CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

1 ACCOUNT # 2 Total pages filed:						
The C/OH Instruction Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filers) 2 Total pages filed:						
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY			
NAME	Mr. Jon	Н.	Date Received			
	NICKNAME LAST	SUFFIX	FD.			
	Siegel		77 201 ELE(
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY,	STATE; ZIP CODE	TARRA FEB PARAMETERS OF PREMARKED TO THE PROPERTY OF			
change of address			Regeipt # 2			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged			
TREASURER NAME	Mrs. Suzie	D.				
	NICKNAME LAST	SUFFIX				
	Siegel					
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION				
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)			
	July 15 X 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 01 / 22 / 2016 THROUGH	Month Day 02 / 19	Year 2016			
11 ELECTION	Month Day Year 03 / 01 / 2016 ELECTION TYPE X Primary	Runoff	General Special			
12 OFFICE	12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)					
	Tarrant County Constable Precinct 6	Tarrant County	Constable Precinct 6			
	·					
GO TO PAGE 2						

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH COVER SHEET PG 2 **SUPPORT & TOTALS** 14 C/OH NAME 15 ACCOUNT # Ethics Commission Filers) Jon H Siegel 16 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE **POLITICAL** CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR COMMITTEE(S) CONSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. IPS ISTRATOR COMMITTEE NAME COMMITTEE TYPE **DFW Conservative Voters PAC** X GENERAL COMMITTEE ADDRESS SPECIFIC P.O. Box 173065, Arlington, Texas 76003 COMMITTEE CAMPAIGN TREASURER NAME Stuart Lane additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS P.O. Box 173065, Arlington, Texas 76003 17 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS 14,931.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED TOTALS 14,515.74 TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 71,119.00 **BALANCE** OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE **LOAN TOTALS** 55,000.00 LAST DAY OF THE REPORTING PERIOD 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. JESSICA DIANNE SIEGEL otary Public, State of Texas My Commission Expires June 14, 2016 Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ______ Jon H. Siegel

February , 20 16 , to certify which, witness my hand and seal of office.

nature of officer adr

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Jon H Siegel 20 Filer ID (Ethics Com	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,931.00
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 570.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	X SCHEDULE E: LOANS	\$ 55,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,515.74
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$.52

FRANK PHILLIPS LECTIONS ADMINISTRATOR TARRANT COUNTY

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 1 of 3
2 FILER NAME	Jon H. Siegel		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#)	7 Amount of	8 In-kind contribution
2/10/16	Tom Purvis		contribution (\$)	description (if applicable)
	5301 Byers Ave., Fort Worth, Texas 76107			TARRA FILE CHICAGO TEXAS COMPILED SCHOOL OF TE
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	AM COOL
Date	Full name of contributor		Amount of contribution (\$	in-kind contribution description (if applicable)
2/10/16	Contributor address; City; State; Zip Code 6320 Halifax Rd., Fort Worth, Tex	as 76116	200.00	
Principal occuj	pation / Job title (See Instructions)	Employer (See I	L	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/16/16	2/16/16 Apt Association of Tarrant County Contributor address; City; State; Zip Code 6350 Baker Blvd., Richland Hills, Texas 76118		1000.00	of Tayan complete Schodula T
Principal occupation / Job title (See Instructions) Employer (See		L	of Texas, complete Schedule T)	
	,			
Date	Full name of contributor out-of-state PAC (ID# Ira & Sandra Hollander		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/16/16	Contributor address; City; State; Zip Code 6921 Laurel Valley Dr., Fort Worth	n, Texas 76132	200.00	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#: James Richards)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/16/16	Contributor address; City; State; Zip Code		500.00	
	2024 Wiiliams Rd., Fort Worth, Te	xas 76111		
Drinoinal accum	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
rincipal occuj	Padon 7 Job due (Gee manuchons)	Linployer (Gee I		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 2 of 3
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
		Jon H. Siegel			
4	Date	5 Full name of contributorout-of-state PAC (ID#)	7 Amount of	8 In-kind contribution
		Rebecca Britton		contribution (\$)	description (if applicable)
	2/16/16			500.00	TARR 016 FE
	6614 Sabrosa CT. E., Fort Worth, Texas 76133		Texas 76133		FII RAN TEB 2
				(If travel outside o	of Texas complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	AM COU
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	n-kind contribution
		Rex Benson		contribution (\$)	description (If applicable)
	2/16/16	Contributor address; City; State; Zip Code			
	2/10/10			500.00	
	ļ	1520 S. University, Fort Worth, Te	xas 76107		
				(If travel outside of	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
		Bernard & Rochelle Moses		contribution (\$)	description (if applicable)
	2/1/1/			1	
	2/16/16 Contributor address; City; State; Zip Code			200.00	
4428 Overton Terrace, Fort Worth, Texas 76108					
				/If here all publishes	f Towns - consolate Cohodula T)
	Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	- Incipal occup	Sation / Job tide (See instructions)	Employer (See 1	ristructions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
		Evelyn Siegel		contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code			
	2/16/16	2.5, 2.5, 2.5, 2.5, 2.5, 2.5, 2.5, 2.5,		10,000.00	
		4109 Tamworth Rd., Fort Worth, T	exas 76116	,	
				(If travel outside o	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I		or rexus, complete concedes 17
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
		Rosalyn Rosenthal		contribution (\$)	description (if applicable)
0464		Contributor address; City; State; Zip Code		i	
	2/18/16			1000.00	
		3950 Sarita Park, Fort Worth, Te	exas 76109		,
		,		(If travel outside o	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I		The state of the s
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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 3 of 3
2	FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
		Jon H. Siegel			
4	Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of	8 In-kind contribution
		Trent Cole	· · · · · · · · · · · · · · · · · · ·	contribution (\$)	description (if applicable)
	2/18/16	6 Contributor address; City; State; Zip Code		500.00	
		3800 W. Vickery, Fort Worth, Texas	76107	(If travel outside (of Texas, complete Schedule T)
9	Principal occur	pation / Job title (See Instructions)	10 Employer (See I		
J	Timeipai occur	and it is the control of the control	To Employer (occ)	non decisio)	
	Date	Full name of contributor Out-of-state PAC (ID#)	Amount of	In-kind contribution
		Tom Annunziato		contribution (\$)	description (if applicable)
	2/18/16	Contributor address; City; State; Zip Code			
	2/10/10			100.00	
		11700 Northview Dr., Ft. Worth, T	'exas 76008		
~~~~				(If travel outside o	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	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			
	Daine de la comp	ation / Joh Aithe (Con Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
********	Date	Full name of contributor	. ]	Amount of	In-kind contribution
	Date	Just Harrie of Contributor		contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code		•	70 ELE
					TA TA
				(If travel outside o	of Texas complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I		
					हिन्दु <mark>श</mark> ्चित
	Date	Full name of contributor out-of-state PAC (ID#	)	Amount of	In-kind contribution
				contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code			PAT :
		,,,,,			0R
	and the state of t			(If travel outside o	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

~~~		VIR.410-10-10-10-10-10-10-10-10-10-10-10-10-1	
Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME Jon H. Siegel			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 2/11/16	Rebecca Britton		8 Amount of 9 In-kind contribution description \$570.00 Advertising Fee
	7 Contributor address; City; State; Zip Coc 6614 Sabrosa Ct. E. Fort Worth, Texas 76		Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired	11 Employe	er (FOR NON-JUDICIAL)(See Instructions) Retired
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor	de	Amount of . In-kind contribution Contribution \$. description
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		TARRANT COUNTY 2016 FEB 22 AM II: 40 ELECTIONS ADMINISTRATOR BY:
			ATOR

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

P.O. Box 12070

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 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Jon H. Siegel 4 Date 5 Payee name 02/04/16 **McCulley Engraving** 6 Amount (\$) 7 Payee address; City; State; Zip Code 7521 Camp Bowie, Fort Worth, Texas 76116 627.85 **PURPOSE** (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) OF Adverstising Lierature **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 02/10/16 Murphy Nasica Payee address; City; State; Zip Code Amount (\$) 815A Brazos Street #304, Austin, Texas 78701 13,887.89 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF **EXPENDITURE** Advertising Literature Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 02/03/16 Murphy Nasica Amount (\$) Payee address; City; State; Zip Code 815A Brazos Street #304, Austin, Texas 78701 500.00 Description (If travel outside of Texas, Complete S **PURPOSE** Category (See categories listed at the top of this schedule) OF Fee Consulting Expénse **EXPENDITURE** Office Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 02/10/16 Anedot Inc. Amount (\$) Payee address; City; State; Zip Code 5555 Hilton Ste 106, Baton Rouge, LA 70808 19.00 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** On-Line collection fee Fee **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

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

P.O. Box 12070

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K: 1		
2 FILER NAME	Jon Siegel 3 ACCOUNT # (EI				
4 Date	5 Name of person from whom amount is received		8 Amount (\$)		
01/01/23 -	Frost Bank		(*)		
02/19/16	6 Address of person from whom amount is received; City; State; Zip Code		.52		
	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				
annual an ann an de 16 Augustus ann an an ann an an ann an ann an an an	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	Υ	TARRANT CO 2016 FEB 22 A		
Purpose for which amount is received			AM II: WI		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	–		