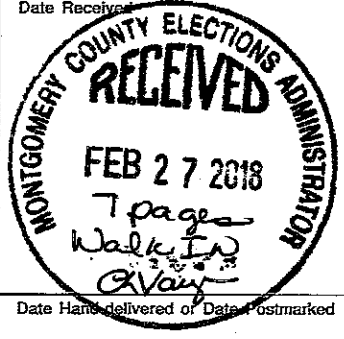


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: 0 FIRST: James MI: 0 NICKNAME: Metts LAST: Metts SUFFIX: SR	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 499 Splendora Texas 77372		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 461-6235	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: 0 FIRST: Jerley MI: S NICKNAME: Hayden LAST: Hayden SUFFIX:	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9393 Fostoria Rd, Cleveland, Texas 77328		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 797-2699		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 02 / 26 / 2018 02 / 26 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 03 / 06 / 2018	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) Justice of the Peace Pet. 4	13 OFFICE SOUGHT (if known) Montgomery County Commissioner Pet 4	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME James O. Metts Sr.

15 Filer ID (Ethics Commission Filers)

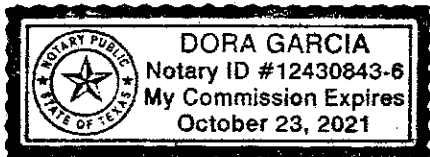
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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> </u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>16,515.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u> </u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>9534.92</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u> </u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>43189.69</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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James Metts, this the 27 day of Feb, 20 18, to certify which, witness my hand and seal of office.

Dora Garcia Dora Garcia Notary Public
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>James O. Metts Sr.</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>16,515.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>—</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>—</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>—</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>9534.92</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>—</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>—</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>—</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>—</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>—</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME James O. Metts SR.		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troy Brandon JR.	7 Amount of contribution (\$) 225.00
6 Contributor address; City; State; Zip Code 415 Falcon Crest Ln. Cleveland, Texas 77328		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/26/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troy Brandon Jr.	Amount of contribution (\$) 280.00
Contributor address; City; State; Zip Code 4115 Falcon Crest Ln. Cleveland, Texas 77328		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/26/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freddie Brooks	Amount of contribution (\$) 1825.00
Contributor address; City; State; Zip Code 284 Jeffcoat Rd., Conroe, Texas 77303		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/26/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse Purcell	Amount of contribution (\$) 75.00
Contributor address; City; State; Zip Code 21602 Hanson Dr. Porter, Texas 77365		
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: 3
2 FILER NAME Jamwo O. Metts SR.		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laurie Wiegand	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 34 Artesian Way New Caney, Texas 77357		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/26/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rand Henderson	Amount of contribution (\$) 775.00
Contributor address; City; State; Zip Code P.O. Box 1678 Conroe, Texas 77305		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/26/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Vernon	Amount of contribution (\$) 2235.00
Contributor address; City; State; Zip Code 21196 Live Oak St New Caney, Texas 77357		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/26/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn Bryant and Dianne Bryant	Amount of contribution (\$) 8500.00
Contributor address; City; State; Zip Code 916 N. Walker Rd, Cleveland, Texas 77328		
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: 3
2 FILER NAME James D. Metts SR		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J.G. Littlefield	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 7346 Tenswood dr. Conroe, Texas 77304		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2/26/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy Littlefield	Amount of contribution (\$) 2000.00
Contributor address; City; State; Zip Code P.O. Box 8616 Grangerland Texas 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>1</u>	2 FILER NAME <u>Jamie D. Metts Sr.</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>2/26/18</u>	5 Payee name <u>Boomer Precision</u>	
6 Amount (\$) <u>8370.00</u>	7 Payee address; City; State; Zip Code <u>1430 Cameron Park Ln., Spring, Texas 77386</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Event Expense</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 <u>Auction Items</u>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date <u>2/26/18</u>	Payee name <u>Proven Results Marketing</u>	
Amount (\$) <u>1164.92</u>	Payee address; City; State; Zip Code <u>27351 Blueberry Hill, Ste 351 Conroe, Texas 77385</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Office Overhead/Rental Expense</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Mail Out</u>
	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