### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction	Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers)	2 Total pages fi	15
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MI	OFFICE	USEONLY
NAME	MR JACK NICKNAME LAST SUFFIX	Date Received	
	BAILEY	PASAD	ENA ISD
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY: STATE; ZIP CODE  2108 N. PALM CT PASADENA, TX 77502	MAR 3	3 1 2017
Change of Address	AREA CODE BUONE NUMBER EVERNOON		PLIANCE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 906-2585	Date Hand-delivered	d or Date Postmarked
6 CAMPAIGN TREASURER	MRS VATHY L	Receipt #	Amount \$
NAME	MRS KATHY L NICKNAME LAST SUFFIX	Date Processed	
	BALLEY	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;  2108 N. PALM CT PASADELA, TX 7750	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 906 - 2485		,
9 REPORT TYPE	January 15  30th day before election  Runoff  But 15  8th day before election  Exceeded \$500 limit	treasurer a (Officeholde	iter campaign ppointment er Only) rt (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month  1 / 18 / 17 THROUGH 4 /	Day Year	
11 ELECTION	Month Day Year Primary Runoff Other Description  5 / 6 / 2017 General Special PASADE M	a ISD Sen	OOL BOARD
12 OFFICE	PASADENA ISD BOARD OF PASADENA IST	D BOARD	
	TRUSTEES POSITION 4 TRUSTEES PO	SITION	4
	GO TO PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME	ACK T.	BAILEY	5 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	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	MMITTEE TYPE   COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages	-	COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,725.00			
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 0.00			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5,886.35			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$ 5,656.07			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	* 0.00			
18 AFFIDAVIT						
NA CLOS	HOPE PERKIN Notary Public STATE OF TEX My Comm. Exp. 09/	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is ormation required to be reported by me			
AFFIX NOTARY STAM	P/SEALABOVE		+			
Sworn to and subsci	ribed before me. t	by the said Jack T. Bailer	/, this the 3124			
day of March	117	to certify which, witness my hand and seal of office.				
Hope Pe	erkins	Hope Perkins	Notary			
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath			

## SUBTOTALS - C/OH

19	FILER NAME	20 Filer ID (Ethics Com	missio	n Filers)
	JACK T. BAILEY			
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		-	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4	5.725.0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.0
4.	SCHEDULE E: LOANS		\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$	68.93
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0 00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 6	36.48
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$5,	817.42
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A I	BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$	D. ou
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	ONS	\$	0.00

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) JACK T. BALLEY 7 Amount of contribution (\$) \$ 1,000 00 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) WILLIAM R. BARMORE Contributor address; City; State; Zip Code P.O. Box 34824 Heus Tow, TX 77234 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Date Amount of contribution (\$) 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#: Amount of contribution (\$) 1207 FATHMONT PASADENA, TX 77504 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) JACK T. BAILEY 7 Amount of contribution (\$) PASADENA, TX 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) MARK FRENCH Contributor address; City; State; Zip Code 19 PELOT ROCK, TOMBALL, TX 77375 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Out-of-state PAC (ID#: Amount of contribution (\$) MARSHALL KENDRICK Contributor address; City; State; Zip Code 4406 SHAUN DR. PASADENA, TX 77504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#: Amount of contribution (\$) P.O. BOX 238 FRIENDS WOOD TX 77549 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) LEO GILLIES INS ACENCY 6 Contributor address; City; State; Zip Code 4008 VISTA RD. CBIOI PASADENA, TX 77504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) HURSHEL DEBORD Contributor address; City; State; Zip Code 5803 MANIS W, PASADENA, TX 77505 Employer (See Instructions) Principal occupation / Job title (See Instructions) Out-of-state PAC (ID#: Date Amount of contribution (\$) Contributor address; City; State; Zip Code OG HAMPTED CT. PASADENA, TX 77504 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) out-of-state PAC (ID#: Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) out-of-state PAC (ID#: 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date 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 Gitt/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 now to	complete this form.	
Total pages Schedule F	JACK T. BAILER		3 Filer ID (Ethics Commission Filers
Date	5 Payee name		
3/28/17	HOME DEPOT		
Amount (\$)	7 Payee address; City; State; Zip Code 5455 FATCHONT PASADE	A, TX 7750	05
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	ADVERTISING		tside of Texas. Complete Schedule T., TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name  OH	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)		side of Texas. Complete Schedule T.  TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	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)		Iside of Texas. Complete Schedule T. TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held

	<b>EXPENDITURE CATE</b>	GORIES FOR BOX 10(a)	
dvertising Expense ccounting/Banking onsulting Expense ontributions/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/Fundralsing Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explai	ns how to complete this form.	

Contributions/Donations Made l Candidate/Officeholder/Politic		e Travel Out Of District //Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILERNAME T. BAZLEY	3 Filer ID (Ethics Commission Filers)
4 TOTALOF UNITEN	MIZED EXPENDITURES CHARGED TO A CRED	it card \$ 0.00
5 Date 3/1/2017	6 Payee name WALMART	
7 Amount (\$) 64.85	8 Payee address; City; State; Zip Code 5200 FAILMONT PKWY PASA	DENA, TX 77502
9 TYPE OF EXPENDITURE	Political Non-Politica	1
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/O		sought Office held
Date 3/15/17	Payee name Home DEPOT	
Amount (\$) 41.67	Payee address; City; State; Zip Code  S455 FAIRMONT PIL	WY PASADENA, TX 77505
TYPE OF EXPENDITURE	Political Non-Politica	ı
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ADUERTISIN G	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/O	Candidate / Officeholder name Office H	sought Office held
		· · · · · · · · · · · · · · · · · · ·
	ATTACH ADDITIONAL COPIES OF THIS SCHE	EDULE AS NEEDED

Advisor	EXPENDITURE CATEG				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Committee 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 explain	s how to complete this form.			
1 Total pages Schedule F4: 2 0F 5	JACK T. BAILE	7	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED 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;				
51.30	5455 FAIRMONT	PASADENA, TX	77505		
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the top of this	s schedule) (b) Descript	ion		
PURPOSE		Check	k if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE					
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
3/18/17	Payee name				
Amount (\$)	Payee address; City; State;	Zip Code			
24.16	5400 FATRMONT PK	WY PASADENA,	TX 77505		
TYPE OF EXPENDITURE	Political	Non-Political			
	Category (See Categories listed at the top of thi				
PURPOSE			k if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	ADVERTISING	Chec	k if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL CODIES O	E TUIC COUEDIN E AC N	EEDED		

	EXPENDITURE CATEGORIES FOR	R BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Fees Office Overhear Polling Expense Printing Expense Salaries/Wage	se s/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 comp	piete this form.	T-
Total pages Schedule F4:	JACK T. BAILEY		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREE	DITCARD	\$ 0.00
5 Date 3 18 17	6 Payee name Home DEPOT		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
51.70	5455 FAIRMONT PRENY PR	ASADEJA	TX 77505
9 TYPE OF EXPENDITURE	Political Non-Politic	al	· •
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	on
PURPOSE		Check if	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	AWERTISING	Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O		e sought	Office held
3/24/17	Payee name Home DEPOT		
Amount (\$)	Payee address; City; State; Zip Code		
34.47	5455 FAIRMONT PRWY PAS	ADENA, T	K 77505
TYPE OF EXPENDITURE	Political Non-Politic	eal	
	Category (See Categories listed at the top of this schedule)	Description	on
PURPOSE		Check if	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	ADVERTISING	Check	if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oi		e sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NE	EDED

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Polling Expense ense Printing Expense Salaries/Wages/Contra		Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide	explains how to complete th	is form.	
1 Total pages Schedule F4:	JACK T. BA	AILEY		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHAP	RGEDTOACREDITCA	ARD	\$
5 Date 3/24/17	Home DEPOT			
7 Amount (\$)	8 Payee address; City;	State; Zip Code		
43.28	5455 FAIRMONT	PRWY PASA	DENA,	Tx 77505
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the	top of this schedule) (b)	Description	1
PURPOSE			Check if tr	ravel outside of Texas. Complete Schedule T.
OF EXPENDITURE	ADVERTISING		Check if	Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder na H	me Office sougi	ht	Office held
Date 3/24/17	Payee name Home Defor			
Amount (\$)	Payee address; City;	State; Zip Code		-
32.5	S455 FARRMON	OT PKWY PAS	ADEN	4, TX 77505
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE	Category (See Categories listed at the	top of this schedule)	Description Check if tr	n avel outside of Texas. Complete Schedule T.
OF EXPENDITURE	ADUERTISING		Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	me Office sough	ht	Office held
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDUL	E AS NEE	EDED

SCHEDULE F4

# EXPENDITURE CATEGORIES FOR BOX 10(a) ent Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment 8.5

Accounting Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica	Fees Office Overhead Food/Beverage Expense Polling Expense Printing Expense Printing 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 com	plete this form.	
1 Total pages Schedule F4: 5 0F 5	JACK T. BAILEY		3 Filer ID (Ethics Commission Filers)
	IZED EXPENDITURES CHARGED TO A CREE	DITCARD	\$ 0.00
5 Date 3/17/17	O Payee name  VETERANS FLAG DEPOT		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
272.60	30 PAR VIEW DR WIMBE	ERLY, TS	× 78676
9 TYPE OF EXPENDITURE	Political Non-Politic	al	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	on
PURPOSE		Check	f travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	ADVENTISING	Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O		e sought	Office held
Date 3 24 17	Payee name FACE BOOK		
Amount (\$)	Payee address; City; State; Zip Code		
20.00	1 HACKERWAY MENLO PA	ARK, CA	94025
TYPE OF EXPENDITURE	Political Non-Politic	cal	
	Category (See Categories listed at the top of this schedule)	Descripti	on
PURPOSE		Check	if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	ADVERTISING	Check	if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		e sought	Office held
,			
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NE	EDED

#### 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. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) JACK 1 4 Date Payee address; Amount (\$) METCHELIDALE HOUSTON, TX 77092 Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF ADVERTISING EXPENDITURE Check If Austin, TX, officeholder living expense Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date AMC PROMOTIONS MITCHELLDALE HOUSTON, TX 77092 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF ADJERTISTUG EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date HASADENA ISI Amount (\$) Payee address; City; State; Zip Code 1515 CHELLY BROOK PASADENA, TX 77502 Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 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
Confit Cant Payment

Event Expense Fees . Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) DACK Date 5 Payee name HASE ISA 7 Payee address; State; Zip Code Amount (\$ PARK AVE NEW YORK, NY 10017 Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF CLEDIT CARD PAYMENT EXPENDITURE Check If Austin, TX, officeholder living expense 9 Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CORRECTION/AMENDMENT AFFIDAVIT

Filer D Ethics Comm	rission Filers)	2 Tota	pages filed	2		OFFICE	USEONLY
CANSIDATE / CFFICEHOLDER NAME	MSIMPSING MR	JACK	4 4		1	Date Received	SADENA IS
	NOTE AND ASSESSED.	BAILEY			SUFFIX	A	PR 1 0 2017
TYPE	January 15	Runott Exceeded \$500	limi	Other (spec	dy)		COUNTABILITY COMPLIANCE
	30th day before de	appointment (s		§		Date Hand-net vered	or Date Postmarred
	8th day before elect	tion Final raport				Receipt #	Arhourt S
ORIGINAL PERIOD	Efentin Day	- e-21	Monsa	Day	Vear	Date Processed	
	1 18	17 THROUGH	4	6	17	Date imaged	
	NOT ACCEPT NOT ACCEPT 50.2 4/5/17	THROUGH  THE B  TED, LEO GILLI  SEE  I swear, or affirm report is true ar	n, under p	penalty of			
CONTRIBUTION ASSISTED ON TRIBUTION & 2	NOT ACCEPT NOT ACCEPT So. 2 4/5/17	I swear, or affirm	n, under p	penalty of			
	NOT ACCEPT NOT ACCEPT SO. & 4/5/17	I swear, or affirm report is true ar Check ONLY if Semiannual remade in good from	n, under ond correct applicable ports: I aith and	e: swear, c	of perjury or affirm, an inten	that this correct that the original to mislead or	cled report was
AFFEAVIT	NOT ACCEPT NOT ACCEPT So. & 4/5/17	Semiannual remade in good from the information of their reports report not later that the report a craffirm, that a craffirm, that a craffirm and a firm of the report a craffirm, that a craffirm and a firm of the report and the report an	n, under and correct applicable a	e: swear, c without tained in r, or aff 14th bu lly filed is	of perjury or affirm, an inten the rep irm, that sinescur sion in th	that the original to mislead or ort.  I am filing this ay after the dat ate or incomple:	report was to misrepress corrected e I learned te. I swear,
CY Notary		Semiannual remade in good from the information of the reports report not later that the report a or affirm, that a was made in good from the information of the report and the report a or affirm, that a was made in the report and th	applicable ports: I aith and ation con than the as original any error bod faith.	e: swear, c without tained in r, or aff 14th bu lly filed is	of perjury or affirm, an inten in the rep irm, that siness d inaccur sion in th	that the original to mislead or ort.  I am filing this ay after the dat ate or incomple:	report was to misrepress corrected e I learned te. I swear,
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Forms provided by Texas Ethics Commission

ATTACHMENT CORRECTION AMENDMENT AFFIDAUIT FOR CANDIDATE OFFICEHOLDER

DID NOT ACCEPT TWO CONTRIBUTIONS
AND REFUNDED/RETURNED ORIGINAL CONTRIBUTION
TENDERED ON CHECKS/DATES LISTED ON
FACE PAGE OF THIS AMENDMENT AFFIDAULT.
FACE PAGE OF THIS AMENDMENT AFFIDAULT.
TOTAL CONTRIBUTIONS FOR PERIOD 4,475.

#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer 10 (Ethics Commission Filens) 2 Total pages filed: The C OH Instruction Guide explains how to complete this form. 14 MS MRS MR 3 CANDIDATE MI OFFICE USE ONLY **OFFICEHOLDER** IACK MR NAME Date Received NICKNAME SUFFIX PASADENA ISD 4 CANDIDATE AGURESS PO BOX: STATE: ZIP CODE APR 1 0 2017 OFFICEHOLDER 2108 N. PALM CT. PASADENA, TX 77502 MAILING ADDRESS ACCOUNTABILITY & COMPLIANCE Change of Address AREA CODE 5 CANDIDATE PHONE NUMBER EXTENSION OFFICEHOLDER Date Hand-delivered or Date Postmarked (113) 906-2585 PHONE Amount 5 6 CAMPAIGN MIS MOSS MER MI MRS L TREASURER NAME Date Processed NICKNAME SUFFIX Date imaged ZIP CODE STREET ADDRESS (NO PO BOX PLEASE). STATE 7 CAMPAIGN TREASURER 2108 N. PALM CT HASADE, A, TX ADDRESS Besidence or Businessi ARSA CODS PHONE NUMBER EXTENSION 8 CAMPAIGN 906-2585 TREASURER (713)PHONE 9 REPORT TYPE 30th day before election 15th day after campaign Rumott January 15 treasurer appointment (Officsholder Only) Exceeded \$500 limit July 15 8th day before election Final Report (Attach G/OH FR: 10 PERIOD Day Year COVERED 18 17 THROUGH II ELECTION ELECTION DATE ELECTION TYPE Primary Runioff Day PASADENA ISD SCHOOL BOARD 6 2017 General Special 12 OFFICE PASADENA ISD BOARD OF PASADENA ISD BOARD OF TRUSTEES POSITION TRUSTEES POS 4 GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

19 CON NAME J	ACK T.	BAILEY	Filer ID (Ethics Commission Filers)			
TO VOTICE FROM TO TIÇĂL COMUNTTEE(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 XHOTELESSIE ON CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IMPORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
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	4. TOTAL	POLITICAL EXPENDITURES	\$ 5,886.35			
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OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL CUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	B 0.00			
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### SUBTOTALS - C/OH

19 1	JACK T. BAILEY 20 Filer ID (Ethics Co.			mmissio	on Filers)
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
t .	SCHEDULE	A1 MONETARY POLITICAL CONTRIBUTIONS		\$ 4	4475.00
3,	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	0.00
<b>J</b> .	SCHEDULE E LOANS			\$	0.00
	SCHEDULE FE POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	68.93	
2	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00	
3	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s	636.48	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$ 5	1817.42
O.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$	O'an
1	SCHEDULE	I: NON-POLITICAL EXPENDITURES MADE FROM F	POLITICAL CONTRIBUTIONS	\$	0.92
Light.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$	0.02

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 043 2 FILER NAME 3 Filer ID (Ethics Commission Filers) JACK T. BAILEY 5 Full name of contributor Gould-state PAC (IDA: 7 Amount of contribution (\$) 6 Contributor address: City: State: Zip Code 809 MURPHY LANE FRIENDS WOOD TX 77548 8 Principal occupation Just title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Det-nt-state PAC (IDE: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Out-of-state PAG (ID#: Amount of contribution (\$) Principal occupation | Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

	instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
JI	ACK T. BALLEY	3 Filer ID (Ethics Commission Filers)
3/10/17	5 Holl Marine of monthibutor   Quit-of-state PAC (IDE:  KENNETH PHELPS 6 Contributor address: City: State; Zip Code  4707 FATAMONT PASADENA, TX 77504	7 Amount of contribution (\$)
The second House	apation Jets title (See Instructions)  9 Employer (See Instru	uctions)
3/11/17	MARK FRENCH  Contributor address: City: State: Zip Gode  19 PEWET ROCK, TOMBALL, TX 77375	Amount of contribution (\$)
The state of the s	patient Joh title (See Instructions) Employer (See Instru	uctions)
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3/11/17	MARSHALL KENDRICK  Contributor Deletions: City: State; Zp Code  4406 SHAW DR. PASADENA, TX 7750L	Amount of contribution (\$)
3/11/17	MARSHALL KENDRICK  Contributor suffices:  4406 SHAUN DR. PASADENA, TX 7756L  spatian lab title (See Instructions)  Employer (See Instru	\$100.00
Tares	MARSHALL KENDRICK  GOTH TO SHALL DR. PASADENA, TX 7756L	# 100. 001  Inctions)  Amount of contribution (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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.
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a ARTH.	seating unb title (See Instructions)	9 Employer (See Instructions)
DATE	MICHAEL DUCKETT	Amount of contribution (\$)
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	pation Inb tile (See Instructions)	Employer (See Instructions)
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	matter 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.

# FROM POLITICAL CONTRIBUTIONS

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SCHEDULE F4

#### EXPENDITURE CATEGORIES FOR BOX 10(a)

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SCHEDULE F4

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SCHEDULE F4

#### EXPENDITURE CATEGORIES FOR BOX 19(a)

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SCHEDULE F4

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SCHEDULE F4

#### EXPENDITURE CATEGORIES FOR BOX 10(a)

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#### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
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#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

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