# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

P.O. Box 12070

# FORM C/OH COVER SHEET PG 1

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The C/OH Instruction	Guide explains how to compl	1	ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	-
3 CANDIDATE /	MS/MRS/MR FIR	ST	MI	OPTIOT IIO	
OFFICEHOLDER				OFFICE USE ON	LY
NAME	Mr. Jo		Н.	Date Received	
	NICKNAME LAS	ST	SUFFIX		
	Si	egel		7019	TARRANT
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE	#; CITY;	STATE; ZIP CODE		- R
MAILING				Date Hand delivered or postmarked	
ADDRESS				<i>₩</i> 5≥ +	· ==
change of address				Receipt Amount	
5 CANDIDATE/	AREA CODE PHONE NUI	MBER	EXTENSION	Date Processed 300	
OFFICEHOLDER PHONE				Date Processed R. S.	2
6 CAMPAIGN	MS/MRS/MR FIR	ST .	MI	Date Imaged S 5	
TREASURER		ızie	<b>D.</b>		
NAME	NICKNAME LAS		SUFFIX		
		egel	30117		
	J. SI	cgci			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEAS	E); APT/SUITE#:	CITY; STATE:	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU	MRFR	EXTENSION		
9 REPORT TYPE				15th day after campaign	
	X January 15 30th	day before election	Runoff	treasurer appointment (officeholder only)	
	July 15 8th c	day before election	Exceeded \$500	Final report (Attach C/OH - F	R)
			limit		
10 PERIOD	Month Day Year		Month Day	y Year	
COVERED	07 / 01 / 2015	THROUGH	12 / 31	2015	
	0// 01 / 2013		12/ 51		
			***************************************		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE			
		Primary	Runoff	K General Speci	ai
	11 / 04 / 2012				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if kno	own)	
	Tarrant County Const	able Precinct 6	·		
		GO TO PAGE	2		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

44.040.						
14 C/OH NAME	Ion H Singal		15 ACCOUNT#	Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAINTHONES	DIDATE'S OR OFFICEHO	OLDER'S KNOWLEDGE OR		
	COMMITTEE TYPE	COMMITTEE NAME	7: X8 دردر	1 63		
	GENERAL	COMMITTEE ADDRESS		TARRANT 1016 JAN -4 FRANK PH		
	SPECIFIC			NT COOL		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	200	H 2: 46		
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		\$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2	9,500.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED					
	4. TOTAL	POLITICAL EXPENDITURES	\$	7,914.53		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD			\$ 74,438.32		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 55,000.00		
No.	JESSICA DIANNE S stary Public, State of My Commission Ex June 14, 201	of Texas spires 6	l information require	red to be reported by		
AFFIX NOTARY STAM	P / SEAL ABOVE	Signature of Car	ididate <b>∮r</b> Officehoi	der		
2.1	of What	4	my hand and			
Signature of officer admir	nistering oath	Printed name of officer administering oath	NHALLY Title of office	Public radministering oath		

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS		20 SCHEDOLE ARAN
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Jon H. Siegel		3 ACCOUNT# (E	thics Commission Files
4 Date 12/17/15	5 Full name of contributorout-of-state PAC(ID#:)  Raymond Lifchez		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 245 Stonewall Rd., Berkeley, Califor	nia 94705	25,000.00 (If travel outside	       of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date 11/25/15	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/25/15	Contributor address; City; State; Zip Code  2902 Rivergrove Ct., Fort Worth, To	exas 76116	1,500.00	   
Spin-sin-slave		F1 (C1		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/25/15	Contributor address; City; State; Zip Code  5050 E I20 Service Road, Wollow P	Park, Tx 76087	1,000.00	       of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	L	or reside, complete consider ry
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/25/15	Contributor address; City; State; Zip Code  3213 Essex Dr. Mansfield, Texas 76	6063	2,000.00	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If trough outside	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				

# **POLITICAL EXPENDITURES**

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fundraising Expense Transpo Food/Beverage Expense Travel In District Contribu Polling Expense Travel Out Of District Cand				Repayment/Reimbursement portation Equipment & Related Expense butions/Donations Made By indidate/Officeholder/Political Committee R (enter a category not listed above)		
1 Total pages Schedule F: 4 (1 of 4)	2 FILER NAME Jon H. Siegel				NT # (Ethics Commiss	sion Filers)	
4 Date 7/29/15	5 Payee name Murphy Nasica		- ·		5118 5117	. =	
6 Amount (\$) 750.00	7 Payee address; City; Sta 815A Brazos Street #30	ate; Zip Code 04, Austin, Te	xas 78701	***************************************	FRANK P		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Advertising  (b) Description (If translature)  Literature				xas. compress chedule		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought				Affice held	, <del></del> <	
Date 8/4/15	Payee name Murphy Nasica	W/ Andrews State S		,		-	
Amount (\$) 50.00	Payee address; City; Sta 815A Brazos Street #30	, ,	xas 78701				
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (	If travel outside of Te	exas, complete Schedule	Γ)	
EXPENDITURE	Fee Consulting Expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	-	Office held		
Date 9/2/15	Payee name Murphy Nasica	AND	A PALACIA A A A A A A A A A A A A A A A A A A		-		
Amount (\$) 50.00	Payee address; City; Sta 815A Brazos Street #304		as 78701				
PURPOSE OF	Category (See categories listed at the top	of this schedule)			exas, complete Schedule	Γ)	
EXPENDITURE	Fee		Consul	ting Expen	se		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held		
Date 10/5/15	Payee name Murphy Nasica				-		
Amount (\$)	Payee address; City; Sta	ate; Zip Code					
50.00	815A Brazos Street #30	4, Austin, Tex	kas 78701				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)		If travel outside of Te	exas, complete Schedule 1	Γ)	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH		Office sought		Office held		
The state of the s	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS N	NEEDED			

P.O. Box 12070

#### (512) 463-5800 POLITICAL EXPENDITURES SCHEDULE **F EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimpyrsement Transportation Equipment & Relater Expense Contributions/Donations Made 85 Candidate/Officeholde//Floitical Committee Legal Services Accounting/Banking Solicitation/Fundraising Expense Consulting Expense Food/Beverage Expense Travel In District Event Expense Polling Expense Travel Out Of District Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not list above) TO E The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # (Binics Commission File Jon H. Siegel 4 (2 of 4) 4 Date 5 Payee name ISTR 10/7/15 Murphy Nasica 7 Payee address; 6 Amount (\$) City; State; Zip Code 621.07 815A Brazos Street #304, Austin, Texas 78701 (a) Category (See categories listed at the top of this schedule) PURPOSE (b) Description (If travel outside of Texas, complete Schedule T) OF Media **EXPENDITURE** Advertising Expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 10/20/15 Murphy Nasica Payee address; Amount (\$) City; State; Zip Code 329.95 815A Brazos Street #304, Austin, Texas 78701 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Advertising Expense** Media **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/22/15 Murphy Nasica Amount (\$) Payee address; City; State; Zip Code 815A Brazos Street #304, Austin, Texas 78701 3720.75 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF Literature **Advertising Expense** EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# **POLITICAL EXPENDITURES**

P.O. Box 12070

# SCHEDULE ${f F}$

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundi Food/Beverage Expense Travel in District Polling Expense Travel Out Of Di Printing Expense Office Overhead/ The Instruction Guide explains how to	contract Labor Loan Repaymet aising Expense Transportation Contributions/Education Candidate/ORental Expense OTHER (enter all Expense OTHER (enter	in/Reimbursements  quipment & Relaced Expense phations Wate By ficeholice of colitical Committee a category not listed above.
Total pages Schedule F: 4 (3 of 4)	2 FILER NAME Jon H. Siegel	3 ACCOU	NT # (EM) S Commission Eller
11/6/15	5 Payee name Murphy Nasica		2: 46 STRATOR
500.00	7 Payee address: City; State; Zip Code 815A Brazos Street #304, Austin, Tex	as 78701	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) $Fee \label{eq:Fee}$	(b) Description (If travel outside of T	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 9/14/15	Payee name USPS		
Amount (\$)	Payee address; City; State; Zip Code	NEW ROLL AND REAL AND	
130.00	3020 Cherry Lane, Fort Worth, Texa	ns 76116	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) $Fee \label{eq:Fee}$	Description (If travel outside of T  Annual Post Offi	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 12/11/15	Payee name Citibank Mastercard		
Amount (\$)	Payee address; City; State; Zip Code	A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-	
75.00	P.O. Box 183071, Columbus, Ohio 43	218	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of T	exas, complete Schedule T)
OF EXPENDITURE	Fee	Annual Renewal	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 11/17/15	Payee name Office Depot		
Amount (\$)	Payee address; City; State; Zip Code		
137.76	6680 West I30, Fort Worth, Texas 76	5116	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Advertising Expense	Description (If travel outside of T	exas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held

# **POLITICAL EXPENDITURES**

P.O. Box 12070

# SCHEDULE F

**************************************		CATEGORIES	FOR BOX 8(a)			
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment		
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundraising Expense Transportation Equ Food/Beverage Expense Travel In District Contributions/Dons					Expense
Event Expense	Polling Expense	Travel Out Of Dist	trict	Contributions/Dor Candidate/Offi	nations Made By iceholder/Political (	Committee
Fees	Printing Expense	Office Overhead/F			category not listed	
	The Instruction Guide	explains how to	complete this fo			. '
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUN	T # (Ethics Commi	
4 (4 of 4)	Jon H. Siegel				THE C	-
4 Date	5 Payee name				707	7
11/16/15	TCGOP				之方 ·	
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code	,			COUNTY PM 2: 4
1000 00	2405 Gravel Road, Fort	Worth, Texas	76118		\ == :	200
1000.00	2405 Graver Road, 1 ort	Worth, Texas	70110		TRUS	い。二
A DUDDOCE	(a) Category (See categories listed at the to	n of this echadula)	(b) Description	(If travel outside of Te	xas, complete chedul	
8 PURPOSE OF		p or this scriedule)			A COMPIE SCHOOL	יטי
EXPENDITURE	Fees		Filing	ree	1	
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough	nt	Office hel	d
expenditure to benefit C/C	DH					
Date	Payee name		NOTES TO A TO SEE SET ALL TO THE SECRET OF T			
12/7/15	Murphy Nasica					
Amount (\$)	Payee address; City; St	ate; Zip Code				
	815A Brazos Street #30	A Austin Te	xas 78701			
500.00	013A Diazos Stiect #30	, rustin, 10.	Ad3 /0/01			
PURPOSE	Category (See categories listed at the to	o of this schedule)	Description	(If travel outside of Te	xas, complete Schedule	e T)
OF		9 97 8110 961104410)	·			- '
EXPENDITURE	Fee		Cons	ulting Exper	ıse	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	nt	Office held	d
expenditure to benefit C/C						
Date	Payee name					
Amount (\$)	Payee address; City; St	ate; Zip Code				
0110000	Category /See estensivies listed at the to	n of this echedule)	Description	(If travel outside of Te	xas, complete Schedul	e T)
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EXPENDITURE						
Complete ONLY if direct	Candidate / Officeholder name		Office sough	nt	Office hel	d
expenditure to benefit C/C	DH					
Date	Payee name					and the second s
Amount (\$)	Payee address; City; St	ate; Zip Code				
			D	(If he was a second		- T\
PURPOSE OF	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Te	xas, complete Schedul	e ()
EXPENDITURE						
Complete ONLY if direct	Candidate / Officeholder name		Office sough	nt	Office hel	d
expenditure to benefit C/	ОН					
	ATTACH ADDITIONAL O	OPIES OF THIS	SCHEDULE AS	NEEDED		

Texas Ethics Com	mission P.O. Box 12070 Austin, Texas 78711-2070	(512) 463-580 <b>5</b>	TDD 1-80-735-2989)
	ST EARNED, OTHER CREDITS/GAINS OS, AND PURCHASE OF INVESTMENT		TRAPENT C
The	Instruction Guide explains how to complete this form.	1 Total pages Sche	edule KSTR 2:
2 FILER NAME	Jon Siegel	3 ACCOUNT # (E	hics Commission Hers)
4 Date 7/1/15 - 12/31/15	Frost Bank     Address of person from whom amount is received  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		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
·	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED