CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction G	uide explains how to complete this form.		RPT I/B
3 CANDIDATE/	MS / MRS / MR FIRST	MI (OFFICE USE ONLY
OFFICEHOLDER NAME	MR Timothy	D	Date Received
IVAIVIE	NICKNAME LAST	SUFFIX	
		JR	COUNTY ELECTIONS
	l'im Itayis		RILLIVEN 2
4 CANDIDATE / OFFICEHOLDER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21, 1, — · · · · · · · · · · · · · · · · · ·	[]
MAILING	Po Box 1474 Splendora	X 773/X	FEB 2 2 2016 IS
ADDRESS			RELLIVED TO REBUSTING FEB 2 2 2016 TPAGE
Change of Address	AREA CODE PHONE NUMBER	EXTENSION	8
5 CANDIDATE/ OFFICEHOLDER	5 4 4 465	D. I D. O.	Date Hand delivered or Date Postmarked
PHONE	(936) 718 6 993		
6 CAMPAIGN	MS / MRS / MR FIRST	MI A	Receipt # Amount \$
TREASURER NAME	MRs. Michelle	·	Date Processed
,	NICKNAME LAST	SUFFIX	Date Imaged
	Hayis		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY; STATE;	ZIP CODE
TREASURER ADDRESS	2611 Fountain Views	truet New carry	TX 77357
(Residence or Business)	X 611	·	
(Medicellos di Edellos)	1 1 1		
- 044104104	AREA CODE PHONE NUMBER	EXTENSION	
8 CAMPAIGN TREASURER	(28)) 907 3348		
PHONE	(201) 5(01 33 1.		
9 REPORT TYPE			15th day after campaign
, , , , , , , , , , , , , , , , , , , ,	January 15 30th day before	election Runoff	treasurer appointment (Officeholder Only)
	July 15 Sih day before ek	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
		· 	
10 PERIOD	Month Day Year	Month	Day Year
COVERED	01/22/2016	THROUGH 0 2	120 / 2016
		miodin	
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	03 /01 /2016 General		
	03/01/2010		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	
		Constable 1	Montgomery County
		Precinct 1	
		1 (ecint	
GO TO PAGE 2			
1			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	+1 11.		5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		COMMITTEE CAMPAIGN THEASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N \$ - O -
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 400.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ - 0 -		
	4. TOTAL POLITICAL EXPENDITURES \$ 534.30		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 1550.04		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1500.60		
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. JULIE P HEPPLER NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/13/2018 NOTARY ID 12995876-8 AFFENOTARY STAMP / SEAL ABOVE			
Sworn to and subscribed before me, by the said			
day of February, 20 16, to certify which, witness my hand and seal of office.			
Bignature 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	Commission: Here,
	Timothy tayes	SUBTOTAL
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 400.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 476.30
6.	THE STATE OF THE S	\$
7	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8	THE PLANE OF THE PLANE OF THE PARTY CARD	\$ 29.00
	TO THE STATE OF THE PROPERTY O	\$ 29.00
9	O. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CA	он \$
10		\$
11		\$
12	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: ScH // PPT L//7 3 Filer ID (Ethics Commission Filers) The Instruction Guide explains how to complete this form. 2 FILER NAME 7 Amount of contribution (\$) \$ 100.00 Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Vim Shankles Contributor address; City; State; Zip Code 1-27-16 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Shanc Pourson Contributor address; City; State; Zip Code Ray 2387 New Cancy TX 77357 Employer \$ 100.00 1-27-16 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of Cartan Rentro Rita Rentro Contributor address; City; State; Zip Code 111 To Mill Lene Splendora TX 773° Employe Full name of contributor Amount of contribution (\$) Date out-of-state PAC (ID#:_ 100.00 1-22-16 Splandera TX 77372 Employer (See Instructions) Principal occupation / Job title (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.

POLITICAL EXPENDITURES MADE 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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME / inothy Hayes	3 Filer ID (Ethics Commission Filers)	
4 Date 1 - 28 - 16	5 Payee name Vaiv((54) 5i11) and Banners 7 Payee address; City, State; Zip Code	•	
6 Amount (\$)			
476.30	7825 Highway 6 S Houston	TK 77083	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	0 . =	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
OF . EXPENDITURE	Printing Expense		
	· ·	Campayn Slans	
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		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
	Out the 10th shelder	Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Date	, ayee mane		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		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			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting Banking
Consulting Expense
Consulting Expense
Consulting Expense
Expense Dentations Made by
Expense Dentations Made by

Event Expense
Fees
Food/Beverage Expense
Giff/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica	Gift/Awards/Memorials Expense Printing Expens BORTHINGS Legal Services Salaries/Wages		
	The instruction Guide explains how to comp	· · · · · · · · · · · · · · · · · · ·	
1 Total pages Schedule F4: Sch VI R PT 6/7	2 FILER NAME I smothy Itayes	3 Filer ID (Ethics Commission Filers)	
	ZED EXPENDITURES CHARGED TO A CRED	OIT CARD \$	
4 10 AEOF GIVITEIVI			
5 Base 2-20-16	6 Payse name Data Ecology LLC		
7 Amount (\$)	Pata Ecology LC 8 Payee address; City, State; Zip Code		
\$ 29.00	16 Dudley Street Fitchburg	MA 01420	
9 TYPE OF EXPENDITURE	Political Non-Political		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	·	Check if travel outside of Texas, Complete Schedule T.	
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense	
	,	Campaign Website	
11 Complete ONLY if direct expenditure to benefit C/Ol		e sought Office held	
expenditure to belieff 0/01	•		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF	Political Non-Politic	al	
EXPENDITURE	Political Non-Politic		
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.	
PURPOSE OF		Check if Austin, TX, officeholder living expense	
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/O	Oct reliance / Circulation	e sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCH	IEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Candidate/Officeholder/Political Committee Legal Services Salanes/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.			
1 Total pages Schedule G: SHII RPT7/7 4 Date 2 - 20-16 6 Amount (\$) \$ 2 9 . 00 Heimbursement from political contributions intended 8 PURPOSE OF EXPENDITURE	Timothy Hays 5 Payee name Well's Fargo Visa 7 Payee address; City: State; Zip Code Po Box 36086 (05 Anjulis) (v (a) Category (See Categories listed at the top of this schedule) (redif (ard) Payment	3 Filer ID (Ethics Commission Filers) A 90030 (b) Description ((1)'t and paper) for advertiting Check if travel outside of Texas. Complete Schedule T. e. X. 2013 L. Check if Austin, TX, officeholder living expense Office sought Office held	
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
Amount (\$) Beimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought Office held	
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder пате ЭН	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			