

# 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: center; font-size: 24px; font-weight: bold;">14</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="checkbox"/> MR FIRST MI <div style="font-size: 24px; font-weight: bold; text-align: center;">Jay Mac</div> NICKNAME LAST SUFFIX <div style="font-size: 24px; font-weight: bold; text-align: center;">Sanders</div>	<b>OFFICE USE ONLY</b> Date Received <div style="text-align: center; border: 2px solid black; border-radius: 50%; padding: 10px; width: 100px; margin: 0 auto;">                     MONTGOMERY COUNTY ELECTIONS ADMINISTRATOR                      RECEIVED                      FEB 01 2016                      14 pages  </div> Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 25511 Budde Rd Ste 301. The Woodlands TX 77380		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 797.9229		
6 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="checkbox"/> MR FIRST MI <div style="font-size: 24px; font-weight: bold; text-align: center;">Kristin Lee</div> NICKNAME LAST SUFFIX <div style="font-size: 24px; font-weight: bold; text-align: center;">Sanders</div>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 25511 Budde Rd Ste 301. The Woodlands TX 77380		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 663.9916		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input 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 / 2016      THROUGH      1 / 21 / 2016		
11 ELECTION	ELECTION DATE Month Day Year 3 / 1 / 16	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Montgomery County Commissioner Pct 3	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME Jay Mac Sanders 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE:  GENERAL  SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

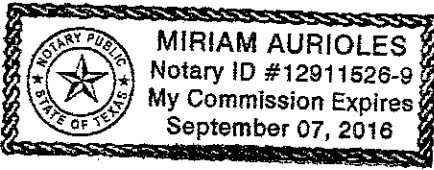
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>15,650.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>43.70</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>14,931.20</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>5,978.80</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>3,100.00</u>

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



J Mac Sanders  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jay Mac Sanders, this the 1<sup>st</sup> day of February, 2016, to certify which, witness my hand and seal of office.

Miriam Aurioles Miriam Aurioles Notary / Elections Clerk  
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 <i>Jay Mae Sanders</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>14,550.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>750.00</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>350.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>14,931.20</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1/7

2 FILER NAME  
Jay Mae Sanders

3 Filer ID (Ethics Commission Filers)

4 Date  
1/14/16

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
P.O. Box 24728 Houston TX 77229

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
1/14/16

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
4 Goldthread Ct The Woodlands TX 77381

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
1/15/16

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
18 Amber Leaf Ct The Woodlands TX 77381

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
1/20/16

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
26 Skyland Place The Woodlands TX 77382

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: 2/2

2 FILER NAME Jay Mac Sanders

3 Filer ID (Ethics Commission Filers)

4 Date  
4/14/16

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
510 Mana Lane Spring TX 77386

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

4/14/16

Contributor address; City; State; Zip Code  
2446 Garden Shadow Conroe TX 77384

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

4/14/16

Contributor address; City; State; Zip Code  
6 Winslow Way The Woodlands TX 77382

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

4/14/16

Contributor address; City; State; Zip Code  
P.O. Box 8466 The Woodlands TX 77387

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7/7

2 FILER NAME Jay Mac Sanders

3 Filer ID (Ethics Commission Filers)

4 Date  
1/14/16

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
19445 David Memorial Shenandoah TX 77385

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
1/14/16

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
2747 Autumn Lake Dr Katy TX 77450

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
1/14/16

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
10077 Grogans Mill Ste. The Woodlands TX 77380

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
1/14/16

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

Amount of contribution (\$)

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

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: *4/7*

2 FILER NAME

*Jay Mae Sanders*

3 Filer ID (Ethics Commission Filers)

4 Date

*1/14/16*

5 Full name of contributor

*Katie Yount*

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

7 Amount of contribution (\$)

*500.00*

6 Contributor address;

City; State; Zip Code

*12223 Westmore Dr. Houston TX 77077*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*1/14/16*

