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expenses	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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Date 6/23/2015	Payee name Worldwide Crowdfund Corp.
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Amount (\$) \$300.00	Payee address; City; State; Zip Code 1001 Texas Avenue, Suite 1400, Houston, Texas 77002
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expenses	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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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 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.

1 Total pages Schedule F1: 8 of 12	2 FILER NAME Dwight E. Jefferson	3 Filer ID (Ethics Commission Filers)
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4 Date 3/28/2015	5 Payee name Piryx Inc.
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6 Amount (\$) \$79.30	7 Payee address; City; State; Zip Code Piryx.com
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fundraising	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/29/2015	Payee name Piryx Inc.
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Amount (\$) \$39.65	Payee address; City; State; Zip Code Piryx.com
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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Date 4/1/2015	Payee name Piryx Inc.
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Amount (\$) \$20.25	Payee address; City; State; Zip Code Piryx.com
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9 of 12	2 FILER NAME Dwight E. Jefferson	3 Filer ID (Ethics Commission Filers)
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4 Date 4/16/2015	5 Payee name Piryx Inc.
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6 Amount (\$) \$79.30	7 Payee address; City; State; Zip Code Piryx.com
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fundraising	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/19/2015	Payee name Piryx Inc.
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Amount (\$) \$20.25	Payee address; City; State; Zip Code Piryx.com
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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Date 4/21/2015	Payee name Piryx Inc.
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Amount (\$) \$8.20	Payee address; City; State; Zip Code Piryx.com
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: 10 of 12	2 FILER NAME Dwight E. Jefferson	3 Filer ID (Ethics Commission Filers)
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4 Date 4/27/2014	5 Payee name Piryx Inc.
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6 Amount (\$) \$4.10	7 Payee address; City; State; Zip Code Piryx.com
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fundraising	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/28/2015	Payee name Piryx Inc.
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Amount (\$) \$8.20	Payee address; City; State; Zip Code Piryx.com
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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Date 5/8/2015	Payee name Piryx Inc.
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Amount (\$) \$20.25	Payee address; City; State; Zip Code Piryx.com
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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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 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.

1 Total pages Schedule F1: 11 of 12	2 FILER NAME Dwight E. Jefferson	3 Filer ID (Ethics Commission Filers)
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4 Date 5/19/2015	5 Payee name Piryx Inc.
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6 Amount (\$) \$8.20	7 Payee address, City, State, Zip Code Piryx.com
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fundraising	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/10/2015	Payee name Piryx Inc.
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Amount (\$) \$16.40	Payee address, City, State, Zip Code Piryx.com
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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Date 6/11/2015	Payee name Piryx Inc.
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Amount (\$) \$12.15	Payee address, City, State, Zip Code piryx.com
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12 of 12	2 FILER NAME Dwight E. Jefferson	3 Filer ID (Ethics Commission Filers)
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4 Date 6/19/2015	5 Payee name Piryx Inc.
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6 Amount (\$) \$20.25	7 Payee address; City; State; Zip Code Piryx.com
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fundraising	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/19/2015	Payee name Piryx Inc.
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Amount (\$) \$8.20	Payee address; City; State; Zip Code Piryx.com
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising	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 6/29/2015	Payee name Piryx Inc.
-------------------	--------------------------

Amount (\$) \$8.20	Payee address; City; State; Zip Code Piryx.com
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising	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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

<p>The Instruction Guide explains how to complete this form.</p>	<p>1 Total pages Schedule F3:</p>
<p>2 FILER NAME</p>	<p>3 Filer ID (Ethics Commission Filers)</p>

<p>4 Date</p>	<p>5 Name of person from whom investment is purchased</p>
	<p>6 Address of person from whom investment is purchased; City; State; Zip Code</p>
	<p>7 Description of investment</p>
	<p>8 Amount of investment (\$)</p>

<p>Date</p>	<p>Name of person from whom investment is purchased</p>
	<p>Address of person from whom investment is purchased; City; State; Zip Code</p>
	<p>Description of investment</p>
	<p>Amount of investment (\$)</p>

--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
---------------	---------------------

6 Amount (\$)	7 Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(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	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	(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

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Business name
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6 Amount (\$)	7 Business address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder