

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 8														
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">MS / MRS / MR Mr.</td> <td style="width:30%; border-bottom: 1px solid black;">FIRST Jon</td> <td style="width:30%; border-bottom: 1px solid black;">MI H.</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center; padding-top: 5px;">Siegel</td> </tr> </table>	MS / MRS / MR Mr.	FIRST Jon	MI H.	NICKNAME	LAST	SUFFIX	Siegel			<div style="border: 2px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: small; margin: 0;">Date Received</p> <p style="font-size: small; margin: 0;">Date Hand Delivered or Postmarked</p> <p style="font-size: small; margin: 0;">Receipt Amount</p> <p style="font-size: small; margin: 0;">Date Processed</p> <p style="font-size: small; margin: 0;">Date Imaged</p> </div> <div style="margin-top: 10px; text-align: center;"> <p style="font-size: small; margin: 0;">BY: _____</p> <p style="font-size: small; margin: 0;">FRANK PHILLIPS ELECTION ADMINISTRATOR</p> <p style="font-size: small; margin: 0;">2016 JAN-4 PM 2:46</p> <p style="font-size: small; margin: 0;">TARRANT COUNTY FILED</p> </div>						
MS / MRS / MR Mr.	FIRST Jon	MI H.															
NICKNAME	LAST	SUFFIX															
Siegel																	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">ADDRESS / PO BOX;</td> <td style="width:15%; border-bottom: 1px solid black;">APT / SUITE #;</td> <td style="width:15%; border-bottom: 1px solid black;">CITY;</td> <td style="width:15%; border-bottom: 1px solid black;">STATE;</td> <td style="width:25%; border-bottom: 1px solid black;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="padding-top: 5px;"><input type="checkbox"/> change of address</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	<input type="checkbox"/> change of address										
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE													
<input type="checkbox"/> change of address																	
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">AREA CODE</td> <td style="width:40%; border-bottom: 1px solid black;">PHONE NUMBER</td> <td style="width:30%; border-bottom: 1px solid black;">EXTENSION</td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION													
AREA CODE	PHONE NUMBER	EXTENSION															
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">MS / MRS / MR Mrs.</td> <td style="width:30%; border-bottom: 1px solid black;">FIRST Suzie</td> <td style="width:30%; border-bottom: 1px solid black;">MI D.</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center; padding-top: 5px;">Siegel</td> </tr> </table>	MS / MRS / MR Mrs.	FIRST Suzie	MI D.	NICKNAME	LAST	SUFFIX	Siegel									
MS / MRS / MR Mrs.	FIRST Suzie	MI D.															
NICKNAME	LAST	SUFFIX															
Siegel																	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; border-bottom: 1px solid black;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; border-bottom: 1px solid black;">APT / SUITE #;</td> <td style="width:15%; border-bottom: 1px solid black;">CITY;</td> <td style="width:15%; border-bottom: 1px solid black;">STATE;</td> <td style="width:15%; border-bottom: 1px solid black;">ZIP CODE</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE									
STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE													
8 CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">AREA CODE</td> <td style="width:40%; border-bottom: 1px solid black;">PHONE NUMBER</td> <td style="width:30%; border-bottom: 1px solid black;">EXTENSION</td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION											
AREA CODE	PHONE NUMBER	EXTENSION															
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input checked="" type="checkbox"/> January 15</td> <td style="width:25%;"><input type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input 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)						
<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)														
<input 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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:15%; font-size: small;">Year</td> <td style="width:20%; text-align: center; font-size: small;">THROUGH</td> <td style="width:10%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:15%; font-size: small;">Year</td> </tr> <tr> <td style="text-align: center;">07</td> <td style="text-align: center;">01</td> <td style="text-align: center;">2015</td> <td></td> <td style="text-align: center;">12</td> <td style="text-align: center;">31</td> <td style="text-align: center;">2015</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	07	01	2015		12	31	2015
Month	Day	Year	THROUGH	Month	Day	Year											
07	01	2015		12	31	2015											
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ELECTION DATE</td> <td colspan="3" style="font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: x-small;">Month Day Year</td> <td style="width:30%;"><input type="checkbox"/> Primary</td> <td style="width:15%;"><input type="checkbox"/> Runoff</td> <td style="width:15%;"><input checked="" type="checkbox"/> General</td> <td style="width:15%;"><input type="checkbox"/> Special</td> </tr> <tr> <td style="text-align: center;">11 / 04 / 2012</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			ELECTION DATE	ELECTION TYPE			Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	11 / 04 / 2012				
ELECTION DATE	ELECTION TYPE																
Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special													
11 / 04 / 2012																	
12 OFFICE	OFFICE HELD (if any) Tarrant County Constable Precinct 6	13 OFFICE SOUGHT (if known)															

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME Jon H Siegel **15 ACCOUNT # (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S)

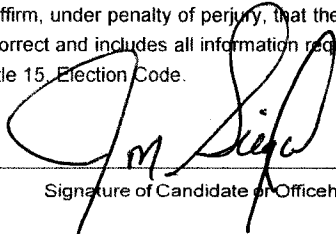
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME	BY: _____ FRANK PHILLIPS ELECTIONS ADMINISTRATOR 2016 JAN -4 PM 2:46 FILED TARRANT COUNTY
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,914.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 74,438.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 55,000.00

18 AFFIDAVIT

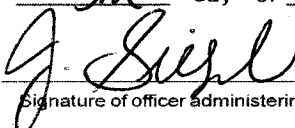
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jon H. Siegel, this the 3rd day of January, 20 14, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Jessica Siegel
 Printed name of officer administering oath

Notary Public
 Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

FILED
 TARRANT COUNTY
 2015 JAN 14 PM 2:40
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATION
 BY:

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: _____

2 FILER NAME

Jon H. Siegel

3 ACCOUNT # (Ethics Commission File #) _____

4 Date

12/17/15

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

Raymond Lifchez

6 Contributor address; City; State; Zip Code

245 Stonewall Rd., Berkeley, California 94705

7 Amount of contribution (\$)

25,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/25/15

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

Steve Greig

Contributor address; City; State; Zip Code

2902 Rivergrove Ct., Fort Worth, Texas 76116

Amount of contribution (\$)

1,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/25/15

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

Greg's RV

Contributor address; City; State; Zip Code

5050 E I20 Service Road, Wollow Park, Tx 76087

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/25/15

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

Mark Jones

Contributor address; City; State; Zip Code

3213 Essex Dr. Mansfield, Texas 76063

Amount of contribution (\$)

2,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 (1 of 4)		2 FILER NAME Jon H. Siegel		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/29/15		5 Payee name Murphy Nasica		BY: FRANK PHILLIPS ELECTIONS ADMINISTRATOR 2016 JAN -4 PM 2:46 FILED TARRANT COUNTY	
6 Amount (\$) 750.00		7 Payee address; City; State; Zip Code 815A Brazos Street #304, Austin, Texas 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T) Literature	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 8/4/15		Payee name Murphy Nasica			
Amount (\$) 50.00		Payee address; City; State; Zip Code 815A Brazos Street #304, Austin, Texas 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fee		Description (If travel outside of Texas, complete Schedule T) Consulting Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 9/2/15		Payee name Murphy Nasica			
Amount (\$) 50.00		Payee address; City; State; Zip Code 815A Brazos Street #304, Austin, Texas 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fee		Description (If travel outside of Texas, complete Schedule T) Consulting Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10/5/15		Payee name Murphy Nasica			
Amount (\$) 50.00		Payee address; City; State; Zip Code 815A Brazos Street #304, Austin, Texas 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fee		Description (If travel outside of Texas, complete Schedule T) Consulting Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

FILED
 TARRANT COUNTY
 2015 NOV - 1
 PM 2:46
 JEFFERSON PHILLIPS
 ELECTIONS ADMINISTRATOR

1 Total pages Schedule F: 4 (2 of 4)	2 FILER NAME Jon H. Siegel	3 ACCOUNT # (Ethics Commission Filer)
---	---	--

4 Date 10/7/15	5 Payee name Murphy Nasica
---------------------------------	---

6 Amount (\$) 621.07	7 Payee address; City; State; Zip Code 815A Brazos Street #304, Austin, Texas 78701
---------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Media
---------------------------------	--	---

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

Date 10/20/15	Payee name Murphy Nasica
-------------------------	------------------------------------

Amount (\$) 329.95	Payee address; City; State; Zip Code 815A Brazos Street #304, Austin, Texas 78701
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Media
------------------------	--	---

Complete <u>ONLY</u> 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 (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Date 10/22/15	Payee name Murphy Nasica
-------------------------	------------------------------------

Amount (\$) 3720.75	Payee address; City; State; Zip Code 815A Brazos Street #304, Austin, Texas 78701
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Literature
------------------------	--	--

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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

FILED
 TARRANT COUNTY
 2015 JAN 14 PM 2:46
 ELECTION ADMINISTRATOR
 FRANK HILLIPS

1 Total pages Schedule F: 4 (3 of 4)	2 FILER NAME Jon H. Siegel	3 ACCOUNT # (Enter Commission Filers)
---	---	--

4 Date 11/6/15	5 Payee name Murphy Nasica
---------------------------------	---

6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 815A Brazos Street #304, Austin, Texas 78701
---------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fee	(b) Description (If travel outside of Texas, complete Schedule T) Consulting Expense
---------------------------------	--	--

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

Date 9/14/15	Payee name USPS
------------------------	---------------------------

Amount (\$) 130.00	Payee address; City; State; Zip Code 3020 Cherry Lane, Fort Worth, Texas 76116
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T) Annual Post Office Box
------------------------	--	--

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

Date 12/11/15	Payee name Citibank Mastercard
-------------------------	--

Amount (\$) 75.00	Payee address; City; State; Zip Code P.O. Box 183071, Columbus, Ohio 43218
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T) Annual Renewal
------------------------	--	--

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

Date 11/17/15	Payee name Office Depot
-------------------------	-----------------------------------

Amount (\$) 137.76	Payee address; City; State; Zip Code 6680 West I30, Fort Worth, Texas 76116
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Office Supplies
------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 (4 of 4)	2 FILER NAME Jon H. Siegel	3 ACCOUNT # (Ethics Commission File #)
4 Date 11/16/15	5 Payee name TCGOP	
6 Amount (\$) 1000.00	7 Payee address; City; State; Zip Code 2405 Gravel Road, Fort Worth, Texas 76118	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Filing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/7/15	Payee name Murphy Nasica	
Amount (\$) 500.00	Payee address; City; State; Zip Code 815A Brazos Street #304, Austin, Texas 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T) Consulting Expense
Complete <u>ONLY</u> 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 (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> 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 (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

FILED
 TARRANT COUNTY
 2015 JAN -4 PM 2:46
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FILED
 TARRANT COUNTY
 2016 JAN-4 PM 2:16
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

The Instruction Guide explains how to complete this form. 1 Total pages Schedule K

2 FILER NAME **Jon Siegel** 3 ACCOUNT # (Ethics Commission #)

4 Date 7/1/15 - 12/31/15	5 Name of person from whom amount is received Frost Bank 6 Address of person from whom amount is received, City; State; Zip Code	8 Amount (\$) 2.36
--	--	----------------------------------

7 Purpose for which amount is received
Interest Accrued

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED