

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Janice Lee Joplin 15 Filer ID (Ethics Commission Filers)

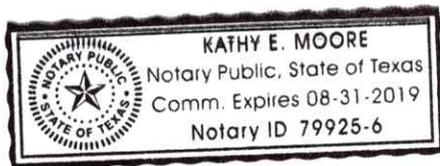
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 361.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) <i>line 1 + A1 + A2</i>	\$ 5,741.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 6.09
	4. TOTAL POLITICAL EXPENDITURES <i>line 3 + F1 + F2 + F4 + G + H</i>	\$ 10,960.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 619.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Jan Joplin
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Janice Lee Joplin, this the 4 day of April, 2017, 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

Janice Lee Joplin

3 Filer ID (Ethics Commission Filers)

4 Date

3-8-17

5 Full name of contributor

Bob Gruegenhagen

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

200.00

Contributor address: _____ City: _____ State: _____ Zip Code: _____

[REDACTED]

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-13-17

Full name of contributor

Cathy Brown

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-13-17

Full name of contributor

Tom Newsom

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-13-17

Full name of contributor

Merlyn Eckles

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address: _____ City: _____ State: _____ Zip Code: _____

[REDACTED]

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:

4

2 FILER NAME

Janice Lee Joplin

3 Filer ID (Ethics Commission Filers)

—

4 Date

3-15-17

5 Full name of contributor

Cindy Hall

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

—

9 Employer (See Instructions)

—

Date

3-15-17

Full name of contributor

Eric Elam

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

—

Employer (See Instructions)

—

Date

3-22-17

Full name of contributor

Hollis Matthews

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

—

Employer (See Instructions)

—

Date

3-25-17

Full name of contributor

Robert Gruenhagen

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

[REDACTED]

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: <u>4</u>
2 FILER NAME <u>Janice Lee Joplin</u>		3 Filer ID (Ethics Commission Filers) <u> </u>
4 Date <u>3-25-17</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tanisha Edwards</u>	7 Amount of contribution (\$) <u>100.00</u>
6 Contributor address; City; State; Zip Code <u>[REDACTED]</u>		
8 Principal occupation / Job title (See Instructions) <u> </u>		9 Employer (See Instructions) <u> </u>
Date <u>3-27-17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rajinder Sharma</u>	Amount of contribution (\$) <u>1,000.00</u>
Contributor address; City; State; Zip Code <u>[REDACTED]</u>		
Principal occupation / Job title (See Instructions) <u> </u>		Employer (See Instructions) <u> </u>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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: <u>1</u>	
2 FILER NAME <i>Janice Lee Joplin</i>		3 Filer ID (Ethics Commission Filers) <u> </u>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>0.00</u>	
5 Date <i>3-3-17</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cliff + Gail Uranga</i>	8 Amount of Contribution \$ <i>180.00</i>	9 In-kind contribution description <i>Towncenter pavilion rental for campaign activity.</i>
7 Contributor address: _____ City: _____ State: _____ Zip Code _____ <div style="background-color: black; width: 100%; height: 20px;"></div>		<input type="checkbox"/> 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 <i>3-25-17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Compassion of Christ Ministries</i>	Amount of Contribution \$ <i>200.00</i>	In-kind contribution description <i>Food + drinks for campaign picnic</i>
7 Contributor address: _____ City: _____ State: _____ Zip Code _____ <div style="background-color: black; width: 100%; height: 20px;"></div>		<input type="checkbox"/> 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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>Janice Lee Joplin</u>		3 Filer ID (Ethics Commission Filers) <u> </u>
4 TOTAL OF UNITEMIZED LOANS		\$ <u>0.00</u>
5 Date of loan <u>2-24-17</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Janice Lee Joplin</u>	9 Loan Amount (\$) <u>500.00</u>
6 Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; _____ City; _____ State; _____ Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>	10 Interest rate <u>None</u>
		11 Maturity date <u>None</u>
12 Principal occupation / Job title (See Instructions) <u> </u>		13 Employer (See Instructions) <u> </u>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor <u> </u> 18 Guarantor address; _____ City; _____ State; _____ Zip Code	19 Amount Guaranteed (\$) <u> </u>
20 Principal Occupation (See Instructions) <u> </u>		21 Employer (See Instructions) <u> </u>
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y <input type="radio"/> N <input type="radio"/>	Lender address; _____ City; _____ State; _____ Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor <u> </u> 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1</i>	2 FILER NAME <i>Janice Lee Joplin</i>	3 Filer ID (Ethics Commission Filers) <i>—</i>
4 Date <i>3-1-17</i>	5 Payee name <i>Expenditure made to Sandra Lee Campaign to reimburse for vendor payment made to Clear Channel</i>	
6 Amount (\$) <i>765.00</i>	7 Payee address; City; State; Zip Code <i>[Redacted]</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Billboard campaign sign with 3 candidates featured, including Jan Joplin.</i>
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>3-14-17</i>	Payee name <i>Ink Well</i>	
Amount (\$) <i>520.00</i>	<i>[Redacted]</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Yard signs</i>
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>3-27-17</i>	Payee name <i>Janice Lee Joplin</i>	
Amount (\$) <i>3,950.50</i>	<i>[Redacted]</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Reimbursement</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Reimbursement for political expenditures made from Jan Joplin's personal funds.</i>
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	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	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>4</i>	2 FILER NAME <i>Janice Lee Joplin</i>	3 Filer ID (Ethics Commission Filers) <i>—</i>
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>0.00</i>
5 Date <i>3-10-17</i>	6 Payee name <i>B+C Printing</i>	
7 Amount (\$) <i>567.48</i>	8 Payee address: City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Door hangers + Flyers for Campaign, feathers #13 candidates including Jan Joplin</i>
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3-13-17</i>	Payee name <i>Office Depot</i>	
Amount (\$) <i>172.78</i>	Payee address: City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Copies of flyers to handout advertising at Campaign event/picnic</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	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	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>4</i>	2 FILER NAME <i>Janice Lee Joplin</i>	3 Filer ID (Ethics Commission Filers) <i>_____</i>
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>0.00</i>
5 Date <i>3-17-17</i>	6 Payee name <i>B+C Printing</i>	
7 Amount (\$) <i>572.64</i>	8 Payee address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Door hangers & flyers for Campaign features all 3 candidates including Jan Joplin.</i>
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <i>_____</i> Office held <i>_____</i>

Date <i>3-22-17</i>	Payee name <i>Walmart</i>		
Amount (\$) <i>65.26</i>	Payee address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Ink for printing Campaign material</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <i>_____</i>	Office held <i>_____</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	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	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>4</i>	2 FILER NAME <i>Janice Lee Joplin</i>	3 Filer ID (Ethics Commission Filers) <i>_____</i>
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>3-22-17</i>	6 Payee name <i>Office Depot</i>	
7 Amount (\$) <i>18.96</i>	[REDACTED]	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Copy marketing material</i>
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | 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 | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>4</i>	2 FILER NAME <i>Janice Lee Joplin</i>	3 Filer ID (Ethics Commission Filers) <i>—</i>
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>0.00</i>
5 Date <i>3-16-17</i>	6 Payee name <i>Office Depot</i>	
7 Amount (\$) <i>168.46</i>	8 Payee address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Copies of flyers to handout advertising campaign event picnic</i>
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3-16-17</i>	Payee name <i>Office Depot</i>	
Amount (\$) <i>203.02</i>	Payee address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Copies of flyers to handout advertising campaign event picnic</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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
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 G: <i>2</i>	2 FILER NAME <i>Janice Lee Joplin</i>	3 Filer ID (Ethics Commission Filers) <i>—</i>
4 Date <i>2-9-17</i>	5 Payee name <i>Ink Well</i>	
6 Amount (\$) <i>485.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Campaign T-Shirts</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3-10-17</i>	Payee name <i>Ink Well</i>	
Amount (\$) <i>1,750.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Yard signs</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3-13-17</i>	Payee name <i>Ink Well</i>	
Amount (\$) <i>200.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Yard signs</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> 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: <u>1</u>
2 FILER NAME <u>Janice Lee Joplin</u>		3 Filer ID (Ethics Commission Filers) <u> </u>
4 Date <u>3-24-17</u>	5 Name of person from whom amount is received <u>Woodforest Bank</u> 6 Address of person from whom amount is received; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>	8 Amount (\$) <u>0.05</u>
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <u>interest on deposit account</u>		
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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Check if political contribution returned to filer		

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