

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission Filers) **2 Total pages filed:**

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS / MRS / MR: Mr. FIRST: Christopher MI: NICKNAME: LAST: Jones SUFFIX: II

**OFFICE USE ONLY**  
 Date Received: City Clerk  
 OCT 11 2011  
 City of San Marcos  
 Date Hand-delivered or Postmarked  
 Receipt # Amount  
 Date Processed  
 Date Imaged

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 206 Hay Barn  
 San Marcos TX 78666  
 change of address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
 (512) 800 4290

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR: Mr. FIRST: Harvey MI: NICKNAME: LAST: Miller SUFFIX:

**7 CAMPAIGN TREASURER ADDRESS (residence or business)**  
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 2020 Nevada St  
 San Marcos TX 78666

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
 (512) 396 4903

**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 THROUGH Month Day Year  
 7 / 16 / 2011 THROUGH 10 / 8 / 2011

**11 ELECTION**  
 ELECTION DATE: Month Day Year: 11 / 8 / 2011  
 ELECTION TYPE:  Primary  Runoff  General  Special

**12 OFFICE**  
 OFFICE HELD (if any): Place 4 Councilmember

**13 OFFICE SOUGHT (if known)**  
 Same

**14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS**  
 DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.  
 Name: \_\_\_\_\_  
 Address / PO Box; Apt. / Suite #: City; State; Zip Code  
 additional pages

**GO TO PAGE 2**

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrence McCabe 6 Contributor address; City; State; Zip Code <del>1315</del> 1315 Alamo St San Marcos TX 78666	7 Amount of contribution (\$) 100. <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date 8/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naghma Warrach Contributor address; City; State; Zip Code 114 Split Rail San Marcos TX 78666	Amount of contribution (\$) 200 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Conley Contributor address; City; State; Zip Code 914 Tate Trail San Marcos TX 78666	Amount of contribution (\$) 100 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 8/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Conley Contributor address; City; State; Zip Code 914 Tate Trail San Marcos TX 78666	Amount of contribution (\$) 200 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 9/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jude Prather Contributor address; City; State; Zip Code 400 Browne Ter San Marcos TX 78666	Amount of contribution (\$) 150 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>John Leonard</u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/22	6 Contributor address; City; State; Zip Code <u>Box 1254 (2705 Leslie Ln) San Marcos TX 78666</u>	100	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Everett L Smith</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/22	Contributor address; City; State; Zip Code <u>16 Cedarpark Drive San Marcos TX 78666</u>	100	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Jefferson W Barton</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/22	Contributor address; City; State; Zip Code <u>201 Marietara Way Buda TX 78610</u>	50	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>James Skipton</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/22	Contributor address; City; State; Zip Code <u>7890 Hw 290 Dripping Springs TX 78620</u>	50	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Sherri Benn</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/16	Contributor address; City; State; Zip Code <u>2109 Alton Loop New Braunfels TX 78130</u>	50	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/27	Elvin Holt 6 Contributor address; City; State; Zip Code 329 E Grove San Marcos TX 78666	100 (If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/22	Ted Hindson Contributor address; City; State; Zip Code 1410 Alamo St San Marcos TX 78666	100 (If travel outside of Texas, complete Schedule T)	
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 (\$)	In-kind contribution description (if applicable)
9/22	Bucky & Pam Couch Contributor address; City; State; Zip Code 203 Sierra Ridge San Marcos TX 78666	100 (If travel outside of Texas, complete Schedule T)	
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 (\$)	In-kind contribution description (if applicable)
9/22	Lucy Johnson Contributor address; City; State; Zip Code 191 Cleveland Kyle Texas 78640	100 (If travel outside of Texas, complete Schedule T)	
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 (\$)	In-kind contribution description (if applicable)
8/16	Pat Murdock Contributor address; City; State; Zip Code Guadalupe St San Marcos TX 78666	40 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tom Turdik</b>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
<b>9/11</b>	6 Contributor address; City; State; Zip Code <b>126 E Holland San Marcos TX 78666</b>	<b>50</b>	
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See instructions)		Employer (See instructions)	

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**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.	1 Total pages Schedule E:
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   \$

5 Date of loan 8/20/2011	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Jones III	9 Loan Amount (\$) 1500.00
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6 Is lender a financial institution? Y    N	8 Lender address; City; State; Zip Code 206 Hay Barn San Marcos TX 78666	10 Interest rate 0
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11 Maturity date
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12 Principal occupation / Job title (See Instructions) Career Advisor	13 Employer (See Instructions) Texas State Univ
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14 Description of Collateral  
 none

15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor  17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
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19 Principal Occupation (See Instructions)	20 Employer (See Instructions)
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Date of loan	Name of lender <input type="checkbox"/> 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)
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Description of Collateral  
 none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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Principal Occupation (See Instructions)	Employer (See Instructions)
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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**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.

<b>1</b> Total pages Schedule F:		<b>2</b> FILER NAME Christopher Jones II		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 8/30/2011 <del>8/20/2011</del>		<b>5</b> Payee name Allied Advertising			
<b>6</b> Amount (\$) 783.90		<b>7</b> Payee address; City; State; Zip Code 3700 Blanco Road San Antonio TX 78212			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule)		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Signs 4x8	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> 8/27/11		<b>Payee name</b> Super Cheap Signs			
<b>Amount (\$)</b> 856.01		<b>Payee address; City; State; Zip Code</b> 9804 Gray Blvd Austin TX 78758			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule)		<b>Description</b> (If travel outside of Texas, complete Schedule T) Signs Yard	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> 10/03/11		<b>Payee name</b> Club Flyers .COM			
<b>Amount (\$)</b> 189.99		<b>Payee address; City; State; Zip Code</b> NA			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule)		<b>Description</b> (If travel outside of Texas, complete Schedule T) Push Caves	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> 9/29/11		<b>Payee name</b> Abraham Neave Graphics			
<b>Amount (\$)</b> 100.00		<b>Payee address; City; State; Zip Code</b> 211 N LBJ San Marcos TX 78666			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule)		<b>Description</b> (If travel outside of Texas, complete Schedule T) Push Card Design	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

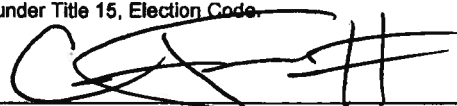
15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 40
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1590
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <del>0</del>
	4. TOTAL POLITICAL EXPENDITURES	\$ 1929.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3090.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1500


19 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 Christopher Jones, this the 11th day of October, 20 11, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

Christy Hartwick  
 Printed name of officer administering oath

Notary Public of Texas  
 Title of officer administering oath