#### CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1	•	ics Commission Filers)	2 Total pages filed:				OFFICE U	SE ONLY
	00080298		35				Date Received	
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR Ms.	FIRST Kristin			MI	ELECTRONICAI 01/15/2016	LY FILED
	NAME							
		NICKNAME	LAST			SUFFIX		
Ŀ			Bays		<b>-</b>		Date Hand-delivered or I	Date Postmarked
4	ORIGINAL REPORT TYPE	X January 15	Runoff	L	Other (sp	ecify)		
		July 15	Exceeded \$500 lim	nit			Receipt #	Amount
		30th day before election	15th day after cam appointment (office		r			
		8th day before election	Final Report (Attac				Date Processed	
5	ORIGINAL PERIOD	Month Day Year		Month	Day	Year	Date Imaged	
	COVERED	10/30/2015	THROUGH	12/3	1/2015			
6	EXPLANATION OF (							
ľ		e with campaign funds. In m	woriginal report 1 ab	aractorized it	ac on in l	ind contribution	herause the princi-	al of the company
		s going to return my check ar I records this evening, I disco						
7	AFFIDAVIT							
				vear, or affirm l correct.	, under pe	nalty of perjury	, that this corrected	report is true
			Che	eck the box n	ext to any	and all applicat	ole statements:	
			X	was made	in good fai	th and without	affirm that the origin an intent to mislead ned in the report.	
				report not la that the rep	ater than t oort as orig ffirm, that	he 14th busines inally filed is in any error or or	that I am filing this c ss day after the date accurate or incomple ission in the report a	l learned ete. l
							Davia	
						Ms. Kristin		
	AFFIX NOTARY ST	AMP / SEAL ABOVE			Signatur	e of Candidate	or Officeholder	
	Sworp to and autor	wind hoforo ma hu tha ani-				+6:0 +1		dov <i>i</i>
		ribed before me, by the said , 20, to certi					1e	day
	01	, 20, to certi	y which, withess fily	חמווע מווע 588	a or onice.			
	Signature of offic	er administering oath	Printed name of o	fficer adminis	stering oat	n 1	Fitle of officer admini	stering oath
		Remember To Atta		The Cam	paign Fi	nance Rep		

#### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The JC/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commis 00080298		2 Total pages filed: 35	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		
OFFICEHOLDER	Ms.	Kristin			OFFICE USE ONLY	
NAME	1013.	KIISUIT			Date Received	
					ELECTRONICALLY FILED	
	NICKNAME	LAST		SUFFIX	01/15/2016	
		Bays		001111		
		-				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or Date Postmarked	
OFFICEHOLDER MAILING	11991 White Oak Path					
ADDRESS					Receipt # Amount	
Change of Address	Conroe, TX 77385					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Mr.	James				
	NICKNAME	LAST			SUFFIX	
	Randy	Bays				
6 CAMPAIGN	STREET ADDRESS (NO PC	BOX PLEASE);	APT	/ SUITE #; CITY;	STATE; ZIP CODE	
TREASURER ADDRESS	1503 Hailey					
(Residence or Business)	Conroe, TX 77301					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER	EXTENSION			
TREASURER	(936) 760-7670					
PHONE	()					
8 REPORT						
TYPE	X January 15	30th day before	e election	Runoff	15th day after campaign treasurer	
				L	appointment (officeholder only)	
	July 15	8th day before	election	Exceeded \$500 limit	Final Report (Attach C/OH-FR)	
					_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	10/30/2015	TH	HROUGH	12/31/201	5	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary		Other	
	03/01/2016	X F	Timery		Uller	
	00/01/2010		General	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
					ace 410th District Montgomery	
	GO TO PAGE 2					
<b></b>						
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.us	5	Version V1.0.3422	

#### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 3 of 35

L

13 C / OH NAME	Bays, Kristin (Ms.)		14 Filer ID 00080298	(Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without t d officeholders are required to report this information	he candidate's or offi	ceholder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
COMMITTEE CAMPAIGN TREASURER ADDRESS					
16 CONTIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 0.00	
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	<b>\$</b> 13,600.00	
EXPENDITURE TOTALS	EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			\$ 0.00	
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 17,957.58	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY OF THE	\$ 6,432.42	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 6,050.00	
17 AFFADAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.			
		M	s. Kristin Bays		
			Candidate or Officeh	older	
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subs	cribed before me, by the s	aid	, this the	day	
of	, 20, to cr	ertify which, witness my hand and seal of office.			
Signature of offic	cer administering oath	Printed name of officer administering oath	Title of offic	er administering oath	
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V1.0.34225	

#### FORM JC/OH PG 3

	FOI	RM	JC	וי
COVE	R S	ΗE	EΤ	F

4 of 35

18 FILER NAM		19 Filer ID	(Ethics Commission Filers)
Bays, Kris		00080298	
20 SCHEDUL	E SUBTOTALS		
NAME OF	SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		<b>\$</b> 13,600.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		<b>\$</b> 6,050.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	<b>\$</b> 11,957.77
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 2,935.38
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 3,064.43
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SUBTOTALS - JC/OH