Full name of contributor

*Robert Barnwell IV*

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

Amount of contribution (\$)

*500.00*

Contributor address;

City; State; Zip Code

*9750 FM 1438 Magnolia TX 77354*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*1/14/16*

Full name of contributor

*William Cole*

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

Amount of contribution (\$)

*250.00*

Contributor address;

City; State; Zip Code

*2919 Loggin Circle The Woodlands TX 77380*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*1/14/16*

Full name of contributor

*Ed Chance*

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

Amount of contribution (\$)

*250.00*

Contributor address;

City; State; Zip Code

*2710 Crossvine Cir. The Woodlands TX 77380*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5/7

2 FILER NAME  
Joy Mac Sanders

3 Filer ID (Ethics Commission Filers)

4 Date  
4/14/16

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

1250.00

9209 Stage Coach Rd Houston TX 77061

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/14/16

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

2019 Spring Cedar Houston TX 77077

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/14/16

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

66 Tranquill Path The Woodlands TX 77380

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/14/16

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

11 Redhaven PL The Woodlands TX 77380

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: 4/7

2 FILER NAME Jay Mac Sanders

3 Filer ID (Ethics Commission Filers)

4 Date  
1/11/16

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
15 Maymont Way The Woodlands TX 77378

4000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
1/12/16

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
15930 Malibu West Willis TX 77318

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
1/14/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
J. Craig Doyal Campaign Fund

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
P.O. Box 718 Conroe TX 77305

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
1/14/16

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
411 E. 24th Houston TX 77008

1250.00

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: **7/7**

2 FILER NAME **Jay Mac Sanders**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/6/16**

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**23427 Rose Verrain Dr. Spring TX 77386**

**50.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**1/14/16**

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**23427 Rose Verrain Dr. Spring TX 77386**

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Jay Mac Sanders</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>750.00</u>	
5 Date <u>1/14/16</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Casey Kosh</u>	8 Amount of Contribution \$	9 In-kind contribution description <u>750.00 Food</u>
7 Contributor address; City; State; Zip Code <u>25250 Grogans Park The Woodlands TX 77380</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Business Owner</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Self</u>	
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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>Jay Mac Sanders</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>350.00</b>
5 Date of loan <b>1/6/16</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Jay Mac Sanders</b>	9 Loan Amount (\$) <b>350.00</b>
6 Is lender a financial Institution? <b>Y</b> <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <b>19 Amber Leaf Ct The Woodlands TX 77381</b>	10 Interest rate <b>0</b>
		11 Maturity date <b>N/A</b>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
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? <b>Y N</b>	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	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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 MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>1/2</i>	<b>2</b> FILER NAME <i>Jay Mac Sanders</i>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <i>7 Jan 16</i>	<b>5</b> Payee name <i>Bulldog Mobile Billboards</i>				
<b>6</b> Amount (\$) <i>4,975.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>4310 Buene Vista 31, Dallas, TX 75206</i>				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising</i>	<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 border="0" style="width:100%;"> <tr> <td style="width:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>7 Jan 16</i>	Payee name <i>Digital Game Changer</i>				
Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>127 E. Riverside, ste 211 Austin, TX, 78704</i>				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>1/19/16</i>	Payee name <i>Clean Channel Outdoor</i>				
Amount (\$) <i>4000.00</i>	Payee address; City; State; Zip Code <i>12852 Westheimer Rd Houston TX</i>				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	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:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3/2      2 FILER NAME Jay Mac Sanders      3 Filer ID (Ethics Commission Filers)

4 Date 1/16/16      5 Payee name Minute Man Press

6 Amount (\$) 5,412.50      7 Payee address: City: State: Zip Code  
25275 Buddle Rd Ste 4, The Woodlands TX 77380

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) <u>Printing</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	---

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

Date      Payee name

Amount (\$)      Payee address; City: State: Zip Code

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 ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

Date      Payee name

Amount (\$)      Payee address; City: State: Zip Code

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 ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED