# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

Th = 0/0111=		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
The C/OH Instruction G	uide explains how to complete this form.		23		
3 CANDIDATE/	MS / MRS / MR FIRST	MI	AFFIGE USE ONLY		
OFFICEHOLDER NAME	mr. Johanic	Ď	ントン		
	NICKNAME LAST	SUFFIX	TARRANT  CTIONS ADM		
	JD SDARKS				
4 CANDIDATE/		CITY; STATE; ZIP CODE	1 1 ) 音 6 圣 = 1		
OFFICEHOLDER			SE → OM		
MAILING ADDRESS			AM II		
Change of Address			COUNTY  AM II: 04  **IIILLIPS **IINISTRATOR		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION			
OFFICEHOLDER PHONE			Date Hand-delivered or Date Postmarked		
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$		
TREASURER NAME	Mr. Johnnie		Date Processed		
	NICKNAME LAST	SUFFIX	Date Imaged		
	JD SpARKS				
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE #; CITY; STATE;	ZIP CODE		
ADDRESS					
(Residence or Business)					
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION			
PHONE					
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment		
			(Officeholder Only)		
	July 15 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month Day Year	Month	Day Year		
COVERED	07/01/2015	THROUGH /L/	31/2015		
		THROUGH 7 47			
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Month Day Year Primary	Runoff Other Description			
	03/01/2016 General	Special			
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known	· · · · · · · · · · · · · · · · · · ·		
		TARRANT	County		
		Constable	Pc +. 4		
			•		
GO TO PAGE 2					
	GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME		·1	5 Filer ID (Ethics Commission Filers)	
Johnn	:c D. "	JD" SPARKS		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	IOTICE OF POLITICAL <sup>*</sup> CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	COMMITTEE NAME	N -6	
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS	AM II: OU HILLIPS HINISTRATOR	
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		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)	\$ 0.00	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 229.37	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2965.31	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$ 0,00	
OUTSTANDING LOAN TOTALS	1	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	* O.OO	
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.  STATE OF TEXAS My Comm. Exp. 05-23-2016  Signature of Candidate or Officeholder				
AFFIX NOTARY STAM			10	
Sworn to and subsc		by the said John L D "JD" Spares to certify which, witness my hand and seal of office.	, this the	
Milwin	Hayin	of Milves Aguirme	Motory Public	
Signature of officer a	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	20 Filer ID (Ethics Commission Filers)
Johnnic D. "JD" Spacks	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRI	IBUTIONS \$ Ø
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <b>0</b>
4. SCHEDULE E: LOANS	\$ O
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POL	LITICAL CONTRIBUTIONS \$ \( \partial \)
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM I	POLITICAL CONTRIBUTIONS \$ O
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1831.93
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PER	\$ 1768.38
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUT	TIONS TO A BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM PO	DLITICAL CONTRIBUTIONS \$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CRETURNED TO FILER	CONTRIBUTIONS \$ O

1016 JAN -6 AM
FRANK PHILLIF

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

## SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		s now to complete this form.	
1 Total pages Schedule F4:	Johnnic D. "JO	" SDARKS	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	•	\$ 66.47
5 Date	6 Payee name V:Sta Print		
7 Amount (\$)	8 Payee address; City; State;	Zin Code	-
66.47	95 HAYDEN AVC Lex	•	TAR 2016 J ELECT
9 TYPE OF EXPENDITURE	Political	Non-Political	RAH -
10	(a) Category (See Categories listed at the top of thi	s schedule) (b) Description	
PURPOSE			travel outside of Texas Complete Self-dule T.
OF	Advertising Expen	-	75 = Z
EXPENDITURE	,	Check	if Austin, TX, officehoffer living expense —
11 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI		Smoo oodgm	
Date	Payee name		
11/15/2015	Vista Print		
Amount (\$)	Payee address; City; State;	Zip Code	
267.97	95 Hayden Ave.	Lexington, M.	a. 02421
TYPE OF		_	
EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of thi		
PURPOSE			f travel outside of Texas. Complete Schedule T.
OF Expenditure	Advertising Expens	Check	if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI		Office sought	Office Held
		Webble .	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED

## SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Overhead/Rental Expense Expense I Expense s/Wages/Contract Labor	Transpor Travel In Travel O	on/Fundraising Expense rtation Equipment & Related Expense i District out Of District ner a category not listed above)	
1 Total pages Schedule F4:	2 FILERNAME Johnnic D. "JD"		3 Filer	D (Ethics Commission Files	5)
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A C	,	\$	A N	
5 Date	6 Payee name			AM COU	ö
11/24/2015	Vista Print  8 Payee address; City; State; Zip Coo			<b>30 = 3</b>	
7 Amount (\$)	8 Payee address; City; State; Zip Coo	de		JNTY III: 05 PS STRATOR	
142.97	95 Hayden Ave. Lex.	agton, MA.	024	121	
9 TYPE OF EXPENDITURE	95 Hayden Ave. Lex.  Political Non	-Political			
10	(a) Category (See Categories listed at the top of this schedule	(b) Description	on .		
PURPOSE		Check if	travel outside	of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising Expense	Check	if Austin, TX,	officeholder living expense	
11 Complete ONLY if direct					
Date	Payee name				
11/25/2015	Vista Print				
Amount (\$)	Payee address; City; State; Zip Co	de			
144. 19	95 HAYden Ave. 1	Lexington, 1)	11 0	2421	
TYPE OF EXPENDITURE		n-Political			
PURPOSE OF	Category (See Categories listed at the top of this schedule	Check is	travel outside	of Texas. Complete Schedule T.	
EXPENDITURE	Advertising Expense	[] 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	S SCHEDULE AS NE	EDED		

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

	al Committee Legal Services Salaries/Wages/ The Instruction Guide explains how to compl		
1 Total pages Schedule F4:	Johnnie D"JD" S	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRED		
5 Date	6 Payee name		
11/25/2015	24 Hour Wristbands	( Net 6 rands Media Corp.)	
7 Amount (\$)	8 Payee address; City; State; Zip Code	, , , , , ,	
128.59	14550 Beach Nut St.	Houston, Tx. 77083	
9 TYPE OF EXPENDITURE	Political Non-Politica	N .	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Advertising Exponse	Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
Date /2015			
	Payee address; City; State; Zip Code		
12/02/2015	Payee address; City; State; Zip Code	Suite 100 Austin, Tx 78758	
12/01/2015 Amount (\$)	Payee address; City; State; Zip Code	,	
12/01/2015 Amount (\$)  375. 78  TYPE OF	Signs on the Cheap Payee address; City; State; Zip Code  11525 A Stone Lollow Dr.	al Description	
Amount (\$)  375. 78  TYPE OF EXPENDITURE  PURPOSE	Payee address; City; State; Zip Code  11525 A Stone Lo 1/ow Dr.  Political Non-Political  Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas Complete Schedule T.	
Amount (\$)  375. 78  TYPE OF EXPENDITURE	Payee address; City; State; Zip Code  11525 A Stone Lo 1/ow Dr.  Political Non-Political  Category (See Categories listed at the top of this schedule)  Political Advertising	Description Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living ownense	
Amount (\$)  375. 78  TYPE OF EXPENDITURE  PURPOSE OF	Payee address; City; State; Zip Code  11525 A Stone Lo 1/ow Dr.  Political Non-Political  Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas Complete Schedule T.	
Amount (\$)  375.78  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City; State; Zip Code  11525 A Stone Lo 1/ow Dr.  Political Non-Political  Category (See Categories listed at the top of this schedule)  Political Advertising  EXPORSE  Candidate / Officeholder name  Office	Description Check if travel outside of Texas/Complete Schedule T. Check if Austin, TX officeholder living ownerse Sought Office held	
Amount (\$)  375. 78  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Code  11525 A Stone Lo 1/ow Dr.  Political Non-Political  Category (See Categories listed at the top of this schedule)  Political Advertising  EXPORSE  Candidate / Officeholder name  Office	Description Check if travel outside of Texas/Complete Schedule T. Check if Austin, TX office helder living empense A	
Amount (\$)  375.78  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City; State; Zip Code  11525 A Stone Lo 1/ow Dr.  Political Non-Political  Category (See Categories listed at the top of this schedule)  Political Advertising  EXPORSE  Candidate / Officeholder name  Office	Description Check if travel outside of Texas/Complete Schedule T. Check if Austin, TX, officeholder living ownerse A	
Amount (\$)  375.78  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City; State; Zip Code  11525 A Stone Lo 1/ow Dr.  Political Non-Political  Category (See Categories listed at the top of this schedule)  Political Advertising  EXPORSE  Candidate / Officeholder name  Office	Description Check if travel outside of Texas/Complete Schedule T. Check if Austin, TX, officeholder living ownerse A	
Amount (\$)  375.78  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City; State; Zip Code  11525 A Stone Lo 1/ow Dr.  Political Non-Political  Category (See Categories listed at the top of this schedule)  Political Advertising  EXPORSE  Candidate / Officeholder name  Office	Description  Check if travel outside of Texas/Complete Schedule T.  Check if Austin, TX, officehelder living expense A	
Amount (\$)  375.78  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City; State; Zip Code  11525 A Stone Lo 1/ow Dr.  Political Non-Political  Category (See Categories listed at the top of this schedule)  Political Advertising  EXPORSE  Candidate / Officeholder name  Office	Description Check if travel outside of Texas/Complete Schedule T. Check if Austin, TX, officeholder living ownerse A	

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal \$ervices	Office Overnead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explai	ns how to complete this form.	
1 Total pages Schedule F4:	Johnnie D.	"JD" Sparks	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	,	\$
5 Date	6 Payee name		
12/02/2015	NAtional Pens 8 Payee address; City; State;	7:- 0-4-	
7 Amount (\$)	8 Payee address; City; State;	Zip Code	
130,00	12121 Scripps Sum	mit Dr. SAND:	10 Ka. F. 92 F1 -
9 TYPE OF EXPENDITURE	Political	Non-Political	ARRA 6 JAN FRAN CTIONS
10	(a) Category (See Categories listed at the top of the	his schedule) (b) Descriptio	9-
PURPOSE	Func	Check if	travel outside of Texas: Complete Schedule 1
OF EXPENDITURE	Advertising Expense	Check if	f Austin, TX, office Glder many expense
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Poffice Held
Date	Payee name		
12/05/15	Vista Print	MINNEY TO THE TOTAL OF THE TOTA	
Amount (\$)	Payee address; City; State;	Zip Code	
336.00	95 HAYden Ave.	Lexington, Mi	4. 02421
TYPE OF EXPENDITURE	Political	Non-Political	,
	Category (See Categories listed at the top of the		
PURPOSE OF			travel outside of Texas, Complete Schedule T.
EXPENDITURE	Political Advertising	Lypuse Lichecki	f Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
expenditure to delient G/O			
3.5.1 (MARIA MARIA M	<u> </u>		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME  Johnnie D. "JD" Sorrks  3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$		
5 Date	6 Payee name		
12/09/2015	Vista Print		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
95. 99	95 Hayden Ave. Lexington, Ma. 02421		
9 TYPE OF EXPENDITURE	Political Non-Political		
10	(a) Category (See Categories listed at the top of this schedule) (b) Description		
PURPOSE	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Advertising Expense Check if Austin, TX, officeholder living expense		
	co m		
11 Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought  Office held O			
Date	Payee name		
12/09/15	Vista Print		
Amount (\$)	Payee address; City; State; Zip Code		
143.97	Payee address; City; State; Zip Code  95 Haydon Auc. Lexington, Ma. 0242 PT		
TYPE OF EXPENDITURE	Political Non-Political		
- A	Category (See Categories listed at the top of this schedule)  Description		
PURPOSE	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Advertising Expuse Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense 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 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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Johnnie D. "JD" Sparks 4 Date 11/14/2015 6 Amount (\$) # 1000.00 2405 GRAVEL Pr. Fort Worth, TX Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule OF Filing Fees Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 12/10/2015 Lowes Home Center ee address; City; State; Zip Code Amount (\$) 4 II. IS NW Centre Dr. Fort Worth, Tx 76135 3500 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising Expense Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense ( Building Material) Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 12/10/2015 Amount (\$) 3950 Jim Wight FROY LAKE WORTH, TOXAS 76135 Reimbursement from political contributions (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising Exponse Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** \_\_ Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.	One (enter a category not issee above)	
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
3	Johnnie D. "JD." Sparks		
4 Date	5 Payee name		
11/25/2015	Staples 7 Payee address; City; State; Zip Code		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
/ 2 · 2 2  Reimbursement from political contributions intended	6313 LAKE WORTH BLUD LAKE	worth, TX 76135	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Other - Office Subbly   =	of Texas. Compares Schoolse T. officeholder Tiving expense	
9 Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name Office sought OH	ONS AN A	
Date	Payee name	1	
12/16/2015	Vista Print	ED COUNTY  AM 11: 08  ILLIPS RATOR	
Amount (\$)	Payee address; City; State; Zip Code	A <sub>A</sub>	
# 44.04		Se Se €	
Reimbursement from political contributions intended	95 Hayden Ave. Lexington, MA.	TRATOR I	
	Category (See Categories listed at the top of this schedule) (b) Description		
PURPOSE OF	Advertising Expanse Check if travel outside	of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX	, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
12/28/2015	Vista Print		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 21.79			
Reimbursement from political contributions intended	95 Hayden Ave. Lexington, MA	0242/	
BUBB CC-	Category (See Categories listed at the top of this schedule) (b) Description		
PURPOSE OF	Advertising Expanse Check if travel outside	of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX	, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Office sought OH	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
1	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		e Transpo Travel I Travel ( Other (	tion/Fundraising Expense prtation Equipment & Related Expense in District Out Of District anter a category not listed above)	
1	Total pages Schedule G:	2 FILER NAME		(Ethics Commission Fiers)	
•	7		3 File	TID (Etimes Commission Filers)	
4	Date	Johnnie D. "J" Sparks 5 Payee name			
	12/28/2015	Chase Card Services		APH APH	
6	Amount (\$)  #500.00  Reimbursement from political contributions	7 Payee address; City; State; Zip Code  P.O. Box 15153 Wilmington;	DE ,	ED COUNTY AMIL: 0	
_	intended	(A) D		<del>Σ</del> σ	
8	PURPOSE OF EXPENDITURE			Complete Schedule T. der living expense	
9	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought OH		Office held	
	Date	Payee name			
	12/08/2015	Amarica Danace			
	Amount (\$)	American Express  Payee address; City; State; Zip Code			
	\$135.00				
	Reimbursement from political contributions intended	P.O. Box 360001 Ft. LAuderdale, F	1. 3	3336 -0001	
	PURPOSE	Category (See Categories listed at the top of this schedule)  (b) Description			
	OF EXPENDITURE			Complete Schedule T.  der living expense	
		Crea. T Card Payment	in, TX, Onicenoi		
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought OH		Office held	
	Date	Payee name			
	Amount (\$)	Payee address; City; State; Zip Code			
	Reimbursement from political contributions intended				
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description			
	OF			Complete Schedule T.	
	EXPENDITURE	Check if Aust	ın, TX, officehol	der living expense	
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought OH		Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				