# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 16

**OFFICE USE ONLY**

Date Received

RECEIVED JUN 21 2017 BY:

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

| | | | | | |
|---|---|---|---|---|---|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST: Rockie | MI: D | NICKNAME | LAST: Gilley / SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: [redacted] | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER: [redacted] | EXTENSION | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST: Catherine | MI: A | NICKNAME: Cathy | LAST: Brown / SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: [redacted] | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER: [redacted] | EXTENSION | | | |

**9 REPORT TYPE**

- ☐ January 15
- ☒ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ July 15
- ☐ 8th day before election
- ☐ Exceeded $500 limit
- ☐ Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**

Month Day Year: 02/07/2017 THROUGH Month Day Year: 03/27/2017

**11 ELECTION**

ELECTION DATE: Month Day Year: 05/06/2017

ELECTION TYPE:
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☒ General
- ☐ Special

**12 OFFICE**

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): City Council, Place 1

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**14** C/OH NAME: Rockie D Gilley

**15** Filer ID (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.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

**17** CONTRIBUTION TOTALS

| | | |
|---|---|---|
| 1. | TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | $ 50.00 |
| 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 9202.62 |
| 3. | TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED | $ 0.00 |
| 4. | **TOTAL POLITICAL EXPENDITURES** | $ 2096.22 |
| 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 510.79 |
| 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 660.00 |

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

**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 Rockie Gilley, this the 21 day of June, 20 17, to certify which, witness my hand and seal of office.

| Kathy E. Moore | Kathy E. Moore | Deputy City Secretary |
|---|---|---|
| Signature of officer 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) |
|---|---|
| Rockie D Gilley | |

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
|---|---|---|
| 1. | ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ 1947.00 |
| 2. | ☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ 7255.62 |
| 3. | ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS | $ |
| 4. | ☒ SCHEDULE E: LOANS | $ 660.00 |
| 5. | ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 2096.22 |
| 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 | $ .01 |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME: Rockie D. Gilley

3 Filer ID (Ethics Commission Filers): —

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 3-1-17 | Judy Saunders<br>[redacted] | 100.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| — | — |

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 3-8-17 | Ronald Sturgeon<br>[redacted] | 200.00 |

| 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 ($) |
|---|---|---|
| 3-8-17 | Robert Groenhagen<br>[redacted] | 200.00 |

| 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 ($) |
|---|---|---|
| 3-13-17 | Carl Taylor<br>[redacted] | 400.00 |

| 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.**

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME: Rockie D. Gilley

3 Filer ID (Ethics Commission Filers): —

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 3-13-17 | Sandra Lee Campaign<br>[redacted] | 597.00 |

8 Principal occupation / Job title (See instructions): —

9 Employer (See instructions): —

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 3-13-17 | Tom Newsom<br>[redacted] | 100.00 |

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 ($) |
|---|---|---|
| 3-13-17 | Cathy Brown<br>[redacted] | 100.00 |

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 ($) |
|---|---|---|
| 3-22-17 | Ronald Sturgeon<br>[redacted] | 100.00 |

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.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME: Rockie D. Gilley

3 Filer ID (Ethics Commission Filers): —

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 3-27-17 | Robert Gyenhagen<br>[redacted] | 100.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| | | |

| 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 ($) |
|---|---|---|
| | | |

| 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 ($) |
|---|---|---|
| | | |

| 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.**

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 1 of 6

2 FILER NAME Rockie D. Gilley

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS $ 0.00

| 5 Date | 6 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 8 Amount of Contribution $ | 9 In-kind contribution description |
|---|---|---|---|
| 3-17-17 | Allen Ray<br>7 Contributor address; City; State; Zip Code<br>[redacted] | 500.00 | Paid for postage and printing of campaign mailer<br>☐ Check if travel outside of Texas. Complete Schedule T. |

| | |
|---|---|
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employer (FOR NON-JUDICIAL) (See Instructions) |
| 12 Contributor's principal occupation (FOR JUDICIAL) | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | 15 Law firm 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 ☐ out-of-state PAC (ID#:_____) | Amount of Contribution $ | In-kind contribution description |
|---|---|---|---|
| | Contributor address; City; State; Zip Code | | ☐ Check if travel outside of Texas. Complete Schedule T. |

| | |
|---|---|
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employer (FOR NON-JUDICIAL) (See Instructions) |
| Contributor's principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See Instructions) |
| Contributor's employer/law firm (FOR JUDICIAL) | Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 2 of 6

2 FILER NAME: Rockie D Gilley

3 Filer ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS: $ —0—

| 5 Date | 6 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 7 Contributor address; City; State; Zip Code | 8 Amount of Contribution $ | 9 In-kind contribution description |
|---|---|---|---|
| 3-1-17 | Jan Joplin [redacted] | 765.00 | advertising bill board |

☐ Check if travel outside of Texas. Complete Schedule T.

| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employer (FOR NON-JUDICIAL) (See Instructions) |
|---|---|
| candidate, Kennedale Place 5 | |
| **12 Contributor's principal occupation (FOR JUDICIAL)** | **13 Contributor's job title (FOR JUDICIAL) (See Instructions)** |
| | |
| **14 Contributor's employer/law firm (FOR JUDICIAL)** | **15 Law firm 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 ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution $ | In-kind contribution description |
|---|---|---|---|
| 3-3-17 | Cliff & Gail Uranga [redacted] | 180.00 | Towncenter rental |

☐ Check if travel outside of Texas. Complete Schedule T.

| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employer (FOR NON-JUDICIAL) (See Instructions) |
|---|---|
| | |
| **Contributor's principal occupation (FOR JUDICIAL)** | **Contributor's job title (FOR JUDICIAL) (See Instructions)** |
| | |
| **Contributor's employer/law firm (FOR JUDICIAL)** | **Law firm of contributor's spouse (if any) (FOR JUDICIAL)** |
| | |

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 3 of 6

2 FILER NAME: Rockie D. Gilley

3 Filer ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS $ — 0 —

| 5 Date | 6 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 8 Amount of Contribution $ | 9 In-kind contribution description |
|---|---|---|---|
| 3-25-17 | Compassion of Christ Ministries<br>7 Contributor address; City; State; Zip Code<br>[redacted] | 200.00 | food & drink |

☐ Check if travel outside of Texas. Complete Schedule T.

| | |
|---|---|
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employer (FOR NON-JUDICIAL) (See Instructions) |
| 12 Contributor's principal occupation (FOR JUDICIAL) | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | 15 Law firm 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 ☐ out-of-state PAC (ID#:_____) | Amount of Contribution $ | In-kind contribution description |
|---|---|---|---|
| 3-14-17 | Jan Joplin<br>Contributor address; City; State; Zip Code<br>[redacted] | 520.00 | yard signs |

☐ Check if travel outside of Texas. Complete Schedule T.

| | |
|---|---|
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions): candidate, Kennedale Place 5 | Employer (FOR NON-JUDICIAL) (See Instructions) |
| Contributor's principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See Instructions) |
| Contributor's employer/law firm (FOR JUDICIAL) | Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | |

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 4 of 6

2 FILER NAME: Rockie D. Gilley

3 Filer ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS: $ — 0 —

| 5 Date | 6 Full name of contributor ☐ out-of-state PAC (ID#:_____) 7 Contributor address; City; State; Zip Code | 8 Amount of Contribution $ | 9 In-kind contribution description |
|---|---|---|---|
| 3-10-17 | Jan Joplin [redacted] ☐ Check if travel outside of Texas. Complete Schedule T. | 567.48 | printing |

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions): Candidate, Kennedale Place 5

11 Employer (FOR NON-JUDICIAL) (See Instructions):

12 Contributor's principal occupation (FOR JUDICIAL):

13 Contributor's job title (FOR JUDICIAL) (See Instructions):

14 Contributor's employer/law firm (FOR JUDICIAL):

15 Law firm 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 ☐ out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code | Amount of Contribution $ | In-kind contribution description |
|---|---|---|---|
| 3-17-17 | Jan Joplin [redacted] ☐ Check if travel outside of Texas. Complete Schedule T. | 572.64 | printing |

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions): Candidate, Kennedale Place 5

Employer (FOR NON-JUDICIAL) (See Instructions):

Contributor's principal occupation (FOR JUDICIAL):

Contributor's job title (FOR JUDICIAL) (See Instructions):

Contributor's employer/law firm (FOR JUDICIAL):

Law firm of contributor's spouse (if any) (FOR JUDICIAL):

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL):

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 5 of 6

2 FILER NAME: Rockie D Gilley

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS: $ —0—

| 5 Date | 6 Full name of contributor ☐ out-of-state PAC (ID#: ) | 8 Amount of Contribution $ | 9 In-kind contribution description |
|---|---|---|---|
| 2-9-17 | Jan Joplin<br>7 Contributor address; City; State; Zip Code<br>[redacted] | 485.00 | printing<br>☐ Check if travel outside of Texas. Complete Schedule T. |

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions): candidate, Kennedale Place 5

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm 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 ☐ out-of-state PAC (ID#: ) | Amount of Contribution $ | In-kind contribution description |
|---|---|---|---|
| 3-10-17 | Jan Joplin<br>Contributor address; City; State; Zip Code<br>[redacted] | 1750.00 | printing<br>☐ Check if travel outside of Texas. Complete Schedule T. |

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions): candidate, Kennedale Place 5

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 6 of 6

2 FILER NAME: Rockie D. Gilley

3 Filer ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS: $ —0—

| 5 Date | 6 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 7 Contributor address; City; State; Zip Code | 8 Amount of Contribution $ | 9 In-kind contribution description |
|---|---|---|---|
| 3-13-17 | Jan Joplin [redacted] | 200.00 | printing |

☐ Check if travel outside of Texas. Complete Schedule T.

| | |
|---|---|
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions): candidate, Kennedale Place 5 | 11 Employer (FOR NON-JUDICIAL) (See Instructions) |
| 12 Contributor's principal occupation (FOR JUDICIAL) | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | 15 Law firm 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 ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution $ | In-kind contribution description |
|---|---|---|---|
| 3-15-17 | Jan Joplin [redacted] | 1515.50 | yard signs |

☐ Check if travel outside of Texas. Complete Schedule T.

| | |
|---|---|
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions): candidate, Kennedale Place 5 | Employer (FOR NON-JUDICIAL) (See Instructions) |
| Contributor's principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See Instructions) |
| Contributor's employer/law firm (FOR JUDICIAL) | Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# LOANS

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 2

2 FILER NAME: Rockie D. Gilley

3 Filer ID (Ethics Commission Filers): —

4 TOTAL OF UNITEMIZED LOANS: $0.00

| 5 Date of loan | 7 Name of lender ☐ out-of-state PAC (ID#: ) | 9 Loan Amount ($) |
|---|---|---|
| 2-21-17 | Rockie D. Gilley | 100.00 |
| 6 Is lender a financial institution? Y (N) | 8 Lender address; City; State; Zip Code [redacted] | 10 Interest rate: — |
| | | 11 Maturity date: — |

12 Principal occupation / Job title (See Instructions):

13 Employer (See Instructions):

14 Description of Collateral: ☑ none

15 Check if personal funds were deposited into political account (See Instructions): ☑

| 16 GUARANTOR INFORMATION | 17 Name of guarantor | 19 Amount Guaranteed ($) |
|---|---|---|
| ☑ not applicable | 18 Guarantor address; City; State; Zip Code | |

20 Principal Occupation (See Instructions):

21 Employer (See Instructions):

| Date of loan | Name of lender ☐ out-of-state PAC (ID#: ) | Loan Amount ($) |
|---|---|---|
| 3-13-17 | Rockie D. Gilley | 200.00 |
| Is lender a financial institution? Y (N) | Lender address; City; State; Zip Code [redacted] | Interest rate: — |
| | | Maturity date: — |

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Description of Collateral: ☑ none

Check if personal funds were deposited into political account (See Instructions): ☑

| GUARANTOR INFORMATION | Name of guarantor | Amount Guaranteed ($) |
|---|---|---|
| ☐ not applicable | Guarantor address; City; State; Zip Code | |

Principal Occupation (See Instructions):

Employer (See Instructions):

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.**

# LOANS

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 2

2 FILER NAME: Rockie D. Gilley

3 Filer ID (Ethics Commission Filers): —

4 TOTAL OF UNITEMIZED LOANS: $ 0.00

5 Date of loan: 3-25-17

7 Name of lender: Rockie D. Gilley ☐ out-of-state PAC (ID#: _____ )

9 Loan Amount ($): 360.00

6 Is lender a financial institution? Y (N)

8 Lender address; City; State; Zip Code: [redacted]

10 Interest rate: —

11 Maturity date: —

12 Principal occupation / Job title (See Instructions):

13 Employer (See Instructions):

14 Description of Collateral: ☑ none

15 Check if personal funds were deposited into political account (See Instructions): ☑

16 GUARANTOR INFORMATION: ☐ not applicable

17 Name of guarantor:

18 Guarantor address; City; State; Zip Code:

19 Amount Guaranteed ($):

20 Principal Occupation (See Instructions):

21 Employer (See Instructions):

Date of loan:

Name of lender: ☐ out-of-state PAC (ID#: _____ )

Loan Amount ($):

Is lender a financial institution? Y N

Lender address; City; State; Zip Code:

Interest rate:

Maturity date:

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Description of Collateral: ☐ none

Check if personal funds were deposited into political account (See Instructions): ☐

GUARANTOR INFORMATION: ☐ not applicable

Name of guarantor:

Guarantor address; City; State; Zip Code:

Amount Guaranteed ($):

Principal Occupation (See Instructions):

Employer (See Instructions):

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
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)

**The Instruction Guide explains how to complete this form.**

| | | |
|---|---|---|
| 1 Total pages Schedule F1: 1 | 2 FILER NAME Rockie D. Gilley | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3-17-17 | 5 Payee name Allen Ray Associates | |
| 6 Amount ($) 991.41 | 7 Payee address; City; State; Zip Code [redacted] | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule): Advertising Expense | (b) Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense. Design, print, and mail campaign flyer. |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| | | |
|---|---|---|
| Date 3-27-17 | Payee name Rusty Boden | |
| Amount ($) 500.00 | Payee address; City; State; Zip Code [redacted] | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): Event Expense | Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense. Band music at campaign event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| | | |
|---|---|---|
| Date 3-27-17 | Payee name Allen Ray Associates | |
| Amount ($) 604.81 | Payee address; City; State; Zip Code [redacted] | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): Advertising Expense | Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense. Design, print, and mail campaign flyer |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME: Rockie D. Gilley

3 Filer ID (Ethics Commission Filers): —

| 4 Date | 5 Name of person from whom amount is received / 6 Address of person from whom amount is received; City; State; Zip Code | 8 Amount ($) |
|---|---|---|
| 3-17-17 | Woodforest Bank<br>[redacted] | 0.01 |
| | 7 Purpose for which amount is received: interest on deposit account — ☐ Check if political contribution returned to filer | |

| 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 — ☐ Check if political contribution returned to filer | |

| 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 — ☐ Check if political contribution returned to filer | |

| 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 — ☐ Check if political contribution returned to filer | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED