

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: <div style="text-align: right; font-size: 2em;">12</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Jan</div> <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Joplin</div>	<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> <hr/> Date Received <div style="text-align: center; font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold;">APR 05 2018</div> <div style="text-align: center; color: blue; font-weight: bold;">BY: 1:46pm</div> <div style="text-align: center; font-size: 1.5em;">JS</div> <hr/> Date Hand-delivered or Date Postmarked									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; height: 40px; width: 100%;"></div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 30px; width: 100%;"></div>	Date Hand-delivered or Date Postmarked									
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Richard</div> <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Weber</div>	Receipt #	Amount \$								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; height: 60px; width: 100%;"></div>	Date Processed	Date Imaged								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 50px; width: 100%;"></div>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)								
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em;">02 / 23 / 2018</td> <td></td> <td style="text-align: center; font-size: 1.5em;">03 / 26 / 2018</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	02 / 23 / 2018		03 / 26 / 2018		
Month Day Year	THROUGH	Month Day Year									
02 / 23 / 2018		03 / 26 / 2018									
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.5em;">05 / 05 / 18</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 1.5em;">Kennedale City Council - Place 5</div>	13 OFFICE SOUGHT (if known) <div style="font-size: 1.5em;">Kennedale Mayor</div>									
GO TO PAGE 2											

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Jan 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

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

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2720.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 108.79

4. TOTAL POLITICAL EXPENDITURES

\$ 2033.30

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 1878.12

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 701.80

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.

Jan Joplin
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jan Joplin, this the 5th day of April, 2013, to certify which, witness my hand and seal of office.

Leslie Galloway
Signature of officer administering oath

Leslie Galloway
Printed name of officer administering oath

City Secretary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2720.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 278.97
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 201.80
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1924.51
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$.02

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 4

2 FILER NAME

Jan Joplin

3 Filer ID (Ethics Commission Files)

4 Date

03/13/18

5 Full name of contributor

Martha Cornett

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address: _____
City, State, Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/17/18

Full name of contributor

Doug & Cathy Elliott

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$100.00

Contributor address: _____
City, State, Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/18/18

Full name of contributor

Beverly Cooper

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$50.00

Contributor address: _____
City, State, Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/18

Full name of contributor

Robert Gruenhagen

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$500.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 4

2 FILER NAME

Jan Joplin

3 Filer ID (Ethics Commission Filers)

4 Date

03/21/18

5 Full name of contributor

out-of-state PAC (ID# _____)

Rockie & Val Gilley

7 Amount of contribution (\$)

\$100.00

6 Contributor address:

City: State: Zip Code:

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date

03/08/18

Full name of contributor

out-of-state PAC (ID# _____)

Norm Robinson

Amount of contribution (\$)

\$100.00

Contributor address:

City: State: Zip Code:

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

03/08/18

Full name of contributor

out-of-state PAC (ID# _____)

Amber Fisch

Amount of contribution (\$)

\$200.00

Contributor address:

City: State: Zip Code:

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

03/08/18

Full name of contributor

out-of-state PAC (ID# _____)

Loree Boyd

Amount of contribution (\$)

\$100.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 4

2 FILER NAME

Jan Joplin

3 Filer ID (Ethics Commission Filers)

4 Date

03/08/18

5 Full name of contributor

Ron Sturgeon

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$300.00

6 Contributor address: City, State, Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/08/18

Full name of contributor

Jerry O'Rear

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$100.00

Contributor address: City, State, Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/08/18

Full name of contributor

Brad Polly

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$20.00

Contributor address: City, State, Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/10/18

Full name of contributor

Jakay Saunders

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$500.00

Contributor address: City, State, Zip Code

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Lone Star Comics

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 of 4

2 FILER NAME

Jan Joplin

3 Filer ID (Ethics Commission Filers)

4 Date

03/11/18

5 Full name of contributor

Cathy Brown

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address: City State Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/14/18

Full name of contributor

Cliff & Gail Uranga

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$100.00

Contributor address: City State Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/18

Full name of contributor

Debbie Weems

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$100.00

Contributor address: City State Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/19/18

Full name of contributor

Ron Sturgeon

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$250.00

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 <u>Jan Joplin</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ _____	
5 Date <u>03/17/18</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sandra Lee</u>	8 Amount of Contribution \$ <u>\$ 59.50</u>	9 In-kind contribution description <u>* printing</u>
7 Contributor address: _____ City: _____ State: _____ Zip Code: _____		<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 <u>03/19/18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sandra Lee</u>	Amount of Contribution \$ <u>\$ 219.47</u>	In-kind contribution description <u>printing</u>
Contributor address: _____ City: _____ State: _____ Zip Code: _____		<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: 1

2 FILER NAME

Jan Joplin

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ \$201.80

5 Date of loan
02/20/18

7 Name of lender out-of-state PAC (ID: _____)
Jan Joplin

9 Loan Amount (\$)
\$201.80

6 Is lender a financial institution?
Y N

8 Lender address; _____ City, State, Zip Code

10 Interest rate
0.00%

11 Maturity date

12 Principal occupation / Job title (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

18 Guarantor address; _____ City, State, Zip Code

19 Amount Guaranteed (\$)

not applicable

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? Lender address; _____ City, State, Zip Code

Interest rate

Y N

Maturity date

Principal occupation / Job title (See instructions) Employer (See instructions)

Description of Collateral Check if personal funds were deposited into political account (See instructions)
 none

GUARANTOR INFORMATION Name of guarantor

Guarantor address; _____ City, State, Zip Code

Amount Guaranteed (\$)

not applicable

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: 1 of 2	2 FILER NAME Jan Joplin	3 Filer ID (Ethics Commission Filers)		
4 Date 2/20/18	5 Payee name GoDaddy			
6 Amount (\$) \$46.01	7 Payee address; City; State; Zip Code [REDACTED]			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
		<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit GOH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>	9 Complete <u>ONLY</u> if direct expenditure to benefit GOH	Candidate / Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit GOH	Candidate / Officeholder name	Office sought	Office held	
Date 02/21/18	Payee name GoDaddy			
Amount (\$) 2/27 refund 153.38 50.99 \$102.39	Payee address [REDACTED]			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
		<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit GOH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>	9 Complete <u>ONLY</u> if direct expenditure to benefit GOH	Candidate / Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit GOH	Candidate / Officeholder name	Office sought	Office held	
Date 03/17/18	Payee name GoDaddy			
Amount (\$) \$12.41	Payee address; City; State; Zip Code [REDACTED]			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
		<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit GOH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>	9 Complete <u>ONLY</u> if direct expenditure to benefit GOH	Candidate / Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit GOH	Candidate / Officeholder name	Office sought	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 2 of 2	2 FILER NAME Jan Joplin	3 Filer ID (Ethics Commission Filers)
4 Date 03/08/18	5 Payee name Permit Print	
6 Amount (\$) \$1563.70	7 Payee address; City; State; Zip Code [REDACTED]	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 03/19/18	Payee name Sandra Lee	
Amount (\$) \$200.00	Payee address; City; State; Zip Code [REDACTED]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit COH	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>Jan Joplin</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>03-17-18</u>	5 Name of person from whom amount is received <u>Woodforest National Bank</u>	8 Amount (\$) <u>.02</u>
	6 Address of person from whom amount is received; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>	
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <u>interest on checking acct</u>		
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 <input type="checkbox"/> Check if political contribution returned to filer		
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 <input type="checkbox"/> Check if political contribution returned to filer		
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 <input type="checkbox"/> Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED