CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

				1 ACCOUNT#	2 Total pages filed:
:	he G/C위 Instruction	Guide explains how to c	omplete this form.	(Ethics Commission Filers)	2 Total pages med.
3	CANDIDATE /	MS/MRS/MR	FIRST	MI	OFFICE USE ONLY
	OFFICEHOLDER MAME	Mr.	Jon	Н.	Date Received
		NICKNAME	LAST	SUFFIX	
•			Siegel		
E.	CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT /	'SUITE#. CITY;	STATE; ZIP CODE	Date Hand-delivered or Postmarked
į	priange of address				Receipt #, Amount:
	CANDIDATE/ CFEICEHOLDER PHONE	AREA CODE PHO	NE NUMBER	EXTENSION	Date Processed
E	CAMPAIGN	MS/MRS/MR	FIRST	MI	Date miaged
1	TREASURER NAME	Mrs.	Suzie	D.	
		NICKNAME	LAST	SUFFIX	\ 3 5
			Siegel		
7	CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX	PLEASE); APT/SUITE#:	CITY; STATE:	ZIP CODE
CC	CAMPAIGN TREASURER FHONE	10E1 00DE - 0101	IE AUMOED	EXTENSION	
	REPORT TYPE	January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
and the second s		July 15	8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
H H	PERIOD COVERED	Month Day Year 09 / 30 / 2010	6 THROUGH	Month Day 10 / 29 /	
A to	ELECTION	Month ELECTION DATE Day Year 11 / 08 / 2016	ELECTION TYPE Primary	Runoff X	General Special
12	OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known))
the state of the s		Tarrant County Co	onstable Precinct (Tarrant County	Constable Precinct 6
The state of the s	Annual State Sale Sale Sale Sale Sale Sale Sale Sal		GO TO PAG	E 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

JON H Siegel THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL E CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFO COMMITTEE TYPE COMMITTEE TYPE COMMITTEE NAME DFW Conservative Voters P. COMMITTEE ADDRESS P.O. Box 173065, Arlington, COMMITTEE CAMPAIGN TREASURER NAME Stuart Lane COMMITTEE CAMPAIGN TREASURER ADDRESS	ATHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR ORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. AC Texas 76003
CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFO COMMITTEE TYPE COMMITTEE NAME DFW Conservative Voters P. COMMITTEE ADDRESS P.O. Box 173065, Arlington, COMMITTEE CAMPAIGN TREASURER NAME Stuart Lane	ATHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR ORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. AC Texas 76003
DFW Conservative Voters P. Total General Committee address P.O. Box 173065, Arlington, Committee campaign treasurer name Stuart Lane	Texas 76003
SPECIFIC COMMITTEE ADDRESS P.O. Box 173065, Arlington, COMMITTEE CAMPAIGN TREASURER NAME Stuart Lane	
Stuart Lane	
saunonai pages	
COMMITTEE CAMPAIGN TREASURER ADDRESS	
P.O. Box 173065, Arlington,	, Texas 76003
1. TOTALS 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS PLEDGES, LOANS, OR GUARANTEES OF LOANS), UN	
TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES CONTRIBUTIONS)	OF LOANS)
EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,	UNLESS ITEMIZED \$
4. TOTAL POLITICAL EXPENDITURES	\$ 620.00
CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS CONTRIBUTIONS MAINTAINED A	\$ 21,750.71
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAN TOTALS LAST DAY OF THE REPORTING PERIOD	OANS AS OF THE \$ 25,000.00
CHERYL TYLER NOTARY PUBLIC STATE OF TEXAS	nder penalty of perjury, that the accompanying report and includes all information required to be reported by lection Code.
Sworn to and subscribed before me, by the said	iegel, this the
5th day of October , 20 16 , to certify which	n, witness my hand and seal of office.

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

Jon H Siegel 20 Fi	iler ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. X SCHEDULE E: LOANS	\$ 25,000.00
5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	TIONS \$ 620.00
3. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	BUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
3. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINI	ESS OF C/OH \$
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	SNOITL
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$.18

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

COLAI			
TI	ne Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:
2 FILER NAM	Jon H. Siegel		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of Contribution \$ 9 In-kind contribution description \$ \$570.00 Advertising Fee Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	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	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	otor's job title (FOR JUDICIAL) (See Instructions)
Contribu to r's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
ff contributor	ris a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
If	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction	HIS SCHEDU guide for a	JLE AS NEEDED idditional reporting requirements.

Revised 9/8/2015

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

P.O. Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form

		the instruction during explains now to	complete this form.	
1	Total pages Schedule F:	2 FILER NAME Jon H. Siegel		3 ACCOUNT # (Ethics Commission Filers)
4	Date 10/4/16	5 Payee name Murphy Nasica		
5	Amount (\$)	7 Payee address; City; State; Zip Code		
	50.00	815A Brazos Street #304		
8	PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	ivel outside of Texas, complete Schedule T)
	EXPENDITURE	Fee	Consultin	g Fees
_	Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	Date	Payee name		
	Acrount (S)	Payee address; City; State; Zip Code		
	PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (Iftra	vel outside of Texas, complete Schedule T)
	Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
	Date	Payee name		
	Amount (S)	Payee address; City; State; Zip Code		
	PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
	Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	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 tra	vei outside of Texas, complete Schedule T)
	Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

Texas Ethics Commission

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	Total pages Schedule K: 1
Jon Siegel 3 ACCOUNT # (Ethic		3 ACCOUNT # (Ethics Commission Filers)
Date 09/30/16 - 10/29/16	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 (\$)
	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	
Oate	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	