The Instruc	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 1/8 Rpt: 5/35				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Bays, Kristin	(Ms.)		00080298			
4 Date 12/04/2015	5 Full name of contributor Out-of-state PAC (ID#: Boltz, Michael (Mr.)	)	7 Amount of Contribution (\$) \$100.00			
	6 Contributor address; City; State; Zip Code					
	The Woodlands, TX 77380					
8 Contributor's F	rincipal Occupation	9 Contributor's Job Title				
Law		Attorney				
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)			
Self						
12 If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)			
11/27/2015	Bowman, Charles (Mr.)		\$100.00			
	Contributor address; City; State; Zip Code					
	Houston, TX 77091					
Contributor's F	Principal Occupation	Contributor's Job Title				
Banking		Consultant				
_	mployer/law firm	Law firm of contributor's sp	pouse (if any)			
Self						
If contributor is	a child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)			
11/30/2015	Castillo, Jaime (Mr.)	· · · · · · · · · · · · · · · · · · ·	\$750.00			
	Contributor address; City; State; Zip Code					
	Houston, TX 77060					
	Principal Occupation	Contributor's Job Title				
Construction Framer						
Contributor's employer/law firm Law firm of contributor's sp			bouse (if any)			
JSC Construction, Inc.						
If contributor is	s a child, law firm of parent(s) (if any)					
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V1.0.34225			

The Instrue	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 2/8 Rpt: 6/35			
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)			
Bays, Kristin	(Ms.)		00080298		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)		
11/30/2015	Castillo, Susana (Mrs.)		\$750.00		
	6 Contributor address; City; State; Zip Code				
	Houston, TX 77060				
	Principal Occupation	9 Contributor's Job Title Office Assistant			
Managemen					
10 Contributor's e JSC Constru		<b>11</b> Law firm of contributor's sp	Jouse (II any)		
	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:	``	Amount of Contribution (\$)		
11/14/2015	Coon, Duke (Mr.)	)	\$500.00		
11/1 1/2010	Contributor address; City; State; Zip Code				
	Conroe, TX 77301				
Contributor's F	I Principal Occupation	Contributor's Job Title			
Oil field equi	pment appraisals	Appraiser			
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)		
Hadco Intern	ational, LLC				
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
12/04/2015	Creighton, G. Mark (Mr.)		\$500.00		
	Contributor address; City; State; Zip Code				
	The Woodlands, TX 77381	1			
	Principal Occupation	Contributor's Job Title			
Law Attorney					
Contributor's employer/law firm Law firm of contributor's Darden, Fowler & Creighton		Jouse (II any)			
	If contributor is a child, law firm of parent(s) (if any)				
Eorme provided	by Texas Ethics Commission www.ethic	s state tx us	Version V1 0 34225		

The Instruc	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 3/8 Rpt: 7/35	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Bays, Kristin	(Ms.)		00080298
4 Date 12/04/2015	5 Full name of contributor Out-of-state PAC (ID#: Crews, Matt (Mr.)	)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code		
	Montgomery, TX 77356		
8 Contributor's F Home health	Principal Occupation	9 Contributor's Job Title Director of Business Op	perations
10 Contributor's e		11 Law firm of contributor's sp	
LNC Health S			
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/31/2015	Dinkins, James (Judge)		\$50.00
	Contributor address; City; State; Zip Code		
	Crystal Beach, TX 77650		
Contributor's F	Principal Occupation	Contributor's Job Title	
Law		Retired Judge	
	mployer/law firm	Law firm of contributor's sp	bouse (if any)
None			
If contributor is	s a child, law firm of parent(s) (if any)		
Date 12/04/2015	Full name of contributor out-of-state PAC (ID#: Foerster, Larry (Mr.)	)	Amount of Contribution (\$) \$500.00
12/04/2013	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Conroe, TX 77301		
Contributor's F	Contributor's Principal Occupation Contributor's Job Title		
Law Attorney			
Contributor's employer/law firm Law firm of contributor's sp			bouse (if any)
Darden, Fowler & Creighton			
If contributor is	s a child, law firm of parent(s) (if any)		
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The Instrue	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 4/8 Rpt: 8/35		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Bays, Kristin	(Ms.)		00080298	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
11/11/2015	Fowler, William (Mr.)		\$1,500.00	
	6 Contributor address; City; State; Zip Code			
	Conroe, TX 77301			
8 Contributor's F	Principal Occupation	9 Contributor's Job Title		
Law		Attorney		
10 Contributor's e		<b>11</b> Law firm of contributor's sp	bouse (if any)	
The Fowler F				
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of Contribution (\$)	
11/27/2015	Gerhardt, Carl (Mr.)		\$100.00	
	Contributor address; City; State; Zip Code			
	Magnolia, TX 77354			
	Principal Occupation	Contributor's Job Title		
Retired		Retired		
	mployer/law firm	Law firm of contributor's sp	bouse (if any)	
None				
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/29/2015	Huffman, Thorn (Mr.)		\$250.00	
	Contributor address; City; State; Zip Code			
	Montgomery, TX 77356			
	Principal Occupation	Contributor's Job Title		
Oil Field Equipment Sales				
Contributor's employer/law firm Law firm of con			bouse (if any)	
Tiger Trading				
If contributor is a child, law firm of parent(s) (if any)				
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V1.0.34225	

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 5/8 Rpt: 9/35	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Bays, Kristin	(Ms.)		00080298
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/07/2015	Jordan, Charles (Mr.)		\$500.00
	6 Contributor address; City; State; Zip Code		
	Friendswood, TX 77546		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Law		Attorney	
10 Contributor's e		<b>11</b> Law firm of contributor's sp	oouse (if any)
Daughtry and			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/16/2015	Kolodzey, Kelly (Ms.)		\$250.00
	Contributor address; City; State; Zip Code		
	Buda, TX 78610		
	Principal Occupation	Contributor's Job Title	
Retired		Former Paralegal	
	employer/law firm	Law firm of contributor's sp	bouse (if any)
None			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/11/2015	Leyendecker, Kevin (Mr.)		\$250.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77010		
	Principal Occupation	Contributor's Job Title	
Law		Attorney	
Contributor's employer/law firm Law firm of contributor's sp		bouse (if any)	
P. Kevin Leyendecker, PC			
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	hy Texas Ethics Commission www.ethic	es state tx us	Version V1 0 34225

The Instrue	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 6/8 Rpt: 10/35	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Bays, Kristin	(Ms.)	00080298	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/04/2015	Mann, Alan (Mr.)		\$500.00
	6 Contributor address; City; State; Zip Code		
	Montgomery, TX 77316		
	Principal Occupation	9 Contributor's Job Title	
Oil field serv		CEO	
10 Contributor's e		<b>11</b> Law firm of contributor's sp	bouse (if any)
-	gy Directional Services, Inc.		
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
11/20/2015	Mayes, Tommie (Ms.)		\$500.00
	Contributor address; City; State; Zip Code		
	The Woodlands, TX 77380		
	Principal Occupation	Contributor's Job Title	
Homemaker		None	
	employer/law firm	Law firm of contributor's sp	bouse (if any)
None			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/12/2015	Myers, Marla (Ms.)		\$1,000.00
	Contributor address; City; State; Zip Code		
	Convert TV 77201		
	Conroe, TX 77301		
Accounting	Principal Occupation	Contributor's Job Title CPA	
	mployor/low firm		
Contributor's employer/law firm Law firm of Myers & Hadland		Law firm of contributor's sp	
If contributor is a child, law firm of parent(s) (if any)			
L Forms provided	hy Texas Ethics Commission www.ethic	s state tx us	Version V1 0 34225

The Instrue	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 7/8 Rpt: 11/35	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Bays, Kristin	(Ms.)		00080298
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
11/30/2015	Owens, Travis (Mr.)		\$250.00
	6 Contributor address; City; State; Zip Code		
	Conroe, TX 77384		
	Principal Occupation	9 Contributor's Job Title	
Law	malayar/layy firm	Attorney	
10 Contributor's e Self	anpioyennaw intri	<b>11</b> Law firm of contributor's sp	Jouse (ii any)
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/27/2015	Page, Robert (Mr.)	)	\$500.00
	Contributor address; City; State; Zip Code		
	Conroe, TX 77304		
Contributor's F	Principal Occupation	Contributor's Job Title	
Law		Attorney	
	employer/law firm	Law firm of contributor's sp	oouse (if any)
	e & Madeley, PC		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/07/2015	Ward, David (Mr.)		\$1,000.00
	Contributor address; City; State; Zip Code		
	The Woodlands, TX 77382		
Contributor's E	Principal Occupation	Contributor's Job Title	
Law		Attorney	
	employer/law firm	Law firm of contributor's sp	pouse (if any)
The Ward Law Firm The Ward Law F			
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	s state tx us	Version V1 0 34225

The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 8/8 Rpt: 12/35
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Bays, Kristin	(Ms.)		00080298
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/21/2015	Wingo, Edgar (Mr.)		\$500.00
	6 Contributor address; City; State; Zip Code		
	Conroe, TX 77385		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Security		CEO Wingo Services	
10 Contributor's e		<b>11</b> Law firm of contributor's sp	bouse (if any)
Wingo Servio			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/27/2015	Woods, Keith (Mr.)		\$250.00
	Contributor address; City; State; Zip Code		
	Houston TV 77004		
Cantributaria	Houston, TX 77094	Contributorio Job Title	
Law	Principal Occupation	Contributor's Job Title Attorney	
	employer/law firm	Law firm of contributor's sp	nouse (if any)
Self			
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/04/2015	Yollick, Eric (Mr.)	/	\$2,500.00
	Contributor address; City; State; Zip Code		
	The Woodlands, TX 77380		
Contributor's F	Principal Occupation	Contributor's Job Title	•
Law		Attorney	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
The Yollick L	aw Firm, PC		
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	cs.state.tx.us	Version V1.0.34225

	LOANS (J		SCHEDULE E(J)				
	The Instructio	n Guide explains how to complete this f	orm.	1 Total pages Schedule E(J): Sch: 1/3 Rpt: 13/35			
2	FILER NAME Bays, Kristin (Ms	5.)		<ul><li>3 Filer ID</li><li>000802</li></ul>	(Ethics Commission Filers) 298		
4	TOTAL OF UN	ITEMIZED LOANS			\$		
5	Date of loan 11/04/2015	7 Name of lender Out-of-state PA Bays, Kristin (Mrs.)	C (ID#:	)	9 Loan Amount (\$) \$50.00		
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate		
	No	Conroe, TX 77385			<b>11</b> Maturity Date		
12	Lender's Principal	Occupation	13 Lender's Job Title		•		
	Law		Attorney				
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	e (if any)			
	Bays & Bays		Bays & Bays				
16	6 If lender is child, la	w firm of parent(s) (if any)					
17	Description of Coll	ateral	18 Check if personal funds we	ere deposited			
	X None		□ N/A		(See Instructions)		
19	GUARANTOR INFORMATION	<b>20</b> Name of guarantor			22 Amount Guaranteed (\$)		
	X not applicable	<b>21</b> Guarantor address; City; State;	Zip Code				
23	Guarantor's Princi	pal Occupation	24 Guarantor's Job Title		I		
25	Guarantor's Emplo	yyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)			
27	If guarantor is child	d, law firm of parent(s) (if any)					

	LOANS (J		SCHEDULE E(J)			
	The Instructio	n Guide explains how to complete this f	orm.	1 Total pages Schedule E(J): Sch: 2/3 Rpt: 14/35		
2	FILER NAME Bays, Kristin (Ms	5.)		3 Filer ID 000802	(Ethics Commission Filers) 98	
4	TOTAL OF UN	ITEMIZED LOANS			\$	
5	Date of loan 11/09/2015	7 Name of lender Dout-of-state PA Bays, Kristin (Mrs.)	C (ID#:	)	9 Loan Amount (\$) \$1,000.00	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate	
	No	Conroe, TX 77385			<b>11</b> Maturity Date	
12	Lender's Principal	Occupation	13 Lender's Job Title		•	
	Law		Attorney			
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	e (if any)		
	Bays & Bays		Bays & Bays			
16	If lender is child, la	w firm of parent(s) (if any)				
17	Description of Coll	ateral	18 Check if personal funds we	ere deposited	l into political account	
	X None		🗌 N/A		(See Instructions)	
19	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)	
	X not applicable	<b>21</b> Guarantor address; City; State;	Zip Code			
23	Guarantor's Princi	pal Occupation	<b>24</b> Guarantor's Job Title			
25	Guarantor's Emplo	yer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)		
27	If guarantor is child	d, law firm of parent(s) (if any)				

LOANS (J	UDICIAL)			SCHEDULE E(J)		
The Instructio	n Guide explains how to complete this f	orm.	1 Total pages Schedule E(J): Sch: 3/3 Rpt: 15/35			
2 FILER NAME Bays, Kristin (Ms	5.)		<ul><li>3 Filer ID</li><li>000802</li></ul>	(Ethics Commission Filers) 98		
<sup>4</sup> TOTAL OF UN	ITEMIZED LOANS			\$		
5 Date of loan 12/28/2015	7 Name of lender Out-of-state PA Bays, Kristin	C (ID#:	)	9 Loan Amount (\$) \$5,000.00		
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate		
No	Conroe, TX 77385			<b>11</b> Maturity Date		
12 Lender's Principal	Occupation	13 Lender's Job Title		•		
Law		Attorney				
14 Lender's Employe	/Law Firm	15 Law Firm of lender's spous	e (if any)			
Bays & Bays		Bays & Bays				
16 If lender is child, la	w firm of parent(s) (if any)					
17 Description of Coll	ateral	18 Check if personal funds we	re deposited	into political account		
X None		🗆 N/A		(See Instructions)		
19 GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)		
X not applicable	21 Guarantor address; City; State;	Zip Code				
23 Guarantor's Princi	bal Occupation	24 Guarantor's Job Title				
25 Guarantor's Emplo	yer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)			
27 If guarantor is child	d, law firm of parent(s) (if any)					

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 1/7 Rpt: 16/35		Bays, Kristin (Ms.)				00080298
4	Date 12/02/2015	5	Payee name Bentwater Country Club				
6	Amount (\$) \$16.00	7	Payee address; City; State; 800 Bentwater Drive Montgomery, TX 77356	; Zip Co	de		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Event Expense	edule)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense orth Shore Republican Women
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	12/10/2015		Blackburn, Terry (Mr.)				
	Amount (\$) \$703.63		Payee address; City; State; 26002 Budde Road	; Zip Co	de		
			Spring, TX 77380				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Advertising Expense	edule)			de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	12/30/2015		Community Impact Newspaper				
	Amount (\$) \$4,590.00		Payee address; City; State; 8400 N. Sam Houston Pkwy W, #220	; Zip Co	de		
			Houston, TX 77064				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Advertising Expense	edule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense ent fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held
		_		_		_	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Sees Sod/Beverage Expensi Sift/Awards/Memorials Legal Services The Instruction Gu	se Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	ayment erhead/ pense xpense Vages/0	t/Reimbursement /Rental Expense Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
_	Sch: 2/7 Rpt: 17/35		Bays, Kristin	(Ms.)					-	00080298	· · · · · ·
4	Date	5	Payee name								
	11/20/2015		Hashmark S	trategies, LLC							
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	ode				
	\$1,500.00		8979 West E	Buffalo Circle							
			Willis, TX 77	378							
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			ges/Contract La		-	] [			de of Texas. Com	
	EXPENDITORE						[			officeholder living	•
								Voter data an	nd d	lemographic	analysis
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Offic	eholder name	(	Office sou	l Ight			Office he	eld
	Date		Payee name								
	11/25/2015		2	e Area Republic	can Women	1					
		-				Zip Co	, do				
	Amount (\$)		Payee addres	-	Sidle	, zip co	Jue				
	\$25.00		P.O. Box 73	/							
			Montgomery	, TX 77356							
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Advertising I	Expense			[				plete Schedule T.
							l			officeholder living	expense
								Candidate tat	ble	for forum	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	eholder name	(	Office sou	l Ight			Office he	eld
	Date		Payee name								
	12/07/2015			County Tea Pa	arty						
			Payee addres	-	-	; Zip Co	do				
	Amount (\$)		-	-	Sidle	, zip co	Jue				
	\$100.00		2603 E. Blue	elake Drive							
			Magnolia, TX	K 77354			-				
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Advertising I	Expense			[				plete Schedule T.
							[			officeholder living	expense
								Candidate tab	ble	tor debate	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	C	Office sou	ight			Office he	eld
-											

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reinbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)			
	Sch: 3/7 Rpt: 18/35	Bays, Kristin (Ms.)	00080298			
4	Date 12/12/2015	Payee name Office Depot				
6	Amount (\$)	Payee address; City; State; Zip Code				
o	\$110.36	27500 I-45 Hwy North Oakridge North, TX 77385				
8	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense aterials to print pushcards			
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	12/12/2015	Office Depot				
	Amount (\$) \$89.89	Payee address; City; State; Zip Code 27500 I-45 Hwy North Oakridge North, TX 77385				
	PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule)       (b) Description         Advertising Expense       Check if travel of Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense hcards and stickers for name badges			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
-	Date	Payee name				
	12/03/2015	River Plantation County Club				
	Amount (\$) \$30.00	Payee address; City; State; Zip Code 550 Country Club Drive				
		Conroe, TX 77302				
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense Montgomery County Republican ing			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	n Filers)
	Sch: 4/7 Rpt: 19/35	Bays, Kristin (Ms.) 00080298	
4	Date	5 Payee name	
	12/11/2015	Signsational Signs	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,246.19	26111 I-45	
		The Woodlands, TX 77380	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Advertising Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		250 yard signs and 10 magnetic signs	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	11/04/2015	Stripe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.75	3180 18th Street	
		San Francisco, TX 94110	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Accounting/Banking	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Debit taken from donation	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	11/20/2015	Stripe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.80	3180 18th Street	
		San Francisco, TX 94110	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Debit taken from donation	
	_		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
1	Sch: 5/7 Rpt: 20/35	Bays, Kristin (Ms.)	00080298						
4	Date 12/02/2015	Payee name Stripe							
6	Amount (\$) \$7.55	Payee address;       City;       State;       Zip Code         3180 18th Street       San Francisco, TX 94110       State;       Zip Code							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Debit taken from donation							
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/18/2015	Stripe							
	Amount (\$) \$14.80	Payee address;City;State; Zip Code3180 18th Street							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense rom donation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/28/2015	The Woodlands Chamber of Commerce							
	Amount (\$) \$75.00	Payee address;City;State;Zip Code9320 Lakeside, #200							
		The Woodlands, TX 77381							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense for candidate forum						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing Legal Services Salaries	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commiss								
	Sch: 6/7 Rpt: 21/35	Bays, Kristin (Ms.)		00080298						
4	Date	Payee name								
	12/09/2015	he Woodlands Republican Women								
6	Amount (\$) \$22.00	7 Payee address; City; State; Zip Code P.O. Box 7294 The Woodlands, TX 77387								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee for The Woodlands Republican Women lu								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	undidate/Officeholder name Office so	ught	Office held						
	Date	Payee name								
	11/18/2015	Voodforest National Bank								
	Amount (\$)	Payee address; City; State; Zip C	ode							
	\$22.80	P.O. Box 7889 The Woodlands, TX 77387								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense C <b>KS</b>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office so	ught	Office held						
	Date	ayee name								
	11/10/2015	Voodforest National Bank								
	Amount (\$) \$15.00	Payee address; City; State; Zip C P.O. Box 7889	ode							
		he Woodlands, TX 77387								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense <b>EE</b>						
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office so	ught	Office held						

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

Accour Consu Contrib Car	tising Expense nting/Banking Iting Expense butions/ Donations Made By ndidate/Officeholder/Politica Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
		1							
	bages Schedule F1: : 7/7 Rpt: 22/35	2 FILER NAM Bays, Krist					-iler ID 00080298	(Ethics Commission Filers)	
4 Date 12/20	/2015	5 Payee name Woodfores	e t National Bank						
6 Amour	nt (\$) \$3.00	<ul> <li>Payee addre</li> <li>P.O. Box 7</li> <li>The Woodl</li> </ul>		tate; Zip Co	əle				
	8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Accounting/Banking       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Bank charge for paper statement								
	lete <u>ONLY</u> if direct diture to benefit C/OF		ficeholder name	Office sou	yht		Office he	łd	
Date 12/23	/2015	Payee name d hilton ass	sociates inc						
Amour	nt (\$) \$2,370.00	_	ess; City; Si an's Mill, #200 ands, TX 77380	tate; Zip Co	e 	_			
	JRPOSE OF ENDITURE	(a) Category <sub>(s</sub> Advertising	See Categories listed at the top of thi	s schedule)	Check if Austir	in, TX, o <b>go, bι</b>	fficeholder living	olete Schedule T. expense d, and pushcard;	
	lete <u>ONLY</u> if direct diture to benefit C/OF		ficeholder name	Office sou	yht .		Office he	ld	

	EXPENDITURE	ES MADE BY CREDIT	CARD		SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Rental Expense Transportation Travel in Distric Travel Out of D			
	Total pages Schedule F4: Sch: 1/8 Rpt: 23/35	2 FILER NAME Bays, Kristin (Ms.)		3 Filer ID 00080298	(Ethics Commission Filers)
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGE	D TO A CREDIT (	CARD \$	
	Date 11/09/2015	6 Payee name Babin's			
7	Amount (\$) \$46.81	8 Payee address; City; 19529 I-45 Shenandoah, TX 77385	State; Zip Code		
9	TYPE OF EXPENDITURE	X Political	Non-Political		
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Food/Beverage Expense		escription Check if travel outside of Texas. Con Check if Austin, TX, officeholder livir Unch with supporter	
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office h	eld
	Date 11/10/2015	Payee name Black Walnut Cafe			
	Amount (\$) \$35.75	Payee address; City; 9000 New Trails Dr	State; Zip Code		
		The Woodlands, TX 77381			
	TYPE OF EXPENDITURE	X Political	Non-Political		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Food/Beverage Expense		escription Check if travel outside of Texas. Cor Check if Austin, TX, officeholder livir unch with supporter	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office h	eld

	EXPENDITURE	ES MADE	BY CRED	IT CAR	D			SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice		EXPENDITURE Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gu	e Expense	Loan Repayn Office Overhe Polling Exper Printing Expe Salaries/Wag	eent/Reimbursemen ad/Rental Expense se nse es/Contract Labor	!	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
L	Total pages Schedule F4: Sch: 2/8 Rpt: 24/35	2 FILER NAM Bays, Kris						Filer ID       (Ethics Commission Filers)         00080298
4	TOTAL OF UNITEMIZ	ZED EXPENI	DITURES CHAF	RGED TO A	A CRED	T CARD	\$	
5	Date 11/12/2015	6 Payee nam Facebook	5					
7	Amount (\$) \$25.23	8 Payee addr 1 Hacker \ Menlo Par		State;	Zip Code			
9	TYPE OF EXPENDITURE	X	Political	1	Non-Politic	al		
10	PURPOSE OF EXPENDITURE	(a) Category ( Advertising	See Categories listed at th J Expense	e top of this sche	dule) (b		stin, TX, o	le of Texas. Complete Schedule T. officeholder living expense isements
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	O	ffice sough	t		Office held
	Date 11/20/2015	Payee nam Facebook	<del>j</del>					
	Amount (\$) \$250.38	Payee addr 1 Hacker \		State;	Zip Code			
		Menlo Par	k, CA 94025					
	TYPE OF EXPENDITURE	X	Political	ı []	Non-Politic	al		
	PURPOSE OF EXPENDITURE	(a) Category ( Advertising	See Categories listed at th 3 Expense	e top of this sche	dule) (b		stin, TX, o	le of Texas. Complete Schedule T. officeholder living expense isements
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	O	ffice sough	t		Office held

	EXPENDITURE	ES MADE	BY CRED	IT CARD		SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - al Committee	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services	Loa Offii e Poll Expense Prin Sala	FOR BOX 10(a) In Repayment/Reimbursement is Overhead/Rental Expense ing Expense iries/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F4: Sch: 3/8 Rpt: 25/35	2 FILER NAM Bays, Kris				3 Filer ID (Ethics Commission Filers) 00080298
4	TOTAL OF UNITEMI	ZED EXPENI	DITURES CHAP	RGED TO A C	REDIT CARD	\$
5	Date 11/30/2015	6 Payee nam Facebook				
7	Amount (\$) \$364.63	8 Payee addr 1 Hacker \ Menlo Par	-	State; Zij	0 Code	
9	TYPE OF EXPENDITURE	X	Political	Non	-Political	
10	PURPOSE OF EXPENDITURE	(a) Category ( Advertising	See Categories listed at th	e top of this schedule)	Check if trav	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense I <b>dvertisements</b>
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office	sought	Office held
	Date 12/02/2015	Payee nam Genuwine				
	Amount (\$) \$21.00	Payee addr 6503 Farn Magnolia,	n to Market Rd 14	State; Zij 88	) Code	
╞	TYPE OF EXPENDITURE	X	Political	Non	-Political	
	PURPOSE OF EXPENDITURE		See Categories listed at the crage Expense	e top of this schedule;	Check if trav	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense meet and greet event
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office	sought	Office held

	EXPENDITURE	ES MADE BY	CREDIT C	ARD			SCHEDULE F4
Accounting/Banking         Fees         Office Overhead/Rental Expense         Tr           Consulting Expense         Food/Beverage Expense         Polling Expense         Tr           Contributions/ Donations Made By -         Git/Awards/Memorials Expense         Printing Expense         Tr							raising Expense quipment & Related Expense trict category not listed above)
	Total pages Schedule F4: Sch: 4/8 Rpt: 26/35	2 FILER NAME Bays, Kristin (Ms.)				3 Filer ID 00080298	(Ethics Commission Filers)
4	TOTAL OF UNITEMI		ES CHARGED	TO A CREI	DIT CARD	\$	
	Date 12/30/2015	6 Payee name Home Depot					
7	Amount (\$) \$21.62	<ul> <li>8 Payee address;</li> <li>19103 I-45</li> <li>Shenandoah, TX 7</li> </ul>		State; Zip Co	de		
9	TYPE OF EXPENDITURE	X Political		Non-Polit	ical		
10	PURPOSE OF EXPENDITURE	(a) Category (See Catego Advertising Expen		nis schedule)		l outside of Texas. Com n, TX, officeholder living igns	
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholde H	er name	Office sou	ght	Office he	ld
	Date 11/05/2015	Payee name Incredible Pizza					
	Amount (\$) \$15.16	Payee address; 230 S Loop 336 W	-	State; Zip Co	de		
L		Conroe, TX 77304					
	TYPE OF EXPENDITURE	X Political		Non-Polit			
	PURPOSE OF EXPENDITURE	(a) Category (See Catego Event Expense	ries listed at the top of t	nis schedule)	Check if Austin	l outside of Texas. Com n, TX, officeholder living e Forum meetin	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholde H	er name	Office sou	ght	Office he	ld

	EXPENDITUR	ES MADE	BY CRED	DIT CAR	D			SCHEDULE F4	
Accounting/Banking         Fees         Office Overhead/Rental Expense           Consulting Expense         Food/Beverage Expense         Polling Expense           Contributions/ Donations Made By -         Gift/Awards/Memorials Expense         Printing Expense							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
5	Fotal pages Schedule F4: Sch: 5/8 Rpt: 27/35	2 FILER NAM Bays, Kris					1	Filer ID       (Ethics Commission Filers)         00080298	
4	TOTAL OF UNITEMI	ZED EXPEN	DITURES CHAI	RGED TO	A CRED	IT CARD	\$		
5 [ 1	Date 12/09/2015	6 Payee nam Premium (							
7 4	Amount (\$) \$1,650.00	8 Payee addr 5512 Mitcl Houston, <sup>-</sup>	helldale	State;	Zip Code	2			
9	TYPE OF EXPENDITURE	X	Political		Non-Politic	al			
10	PURPOSE OF EXPENDITURE	(a) Category ( Advertising	(See Categories listed at t g Expense	he top of this sche	edule) (I		stin, TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	C	ffice sough	nt		Office held	
	Date 11/26/2015	Payee nam Stripe	e						
ŀ	Amount (\$) \$30.83	Payee addr 3180 18th		State;	Zip Code	9			
	TYPE OF		cisco, TX 94110						
	EXPENDITURE	×	Political		Non-Politic				
	PURPOSE OF EXPENDITURE	(a) Category ( Accounting	(See Categories listed at t g/Banking	he top of this sche	edule) (I	Check if Aus	stin, TX,	de of Texas. Complete Schedule T. officeholder living expense edit card account	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	C	ffice sough	nt		Office held	

	EXPENDITURE	ES MADE B	Y CREDIT	CARD			SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Eve Fee Foc / - Gift al Committee Leg	EXPENDITURE C. ent Expense is d/Beverage Expense /Awards/Memorials Expe al Services e Instruction Guide	Loan Rey Office Ov Polling E nse Printing E Salaries/	payment/Reimbursemen rerhead/Rental Expense xpense Expense Wages/Contract Labor	Transportation Eq Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F4: Sch: 6/8 Rpt: 28/35	2 FILER NAME Bays, Kristin (I	Ms.)			3 Filer ID 00080298	(Ethics Commission Filers)
4	TOTAL OF UNITEMIZ		JRES CHARGI	ED TO A CRE	DIT CARD	\$	
5	Date 11/27/2015	6 Payee name Vistaprint Neth	ierlands BV			·	
7	Amount (\$) \$102.99	<ul> <li>8 Payee address;</li> <li>P.O. Box 8428</li> <li>Boston, MA 02</li> </ul>	-	State; Zip C	ode		
9	TYPE OF EXPENDITURE		itical	Non-Po	itical		
10	PURPOSE OF EXPENDITURE	(a) Category (See C Advertising Ex		o of this schedule)	Check if Aus	vel outside of Texas. Comp stin, TX, officeholder living and stickers	
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officer	nolder name	Office so	ught	Office hel	d
	Date 11/27/2015	Payee name Vistaprint Neth	erlands BV				
	Amount (\$) \$24.99	Payee address; P.O. Box 8428	City; 882	State; Zip C	ode		
	TYPE OF	Boston, MA 02					
L	EXPENDITURE		itical	Non-Po	1		
	PURPOSE OF EXPENDITURE	(a) Category (See C Advertising Ex		o of this schedule)		vel outside of Texas. Comp stin, TX, officeholder living a advertising	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeh H	nolder name	Office so	ught	Office hel	d

	EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expe y - Gift/Awards/Memoria al Committee Legal Services		ISE Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)
	Total pages Schedule F4: Sch: 7/8 Rpt: 29/35	2 FILER NAME Bays, Kristin (Ms.)		3 Filer ID (Ethics Commission Filers) 00080298
4	TOTAL OF UNITEMI	ZED EXPENDITURES CHA	ARGED TO A CREDIT CARD	\$
5	Date 11/04/2015	6 Payee name Wix		
7	Amount (\$) \$50.00	<ul> <li>8 Payee address; City;</li> <li>P.O. Box 40190</li> <li>San Francisco, CA 94140</li> </ul>	State; Zip Code	
9	TYPE OF EXPENDITURE	X Political	Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at Advertising Expense	Check if	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense name for 1 year (baysforjudge.com)
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
	Date 11/04/2015	Payee name Wix		
	Amount (\$) \$97.00	Payee address; City; P.O. Box 40190	State; Zip Code	
		San Francisco, CA 94140		
	TYPE OF EXPENDITURE	X Political	Non-Political	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at Advertising Expense	Check if	i iravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

	EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense - Gift/Awards/Memorials Exp al Committee Legal Services	CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor e explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
L	Total pages Schedule F4: Sch: 8/8 Rpt: 30/35	2 FILER NAME Bays, Kristin (Ms.)		3 Filer ID (Ethics Commission Filers) 00080298
4	TOTAL OF UNITEMI	ZED EXPENDITURES CHARC	GED TO A CREDIT CARD	\$
5	Date 11/04/2015	6 Payee name Wix		
7	Amount (\$) \$194.00	<ul> <li>8 Payee address; City;</li> <li>P.O. Box 40190</li> <li>San Francisco, CA 94140</li> </ul>	State; Zip Code	
9	TYPE OF EXPENDITURE	X Political	Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Advertising Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense r <b>Ge</b>
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Γ	Date 12/28/2015	Payee name Wix		
	Amount (\$) \$4.99	Payee address; City; P.O. Box 40190	State; Zip Code	
╞	TYPE OF	San Francisco, CA 94140		
┝	EXPENDITURE	Political	Non-Political	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Advertising Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense ogram for use with website
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E /- Gift/Awards/Memorials Expense Printing	payment/Reimbursement     Solicitation/Fundraising Expense       verhead/Rental Expense     Transportation Equipment & Related Expense       ixpense     Travel in District       Expense     Travel Out of District       Wages/Contract Labor     OTHER (enter a category not listed above)	
1 Total pages Schedule G: Sch: 1/5 Rpt: 31/35	2 FILER NAME Bays, Kristin (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00080298	
4 Date 11/20/2015	5 Payee name Amegy Bank of Texas		
6 Amount (\$) \$402.97 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 26424 Salt Lake City, UT 84126-0424		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment of credit card charges for Wix, Babin's, and Incredible Pizza	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
Date 12/12/2015	Payee name Amegy Bank of Texas		
Amount (\$) \$855.80 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code 0 P.O. Box 26424 Salt Lake City, UT 84126-0424		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment for Black Walnut Cafe, Facebook, Vistaprint, Stripe and Genuwine	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
Date 12/09/2015 Amount (\$)	Payee name Conroe/Lake Conroe Chamber of Commerce		
Reimbursement from political contributions intended	Payee address; City; State; Zip Code 505 W Davis St Conroe, TX 77301		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Networking breakfast entry fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule G: Sch: 2/5 Rpt: 32/35	2 FILER NAME Bays, Kristin (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00080298
4 Date 12/03/2015	5 Payee name Incredible Pizza		
6 Amount (\$) \$7.58 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 230 S Loop 336 W Conroe, TX 77304		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description	Check if travel outside of Texas. Complete Schedule T. 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	Payee name		
12/03/2015	Incredible Pizza		
Amount (\$) \$7.58 Reimbursement from	Payee address; City; State; Zip Code 230 S Loop 336 W		
X political contributions intended	Conroe, TX 77304		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         expenditure to benefit       C/OH       Office sought       Office held		Office held	
Date	Payee name		
11/05/2015 Lake Conroe Area Republican Women			
Amount (\$) \$45.00			
X         Reimbursement from political contributions intended	Montgomery, TX 77356		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E /- Gift/Awards/Memorials Expense Printing	epayment/Reimbursement     Solicitation/Fundraising Expense       verhead/Rental Expense     Transportation Equipment & Related Expense       Expense     Travel in District       Expense     Travel Out of District       Wages/Contract Labor     OTHER (enter a category not listed above)	
1 Total pages Schedule G: Sch: 3/5 Rpt: 33/35	2 FILER NAME Bays, Kristin (Ms.)	3 Filer ID (Ethics Commission Filers) 00080298	
4 Date 11/16/2015	5 Payee name Montgomery County Republican Party		
6 Amount (\$) \$1,500.00 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 310 Metcalf Conroe, TX 77301		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Placement on the ballot fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
Date 11/06/2015	Payee name Montgomery County Republican Women		
Amount (\$) \$15.00 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Membership fee for Montgomery County Republican Women	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
Date 11/02/2015	Payee name Oak Ridge High School		
Amount (\$) \$100.00	Payee address;       City;       State;       Zip       Code         27330 Oak Ridge School Rd		
X Reimbursement from political contributions intended	Conroe, TX 77385		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Digital advertisement on basketball scoreboard	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees Office O Food/Beverage Expense Polling E By - Gift/Awards/Memorials Expense Printing	payment/Reimbursement     Solicitation/Fundraising Expense       verhead/Rental Expense     Transportation Equipment & Related Expense       xpense     Travel in District       Expense     Travel Out of District       Wages/Contract Labor     OTHER (enter a category not listed above)		
1 Total pages Schedule G: Sch: 4/5 Rpt: 34/35	2 FILER NAME Bays, Kristin (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00080298		
4 Date 11/18/2015	5 Payee name Panera Bread			
6 Amount (\$) \$21.50 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1302 W Davis Conroe, TX 77304			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch strategy meeting		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		
Date	Payee name			
11/12/2015	Signsational Signs	ada		
Amount (\$)Payee address;City;State;Zip Code\$20.0026111 I-45				
X Reimbursement from political contributions intended	The Woodlands, TX 77380			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 2 name badges		
Complete ONLY if direct       Candidate/Officeholder name       Office sought       O         expenditure to benefit       C/OH       Office sought       O		Office sought Office held		
Date 11/06/2015	Payee name The Woodlands Republican Women			
Amount (\$) \$15.00	nt (\$)     Payee address;     City;     State;     Zip Code       \$15.00     P.O. Box 7294     Figure 100 (100 (100 (100 (100 (100 (100 (100			
Reimbursement from political contributions intended	The Woodlands, TX 77387			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership fee for The Woodlands Republican Women		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reinbursement     Solicitation/Fundraising Expense       whead/Rental Expense     Transportation Equipment & Related Expense       pense     Travel in District       opense     Travel Out of District       /ages/Contract Labor     OTHER (enter a category not listed above)	
1 Total pages Schedule G: Sch: 5/5 Rpt: 35/35	2 FILER NAME Bays, Kristin (Ms.)	3 Filer ID (Ethics Commission Filers) 00080298	
4 Date 11/11/2015	5 Payee name The Woodlands Republican Women		
6 Amount (\$) \$22.00 X Political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 7294		
8 PURPOSE OF EXPENDITURE	The Woodlands, TX 77387 (a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee for lunch	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
Date 11/05/2015	Payee name Walden Country Club		
Amount (\$) \$32.00	Payee address;     City;     State;     Zip Code       13101 Melville Dr		
Reimbursement from political contributions intended	Montgomery, TX 77356		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch fee for Lake Conroe Area Republican Women lunch	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	