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~~ 15

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr; FIRST: JACK; MI: T; NICKNAME: ; LAST: BAILEY; SUFFIX:	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 2108 N. PALM CT PASADENA, TX 77502	Date Received: PASADENA ISD MAR 31 2017 ACCOUNTABILITY & COMPLIANCE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE / PHONE NUMBER / EXTENSION: (713) 906-2585	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MRS; FIRST: KATHY; MI: L; NICKNAME: ; LAST: BAILEY; SUFFIX:	Receipt #; Amount $; Date Processed; Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 2108 N. PALM CT PASADENA, TX 77502	
8 CAMPAIGN TREASURER PHONE	AREA CODE: (713); PHONE NUMBER: 906-2485; 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: 1 / 18 / 17 THROUGH 4 / 6 / 2017

11 ELECTION

ELECTION DATE: Month / Day / Year: 5 / 6 / 2017

ELECTION TYPE:
- ☐ Primary
- ☐ Runoff
- ☑ Other Description: PASADENA ISD SCHOOL BOARD
- ☐ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any): PASADENA ISD BOARD OF TRUSTEES POSITION 4

13 OFFICE SOUGHT (if known): PASADENA ISD BOARD OF TRUSTEES POSITION 4

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME: JACK T. BAILEY

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
☐ Additional Pages	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	$ 0.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 5,725.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 0.00
	4. **TOTAL POLITICAL EXPENDITURES**	$ 5,886.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 5,656.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

18 AFFIDAVIT

HOPE PERKINS
Notary Public
STATE OF TEXAS
My Comm. Exp. 09/11/2019

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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jack T. Bailey, this the 31st day of March, 2017, to certify which, witness my hand and seal of office.

Hope Perkins	Hope Perkins	Notary
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)
JACK T. BAILEY	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 5,725.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0.00
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0.00
4.	☐ SCHEDULE E: LOANS	$ 0.00
5.	☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 68.93
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0.00
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0.00
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 636.48
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 5,817.42
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0.00
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0.00
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0.00

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: JACK T. BAILEY

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 ($)
2/28/17	JOHN MICHAEL BARMORE 809 MURPHY LANE FRIENDSWOOD, TX 77546	$1,000.00

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 ($)
2/28/17	WILLIAM R. BARMORE P.O. BOX 34824 HOUSTON, TX 77234	$1,000.00

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 ($)
3/10/17	STEVE PHELPS 5118 TURNBERRY PASADENA, TX 77505	$500.00

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 ($)
3/10/17	JOHN PHELPS 4207 FAIRMONT PASADENA, TX 77504	$500.00

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: 2 of 4

2 FILER NAME: JACK T. BAILEY

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 ($)
3/10/17	KENNETH PHELPS 4207 FAIRMONT PASADENA, TX 77504	$ 500.00

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 ($)
3/7/17	MARK FRENCH 19 PILOT ROCK, TOMBALL, TX 77375	$ 250.00

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 ($)
3/11/17	MARSHALL KENDRICK 4406 SHALIN DR. PASADENA, TX 77504	$ 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 ($)
3/10/17	THE BROWN CO. P.O. BOX 238 FRIENDSWOOD, TX 77549	$ 1,000.00

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.

JTB PAGE 2

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: JACK T. BAILEY

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 ($)
3/24/17	LEO GILLIES INS AGENCY 4008 VISTA RD. CB101 PASADENA, TX 77504	$250.00

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 ($)
3/20/17	HURSHEL DEBORD 5803 MANIS LN, PASADENA, TX 77505	$ 50.00

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 ($)
3/21/17	JUDY WILLIAMS 4506 HAMPTON CT. PASADENA, TX 77504	$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 ($)
3/20/17	MICHAEL DUCKETT 5406 BRIGANTINE CAY CT. TEXAS CITY, TX 77590	$125.00

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: 4 OF 4

2 FILER NAME: JACK T. BAILEY

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
3/3/17	TRAVIS JAGGERS 6 Contributor address; City; State; Zip Code 504 IDLEWOOD CT., FRIENDSWOOD, TX 77546	$150.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
3/19/17	ROBERT GEBHARD Contributor address; City; State; Zip Code 1204 N. RIVIERA CIR., PEARLAND, TX 77581	$100.00

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

Date	Full name of contributor ☐ 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 ☐ 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.

JTB PAGE 4

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1 OF 1	JACK T. BAILEY	

4 Date	5 Payee name
3/28/17	HOME DEPOT

6 Amount ($)	7 Payee address; City; State; Zip Code
$ 68.93	5455 FAIRMONT PASADENA, TX 77505

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ADVERTISING	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	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
		☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	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
		☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
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 F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1 of 5	JACK T. BAILEY	

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	$ 0.00

5 Date	6 Payee name
3/1/2017	WALMART

7 Amount ($)	8 Payee address; City; State; Zip Code
64.85	5200 FAIRMONT PKWY PASADENA, TX 77502

9 TYPE OF EXPENDITURE	☑ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ADVERTISING	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
3/15/17	HOME DEPOT

Amount ($)	Payee address; City; State; Zip Code
41.67	5455 FAIRMONT PKWY PASADENA, TX 77505

TYPE OF EXPENDITURE	☑ Political ☐ Non-Political

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: 2 of 5	2 FILER NAME JACK T. BAILEY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ 0.00

5 Date 3/18/17	6 Payee name HOME DEPOT
7 Amount ($) 51.50	8 Payee address; City; State; Zip Code 5455 FAIRMONT PASADENA, TX 77505
9 TYPE OF EXPENDITURE	☑ Political ☐ Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name — Office sought — Office held

Date 3/18/17	Payee name LOWES
Amount ($) 24.16	Payee address; City; State; Zip Code 5400 FAIRMONT PKWY PASADENA, TX 77505
TYPE OF EXPENDITURE	☑ Political ☐ Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
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 F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3 of 5	JACK T. BAILEY	

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	$ 0.00

5 Date	6 Payee name
3/18/17	HOME DEPOT
7 Amount ($)	**8 Payee address; City; State; Zip Code**
51.70	5455 FAIRMONT PKWY PASADENA, TX 77505
9 TYPE OF EXPENDITURE	☑ Political ☐ Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): ADVERTISING (b) Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Office sought: Office held:

Date	Payee name
3/24/17	HOME DEPOT
Amount ($)	**Payee address; City; State; Zip Code**
34.47	5455 FAIRMONT PKWY PASADENA, TX 77505
TYPE OF EXPENDITURE	☑ Political ☐ Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): ADVERTISING Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: 4 of 5	2 FILER NAME JACK T. BAILEY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$

5 Date 3/24/17	6 Payee name HOME DEPOT
7 Amount ($) 43.08	8 Payee address; City; State; Zip Code 5455 FAIRMONT PKWY PASADENA, TX 77505
9 TYPE OF EXPENDITURE	☑ Political ☐ Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): ADVERTISING (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name — Office sought — Office held

Date 3/24/17	Payee name HOME DEPOT
Amount ($) 32.45	Payee address; City; State; Zip Code 5455 FAIRMONT PKWY PASADENA, TX 77505
TYPE OF EXPENDITURE	☑ Political ☐ Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): ADVERTISING Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: 5 OF 5	2 FILER NAME JACK T. BAILEY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ 0.00

5 Date 3/17/17	6 Payee name VETERANS FLAG DEPOT
7 Amount ($) 272.60	8 Payee address; City; State; Zip Code 30 PAR VIEW DR WIMBERLY, TX 78676
9 TYPE OF EXPENDITURE	☑ Political ☐ Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

Date 3/24/17	Payee name FACEBOOK
Amount ($) 20.00	Payee address; City; State; Zip Code 1 HACKERWAY MENLO PARK, CA 94025
TYPE OF EXPENDITURE	☑ Political ☐ Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1 of 2	JACK T. BAILEY	

4 Date	5 Payee name
3/14/17	AMC PROMOTIONS

6 Amount ($)	7 Payee address; City; State; Zip Code
4,735.94 ☑ Reimbursement from political contributions intended	5401 MITCHELLDALE HOUSTON, TX 77092

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ADVERTISING	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
3/14/17	AMC PROMOTIONS

Amount ($)	Payee address; City; State; Zip Code
433.00 ☑ Reimbursement from political contributions intended	5401 MITCHELLDALE HOUSTON, TX 77092

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description
	ADVERTISING	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
3/3/17	PASADENA ISD

Amount ($)	Payee address; City; State; Zip Code
12.00 ☑ Reimbursement from political contributions intended	1515 CHERRYBROOK PASADENA, TX 77502

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description
	FEE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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: 2 of 2	2 FILER NAME JACK T. BAILEY	3 Filer ID (Ethics Commission Filers)
4 Date 3/27/17	5 Payee name CHASE BANK	
6 Amount ($) 636.48 ☑ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 270 PARK AVE NEW YORK, NY 10017	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 1 of 2

OFFICE USE ONLY

Date Received: PASADENA ISD APR 10 2017 ACCOUNTABILITY & COMPLIANCE

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR | FIRST: JACK | MI: T

NICKNAME | LAST: BAILEY | SUFFIX

4 ORIGINAL REPORT TYPE

- [ ] January 15
- [ ] July 15
- [x] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded $500 limit
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- [ ] Other (specify)

5 ORIGINAL PERIOD COVERED

Month	Day	Year		Month	Day	Year
1	18	17	THROUGH	4	6	17

6 EXPLANATION OF CORRECTION

1) CONTRIBUTION NOT ACCEPTED, THE BROWN CO, $1,000.00, MAILED CK #1026 FOR $1,000.00 4/5/17
2) CONTRIBUTION NOT ACCEPTED, LEO GILLIES INS AGENCY, $250.00, MAILED CHECK # 1027 FOR $250.00 4/5/17

SEE ATTACHED

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- [ ] **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- [x] **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

CYNTHIA ANN WILSON
Notary Public, State of Texas
Comm. Expires 04-20-2020
Notary ID 1194728-1

NOTARY PUBLIC STATE OF TEXAS

NOTARY STAMP SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jack T Bailey, this the 10 day of April, 20 17 to certify which witness my hand and seal of office.

Cynthia Ann Wilson — Signature of officer administering oath
Cynthia Ann Wilson — Printed name of officer administering oath
Notary — Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

ATTACHMENT

CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER

DID NOT ACCEPT TWO CONTRIBUTIONS
AND REFUNDED/RETURNED ORIGINAL CONTRIBUTION
TENDERED ON CHECKS/DATES LISTED ON
FACE PAGE OF THIS AMENDMENT AFFIDAVIT.

TOTAL CONTRIBUTIONS FOR PERIOD $4,475.00

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: 14

OFFICE USE ONLY

Date Received: PASADENA ISD APR 10 2017 ACCOUNTABILITY & COMPLIANCE

Date Hand-delivered or Date Postmarked

Receipt #: Amount $:

Date Processed:

Date Imaged:

3 CANDIDATE / OFFICEHOLDER NAME

MS MRS MR: MR | FIRST: JACK | MI: T

NICKNAME: | LAST: BAILEY | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

2108 N. PALM CT. PASADENA, TX 77502

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (713) | PHONE NUMBER: 906-2585 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS MRS MR: MRS | FIRST: KATHY | MI: L

NICKNAME: | LAST: BAILEY | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

2108 N. PALM CT PASADENA, TX 77502

8 CAMPAIGN TREASURER PHONE

AREA CODE: (713) | PHONE NUMBER: 906-2585 | 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 1 Day 18 Year 17 THROUGH Month 4 Day 6 Year 17

11 ELECTION

ELECTION DATE: Month 5 Day 6 Year 2017

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ Other Description: PASADENA ISD SCHOOL BOARD ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): PASADENA ISD BOARD OF TRUSTEES POS 4

13 OFFICE SOUGHT (if known): PASADENA ISD BOARD OF TRUSTEES POSITION

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME: JACK T. BAILEY

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
☐ SPECIAL	
☐ SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
☐ ATTACH ADDITIONAL PAGES	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	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 4,475.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 5,886.35
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 4,406.07
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

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.

Jack T. Bailey

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JACK T BAILEY, this the 10 day of April, 20 17, to certify which, witness my hand and seal of office.

Cynthia Ann Wilson — Cynthia Ann Wilson — Notary

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)
JACK T. BAILEY	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 4,475.00
2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0.00
3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0.00
4. ☐ SCHEDULE E: LOANS	$ 0.00
5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 68.93
6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0.00
7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0.00
8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 636.48
9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 5,817.42
10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0.00
11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0.00
12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1 of 3

2 FILER NAME: JACK T. BAILEY

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 ($)
2/28/17	JOHN MICHAEL BARMORE 809 MURPHY LANE FRIENDSWOOD TX 77546	$ 1,000.00

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 ($)
2/28/17	WILLIAM R. BARMORE P.O. BOX 34824 HOUSTON, TX 77234	$ 1,000.00

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 ($)
3/10/17	STEVE PHELPS 5118 TURNBERRY PASADENA, TX 77505	$ 500.00

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 ($)
3/10/17	JOHN PHELPS 4207 FAIRMONT PASADENA, TX 77504	$ 500.00

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: 2 of 3

NAME: JACK T. BAILEY

3 Filer ID (Ethics Commission Filers):

3/10/17

5 Full name of contributor ☐ out-of-state PAC (ID#:)

KENNETH PHELPS

6 Contributor address: City: State: Zip Code

4207 FAIRMONT PASADENA, TX 77504

7 Amount of contribution ($)

$ 500.00

8 Principal occupation Job title (See Instructions)

9 Employer (See Instructions)

3/17/17

Full name of contributor ☐ out-of-state PAC (ID#:)

MARK FRENCH

Contributor address: City: State: Zip Code

19 PILOT ROCK, TOMBALL, TX 77375

Amount of contribution ($)

$ 250.00

Principal occupation Job title (See Instructions)

Employer (See Instructions)

3/11/17

Full name of contributor ☐ out-of-state PAC (ID#:)

MARSHALL KENDRICK

Contributor address: City: State: Zip Code

4406 SHAWN DR. PASADENA, TX 77504

Amount of contribution ($)

$ 100.00

Principal occupation Job title (See Instructions)

Employer (See Instructions)

3/20/17

Full name of contributor ☐ out-of-state PAC (ID#:)

HURSHEL DEBORD

Contributor address: City: State: Zip Code

5803 MAYS LN, PASADENA, TX 77505

Amount of contribution ($)

$ 50.00

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 of 3

FILER NAME
JACK T. BAILEY

3 Filer ID (Ethics Commission Filers)

DATE	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
3/21/17	JUDY WILLIAMS 6 Contributor address: City: State: Zip Code 4506 HAMPTON CT. PASADENA, TX 77504	$ 200.00
	Occupation Job title (See Instructions)	9 Employer (See Instructions)

DATE	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
3/20/17	MICHAEL DUCKETT Contributor address: City: State: Zip Code 5406 BRIGANTINE CAY CT TEXAS CITY, TX 77590	$ 125.00
	Occupation Job title (See Instructions)	Employer (See Instructions)

DATE	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
	TRAVIS JAGGERS Contributor address: City: State: Zip Code 504 IDLEWOOD CT., FRIENDSWOOD, TX 77546	$ 150.00
	Occupation Job title (See Instructions)	Employer (See Instructions)

DATE	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
3/19/17	ROBERT GEBHARD Contributor address: City: State: Zip Code 1204 N. RIVIERA CIR., PEARLAND, TX 77581	$ 100.00
	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.

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
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 of 1

2 FILER NAME: JACK T. BAILEY

3 Filer ID (Ethics Commission Filers)

4 Date: 3/28/17

5 Payee name: HOME DEPOT

6 Amount ($): $ 68.93

7 Payee address: City: State: Zip Code
5455 FAIRMONT PASADENA, TX 77505

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): ADVERTISING
(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: 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
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: 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
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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)

[illegible]	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
[illegible]	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
[illegible]	Food/Beverage Expense	Polling Expense	Travel In District
[illegible] Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
[illegible]/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 This pages Schedule F4: 1 of 5	2 FILER NAME JACK T. BAILEY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ 0.00

5 Date 3/1/2017	6 Payee name WALMART
7 Amount ($) 64.85	8 Payee address: City; State; Zip Code 5200 FAIRMONT PKWY PASADENA, TX 77502
9 TYPE OF EXPENDITURE	☑ Political ☐ Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): ADVERTISING (b) Description: ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense
11 [illegible] Candidate / Officeholder name	Office sought / Office held

Date 3/15/17	Payee name HOME DEPOT
Amount ($) 41.67	Payee address: City; State; Zip Code 5455 FAIRMONT PKWY PASADENA, TX 77505
TYPE OF EXPENDITURE	☑ Political ☐ Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): ADVERTISING Description: ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if [illegible] 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
Administrative/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
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Page Number of Schedule F4: 2 OF 5	2 FILER NAME: JACK T. BAILEY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ 0.00

5 Date: 3/18/17	6 Payee name: HOME DEPOT
7 Amount ($): 51.50	8 Payee address; City; State; Zip Code: 5455 FAIRMONT PASADENA, TX 77505
9 TYPE OF EXPENDITURE	☑ Political ☐ Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): ADVERTISING (b) Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
11 Indicate ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Office sought: Office held:

5 Date: 3/18/17	6 Payee name: LOWES
7 Amount ($): 24.16	8 Payee address; City; State; Zip Code: 5490 FAIRMONT PKWY PASADENA, TX 77505
9 TYPE OF EXPENDITURE	☑ Political ☐ Non-Political
10 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): ADVERTISING Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
11 Indicate ONLY 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
Contributions/Donations	Food/Beverage Expense	Polling Expense	Travel In District
Contributions Returned/Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Page Schedule F4: 3 OF 5	2 FILER NAME: JACK T. BAILEY	3 Filer ID (Ethics Commission Filers):
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ 0.00

5 Date: 3/18/17	6 Payee name: HOME DEPOT
7 Amount ($): 51.70	8 Payee address: City: State: Zip Code: 5455 FAIRMONT PKWY PASADENA, TX 77505
9 TYPE OF EXPENDITURE	☑ Political ☐ Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): ADVERTISING (b) Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
12 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Office sought: Office held:

5 Date: 3/24/17	6 Payee name: HOME DEPOT
7 Amount ($): 34.47	8 Payee address: City: State: Zip Code: 5455 FAIRMONT PKWY PASADENA, TX 77505
9 TYPE OF EXPENDITURE	☑ Political ☐ Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): ADVERTISING (b) Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
12 Complete ONLY 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 Made By Candidate, Officeholder, Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Page of Schedule F4: 4 OF 5	2 FILER NAME: JACK T. BAILEY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$

5 3/24/17	6 Payee name: HOME DEPOT
7 Amount ($): 43.08	8 Payee address: City; State; Zip Code: 5455 FAIRMONT PKWY PASADENA, TX 77505
9 TYPE OF EXPENDITURE	☑ Political ☐ Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): ADVERTISING (b) Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Office sought: Office held:

5 3/24/17	6 Payee name: HOME DEPOT
7 Amount ($): 32.45	8 Payee address: City; State; Zip Code: 5455 FAIRMONT PKWY PASADENA, TX 77505
TYPE OF EXPENDITURE	☑ Political ☐ Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): ADVERTISING Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY 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
Campaign Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
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 F4: 5 OF 5	2 FILER NAME: JACK T. BAILEY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ 0.00

5 Date: 3/17/17	5 Payee name: VETERANS FLAG DEPOT
7 Amount ($): 272.60	8 Payee address: City; State; Zip Code: 30 PAR VIEW DR WIMBERLY, TX 78676
9 TYPE OF EXPENDITURE	☑ Political ☐ Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): ADVERTISING (b) Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Office sought: Office held:

Date: 3/24/17	Payee name: FACEBOOK
Amount ($): 20.00	Payee address: City; State; Zip Code: 1 HACKERWAY MENLO PARK, CA 94025
TYPE OF EXPENDITURE	☑ Political ☐ Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): ADVERTISING Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY 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)

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.

Page Number	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1 OF 2	JACK T. BAILEY	

4 Date	5 Payee name
3/14/17	AMC PROMOTIONS

6 Amount ($)	7 Payee address: City: State: Zip Code
4,135.94 ✓ Reimbursement from political contributions intended	5401 MITCHELLDALE HOUSTON, TX 77092

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ADVERTISING	☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit a candidate	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
3/14/17	AMC PROMOTIONS

Amount ($)	Payee address: City: State: Zip Code
433.00 ✓ Reimbursement from political contributions intended	5401 MITCHELLDALE HOUSTON, TX 77092

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description
	ADVERTISING	☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit a candidate	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
3/3/17	PASADENA ISD

Amount ($)	Payee address: City: State: Zip Code
12.00 ✓ Reimbursement from political contributions intended	1515 CHERRYBROOK PASADENA, TX 77502

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description
	FEE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit a candidate	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
Contributions Made By Officeholder/Political Committee
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 Page Schedule G: 2 OF 2

2 FILER NAME: JACK T. BAILEY

3 Filer ID (Ethics Commission Filers):

4 Date: 3/27/17

5 Payee name: CHASE BANK

6 Amount $: 636.48

☑ Check if payment from personal contributions received

7 Payee address: 270 PARK AVE NEW YORK, NY 10017 City: State: Zip Code

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): CREDIT CARD PAYMENT

(b) Description

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

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

Date | Payee name

Amount ($) | Payee address: City: State: Zip Code

☐ Check if payment from personal contributions received

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

(b) Description

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

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

Date | Payee name

Amount ($) | Payee address: City: State: Zip Code

☐ Check if payment from personal contributions received

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

(b) Description

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

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED