

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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.

1 Total pages Schedule G:		2 FILER NAME Greg M. CAPERS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-31-14		5 Payee name Columbus Mini MART			
6 Amount (\$) 29.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 2560 Hwy 715 Columbus, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fuel		(b) Description (If travel outside of Texas, complete Schedule T) TRAVEL OUT DISTRICT	
Date 1-31-14		Payee name Columbus Mini MART			
Amount (\$) 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2560 Hwy 715 Columbus, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fuel		Description (If travel outside of Texas, complete Schedule T) TRAVEL OUT OF DISTRICT	
Date 2-2-14		Payee name BROOKSHIRE BRO			
Amount (\$) 33.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 14100 Ranob Rd 12 Wimberly, TX 78676			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fuel		Description (If travel outside of Texas, complete Schedule T) TRAVEL OUT OF DISTRICT	
Date 1-31-14		Payee name Multi Media Services Unlimited			
Amount (\$) 69.82 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO Box 1000 Coldspring, TX 77331			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) STAKES FOR YARD SIGNS	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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.

1 Total pages Schedule G:	2 FILER NAME Greg M. Capers	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1-16-14	5 Payee name Murphy USA
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6 Amount (\$) 85.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 838 S. Washington Av. Cleveland, Tx 77327
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel In District	(b) Description (If travel outside of Texas, complete Schedule T) Fuel
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Date 1-19-14	Payee name WALMART
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Amount (\$) 7.91 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 831 Highway 59-s Cleveland, Tx 77327
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Binders
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Date 1-21-14	Payee name Coldspring Chamber of Commerce
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Amount (\$) 30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 31 BUTTER ST. Coldspring, Tx 77331
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Luncheon
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Date 1-22-14	Payee name Loves
-----------------	---------------------

Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 107 FM 2025 Cleveland, Tx 77327
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel In District	Description (If travel outside of Texas, complete Schedule T) Fuel
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**POLITICAL EXPENDITURES
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SCHEDULE G

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.

1 Total pages Schedule G:		2 FILER NAME Greg M. Capers		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-12-14		5 Payee name Shell			
6 Amount (\$) 97.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 40200 Hwy 59 Shepherd, Tx 77371			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) TRAVEL IN DISTRICT		(b) Description (If travel outside of Texas, complete Schedule T) Fuel	
Date 1-14-14		Payee name Shepherd Auto Parts			
Amount (\$) 4.59 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 10950 Highway 150 Shepherd, Tx 77371			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Zip Ties For Signs	
Date 1-15-14		Payee name Lakeside Building Supply			
Amount (\$) 64.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO Box 429 Coldspring, Tx 77331			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) T-Post For Signs	
Date 1-15-14		Payee name Walmart			
Amount (\$) 42.16 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 831 Highway 59.5 Cleveland, Tx 77327			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Toner Cartridges/Markers/Liners	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME <i>Greg M. Capers</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1-5-14</i>		5 Payee name <i>WALMART</i>			
6 Amount (\$) <i>41.51</i>		7 Payee address; City; State; Zip Code <i>831 Highway 59 S Cleveland, TX 77327</i>			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	
Date <i>1-7-14</i>		Payee name <i>Golden Corral Buffet</i>			
Amount (\$) <i>45.85</i>		Payee address; City; State; Zip Code <i>2050 Harb St Huntsville, TX 77340</i>			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		PURPOSE OF EXPENDITURE		(b) Description (If travel outside of Texas, complete Schedule T) <i>Food/Beverage Expense Campaign Workers/Dinner</i>	
Date <i>1-10-14</i>		Payee name <i>Murphy USA 6616</i>			
Amount (\$) <i>97.67</i>		Payee address; City; State; Zip Code <i>838 S. Washington Ave Cleveland, TX 77327</i>			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		PURPOSE OF EXPENDITURE		Description (If travel outside of Texas, complete Schedule T) <i>Travel In District Fuel</i>	
Date <i>1-10-14</i>		Payee name <i>WALMART</i>			
Amount (\$) <i>62.22</i>		Payee address; City; State; Zip Code <i>831 Highway 59-5 Cleveland, TX 77327</i>			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		PURPOSE OF EXPENDITURE		Description (If travel outside of Texas, complete Schedule T) <i>Printing Expense Toner Cartridges</i>	

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Revised 09/28/2011

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address; City: State: Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)		Payee address; City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)		Payee address; City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)		Payee address; City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

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Revised 09/28/2011

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

12

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR) FIRST MI
NICKNAME LAST SUFFIX
GREG M
CAPERS

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2001 SHAW RD. CLEVELAND, TX. 77328

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 797-1750

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR) FIRST MI
NICKNAME LAST SUFFIX
JAY M. CAPERS
CAPERS

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2001 Shaw Road, Cleveland, TX. 77328

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(832) 407-4203

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
7/25/13 THROUGH 12/31/13

11 ELECTION

Month Day Year ELECTION DATE ELECTION TYPE
3/4/14 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Sheriff of San Jacinto County

GO TO PAGE 2

OFFICE USE ONLY

RECEIVED
JAN 15 2014
SAN JACINTO COUNTY
ELECTION ADMINISTRATION

Date Received
Date Hand Delivered or Postmarked
Receipt #
Amount
Date Processed
Date Imaged

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Greg M. Capers

15 ACCOUNT # (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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *0*

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

\$ *1150.00*

EXPENDITURE
TOTALS

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

\$ *N/A*

4. TOTAL POLITICAL EXPENDITURES

\$ *3507.66*

CONTRIBUTION
BALANCE

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

\$ *431.37*

OUTSTANDING
LOAN TOTALS

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

\$ *2340.00*

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Greg Capers*, this the *15* day of *January*, 20 *14*, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Kerry Carl Hagan
Printed name of officer administering oath

Notary
Title of officer administering oath

**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: GREG M. CARDS 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>9-24-13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ROSE MARIE & JAMES CAMPBELL</u>	7 Amount of contribution (\$) <u>100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>10502 PALMVIEW TRAILS CT HOUSTON, TX - 77095</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions): RETIRED LAW ENFORCEMENT 10 Employer (See Instructions)

Date <u>11-12-13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>NICK CARTER</u>	Amount of contribution (\$) <u>1,000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>125 A.J. MURRAY CLEVELAND, TX - 77328</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions): RETIRED CEO Employer (See Instructions)

Date <u>12-7-13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DONALD MCCALL</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4838 ZACKARY LANE SUGARLAND, TX - 77499</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions): LAW ENFORCEMENT Employer (See Instructions): HARRIS COUNTY SHERIFF'S OFFICE

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form. 1 Total pages Schedule E:

2 FILER NAME **GREG M. CAPERS** 3 ACCOUNT # (Ethics Commission Filers)

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

5 Date of loan **7-25-13** 7 Name of lender **GREG M. CAPERS** out-of-state PAC (ID# _____) 9 Loan Amount (\$) **\$1,000.00**

6 Is lender a financial institution? **Y** **N** 8 Lender address; City; State; Zip Code **2001 Shaw Rd. CLEVELAND, TX - 77328** 10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions) **LAW ENFORCEMENT / SERGEANT** 13 Employer (See Instructions) **HARRIS COUNTY SHERIFF'S OFFICE**

14 Description of Collateral none 15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION 17 Name of guarantor 19 Amount Guaranteed (\$)

not applicable 18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions) 21 Employer (See Instructions)

Date of loan Name of lender out-of-state PAC (ID# _____) Loan Amount (\$)

Is lender a financial institution? **Y** **N** Lender address; City; State; Zip Code Interest rate

Maturity date

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

Description of Collateral none Check if personal funds were deposited into political account

GUARANTOR INFORMATION Name of guarantor Amount Guaranteed (\$)

not applicable Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions) Employer (See Instructions)

Principal Occupation (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 **GREG M. CAPERS** 3 ACCOUNT # (Ethics Commission Filers)

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

6 Date of loan 9-27-13	7 Name of lender <input type="checkbox"/> out-of-state PAC (IF) _____ GREG M. CAPERS	9 Loan Amount (\$) \$ 840.00
6 Is lender a financial institution? Y <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code 2001 Shaw Rd. CLEVELAND, TN 37328	10 Interest rate
		11 Maturity date

12 Principal occupation / Job title (See Instructions) LAW ENFORCEMENT / SERGEANT	13 Employer (See Instructions) HARRIS COUNTY SHERIFF'S OFFICE
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14 Description of Collateral <input checked="" type="checkbox"/> none	15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
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16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
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20 Principal Occupation (See Instructions)	21 Employer (See Instructions)
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Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (IF) _____	Loan Amount (\$)
Is lender a financial institution? Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Description of Collateral <input type="checkbox"/> none	Check if personal funds were deposited into political account <input type="checkbox"/>
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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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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form. 1 Total pages Schedule E:

2 FILER NAME GREG M. CAPERS 3 ACCOUNT # (Ethics Commission Filers)

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

5 Date of loan <u>12-9-13</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <u>GREG M. CAPERS</u>	9 Loan Amount (\$) <u>\$ 500.00</u>
6 Is lender a financial institution? <u>Y</u> <input checked="" type="radio"/> <u>N</u> <input type="radio"/>	8 Lender address; City; State; Zip Code <u>2001 SHAW AVE CLEVELAND, OH - 44128</u>	10 Interest rate
		11 Maturity date

12 Principal occupation / Job title (See instructions) <u>LAW ENFORCEMENT / SERGEANT</u>	13 Employer (See instructions) <u>HAMPSHIRE COUNTY SHERIFF'S OFFICE</u>
14 Description of Collateral <input checked="" type="checkbox"/> none	15 Check if personal funds were deposited into political account <input type="checkbox"/>

16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
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20 Principal Occupation (See instructions)	21 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? <u>Y</u> <input type="radio"/> <u>N</u> <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Principal occupation / Job title (See instructions)	Employer (See instructions)
Description of Collateral <input type="checkbox"/> none	Check if personal funds were deposited into political account <input type="checkbox"/>

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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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.

1 Total pages Schedule F:		2 FILER NAME GREG M. CAPERS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-16-13		5 Payee name SAN ANTONIO COUNTY FAIR ASSOCIATION			
6 Amount (\$) 50.00		7 Payee address; City; State; Zip Code P.O. BOX 804 COLLEGE SPRING, TX 77331			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) To Hang BANNER @ The Fair	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name GREG M. CAPERS		Office sought SHERIFF	
Date 12-5-13		Payee name SPAGHETTI WAREHOUSE			
Amount (\$) 11.50		Payee address; City; State; Zip Code 901 COMMERCIAL ST HOUSTON, TEX 77002			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description (If travel outside of Texas, complete Schedule T) LUNCHEON	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name GREG M. CAPERS		Office sought SHERIFF	
Date 12-5-13		Payee name P. S. P. PROPTIC SCREEN PRINTING CORP.			
Amount (\$) 1097.30		Payee address; City; State; Zip Code 5512 M. TIBBELLDALE HOUSTON, TEX 77042			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) YARD SIGNS/CAMPAIGN	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name GREG M. CAPERS		Office sought SHERIFF	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G:	2 FILER NAME GREG M. CAPRAS	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	---------------------------------------	--

4 Date 7-25-13	5 Payee name FIRST BANK & TRUST
--------------------------	---

6 Amount (\$) 30.10 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 200 E. Crockett St. CLEVELAND, TX 77307
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting / Banking	(b) Description (If travel outside of Texas, complete Schedule T) Checks
--------------------------	---	--

Date 8-17-13	Payee name SAN JACINTO COUNTY H / AMERICAN LEGION #609
------------------------	--

Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 843 Collegesville, TX 77331
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions / Fundraising	Description (If travel outside of Texas, complete Schedule T) Fundraising
------------------------	--	---

Date 8-29-13	Payee name SPAGHETTI Warehouse
------------------------	--

Amount (\$) 30.31 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 901 Commerce St. Houston, TX 77002
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food & Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Lunch for workers
------------------------	--	---

Date 9-3-13	Payee name Distri Print
-----------------------	-----------------------------------

Amount (\$) 119.84 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 95 HAYDEN AVENUE Lexington, MA 01841
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) Stickers
------------------------	--	--

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
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 ACCOUNT # (Ethics Commission Filers)

4 Date 5 Payee name

6 Amount (\$) 7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>GREG M. CAPEAS</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	---------------------------------------	--

4 Date <i>9-24-13</i>	5 Payee name <i>COGISO EDUCATION FOUNDATION</i>
--------------------------	--

6 Amount (\$) <i>200.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>P.O. Box 39 COLDSPRING, TX - 77331</i>
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>FUNDRAISER</i>
--------------------------	--	--

Date <i>9-26-13</i>	Payee name <i>SAN JACINTO COUNTY TREASURER</i>
------------------------	---

Amount (\$) <i>34.20</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1 STATE HWY 150 Rm#1 COLDSPRING, TX 77331</i>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>ELECTIONS OFFICE ELECTION REVIEW C.D.</i>
------------------------	---	---

Date <i>9-27-13</i>	Payee name <i>WAL-MART</i>
------------------------	-------------------------------

Amount (\$) <i>6.88</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>831 HWY 59 CLEVELAND, TX 77327</i>
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>Copy Paper</i>
------------------------	---	--

Date <i>9-30-13</i>	Payee name <i>WAL-MART</i>
------------------------	-------------------------------

Amount (\$) <i>31.28</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>831 HWY 59 CLEVELAND, TX 77327</i>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>CARTRIDGE FOR PRINTER</i>
------------------------	---	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date 5 Payee name

10-14-13 SAN JACINTO COUNTY FEES

6 Amount (\$) 7 Payee address; City; State; Zip Code

350.00 P.O. Box 804
Colossus, TX 77331

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)

ADVERTISING EXPENSE ADD ON MONEY TO THE COUNTY FEES

Date 9 Payee name

10-16-13 KING WOODS COUNTY CLUB

Amount (\$) 10 Payee address; City; State; Zip Code

600.00 1700 LAKE KINGWOODS TRAIL
KINGWOOD, TX 77339

PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)

EVENT EXPENSE POLITICAL SPEAKERS

Date 11 Payee name

10-29-13 BRACKSHIRE RESTAURANT

Amount (\$) 12 Payee address; City; State; Zip Code

11.17 HWY 150 WEST
Colossus, TX 77331

PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)

FOOD BEVERAGE EXPENSE FOX WORKSHOP IN COLLEGE

Date 13 Payee name

11-16-13 AMERICAN LEGION #629

Amount (\$) 14 Payee address; City; State; Zip Code

275.00 P.O. Box 843
Colossus, TX 77331

PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)

CONTRIBUTIONS/FUNDRAISING EXPENSE FOX WORKSHOP WORKSHOP

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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.

1 Total pages Schedule G: 2 FILER NAME **GREG M. COPPIN** 3 ACCOUNT # (Ethics Commission Filers)

4 Date **11-19-13** 5 Payee name **Colosspring Chamber of Commerce**

6 Amount (\$) **30.00** 7 Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
**31 Butler St.
Colosspring, TX 77331**

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
FOOD / BEVERAGE LUNCH

Date **12-5-13** Payee name **Denny's**

Amount (\$) **34.39** Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
**19450 Hwy 59
Houston, TX 77338**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
FOOD / BEVERAGE EXPENSE STRATEGY MEETING

Date **12-9-13** Payee name **GSC Graphic Screen Printing Corporation**

Amount (\$) **595.92** Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
**5512 Mitchellville
Houston, TX 77092**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
ADVERTISING EXPENSE 4x4 Signs

Date **12-17-13** Payee name **Lowes**

Amount (\$) **19.16** Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
**22600 EASTEX FREEWAY
Kingwood, TX 77339**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
ADVERTISING EXPENSE TRIPS / OUT OF DISTRICT

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

180 COPY
FORM CTA
PG 1

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

See CTA Instruction Guide for detailed instructions.

1 Total pages filed

1

<p>2 CANDIDATE NAME</p>	<p>MS / MRS / MR FIRST MI SUFFIX</p> <p>MR. GREG M. CAPERS</p>	<p>OFFICE USE ONLY</p> <p>Accl #</p> <p>Date Received</p>
--------------------------------	--	--

<p>3 CANDIDATE MAILING ADDRESS</p>	<p>ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE</p> <p>2001 SHAW ROAD CLEVELAND, TX 77328</p>	<p>Date Received</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">JUL 25 2013</p> <p style="text-align: center;">SARAJA COUNTY</p> <p style="text-align: center;">ELECTIONS & COMMUNITY SERVICES</p>
---	---	--

<p>4 CANDIDATE PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p>(281) 797-1750</p>	<p>Date Hand Delivered or Postmarked</p> <p>Date Processed</p>
---------------------------------	---	--


<p>5 OFFICE HELD (if any)</p>	<p>N/A</p>
--------------------------------------	------------

<p>6 OFFICE SOUGHT (if known)</p>	<p>Sheriff of San Jacinto County</p>
--	--------------------------------------

<p>7 CAMPAIGN TREASURER NAME</p>	<p>MS/MRS/MR FIRST MI NICKNAME LAST</p> <p>MR. JAY M. CAPERS</p>
---	---

<p>8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE</p> <p>2001 SHAW ROAD, CLEVELAND, TX 77328</p>
---	---

<p>9 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p>(832) 407-4203</p>
--	---

<p>10 CANDIDATE SIGNATURE</p>	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p style="text-align: center;">  Signature of Candidate </p> <p style="text-align: right;"> 7-25-13 Date Signed </p>
--------------------------------------	---

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP COVER SHEET

19 COPY

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

RECEIVED
MAY 20 2015
STATE ETHICS COMMISSION

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

1 ACCOUNT NUMBER
(Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE

POLITICAL COMMITTEE

If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.

If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.

3 NAME OF CANDIDATE
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

MR.

GREG

M.

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

CAPERS

4 TELEPHONE NUMBER OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(281)

797-1750

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2001 SHAW Rd. CLEVELAND, TX - 77328

6 OFFICE SOUGHT BY CANDIDATE
(PLEASE TYPE OR PRINT)

Sheriff of SAN JACINTO County

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN TREASURER
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

GO TO PAGE 2

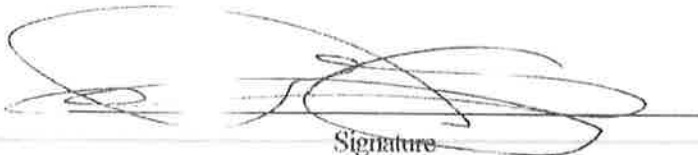
CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.



Signature

7-25-13
Date

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

COPY

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 CANDIDATE NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mr. Chris A. Simmons			

OFFICE USE ONLY

Filer ID #

Date Received

Date Hand Delivered or Postmarked

Receipt #

Date Processed

Date Imaged

Amount \$

RECEIVED

MAR 14 2019

SAN JACINTO COUNTY
ELECTION ADMINISTRATOR

3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
50 Smith St Shepherd, TX 77371					

4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(832) 401-2306			

5 OFFICE HELD (if any)

6 OFFICE SOUGHT (if known)

Sheriff

7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
	Mrs. Paige A. May					

8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
101 Hickman Creek Dr. Cleveland TX 77371					


9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(281) 622-1839			

10 CANDIDATE SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.



 Signature of Candidate

03/14/2019

 Date Signed

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP COVER SHEET

COPY

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Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received Date Hand-delivered or Postmarked Date Processed Date Mailed	<div style="font-size: 2em; font-weight: bold; transform: rotate(90deg); display: inline-block;">RECEIVED</div> MAR 1 2019 <div style="font-size: 1.2em; font-weight: bold; transform: rotate(90deg); display: inline-block;">SAN JACINTO COUNTY ELECTION ADMINISTRATOR</div>
---	---

1 ACCOUNT NUMBER (Ethics Commission Filers)	2 TYPE OF FILER CANDIDATE <input type="checkbox"/> POLITICAL COMMITTEE <input type="checkbox"/> If filing as a candidate, complete boxes 3 - 6, then read and sign page 2. If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.												
3 NAME OF CANDIDATE (PLEASE TYPE OR PRINT)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE (Dr., Mr., Ms., etc.)</td> <td style="width: 35%;">FIRST</td> <td style="width: 35%;">MI</td> </tr> <tr> <td style="text-align: center;">MR.</td> <td style="text-align: center;">CHRIS</td> <td style="text-align: center;">A.</td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="font-size: 0.8em;">LAST</td> <td style="font-size: 0.8em;">SUFFIX (SR., JR., III, etc.)</td> </tr> <tr> <td colspan="3" style="text-align: center; padding-top: 10px;">SIMMONS</td> </tr> </table>	TITLE (Dr., Mr., Ms., etc.)	FIRST	MI	MR.	CHRIS	A.	NICKNAME	LAST	SUFFIX (SR., JR., III, etc.)	SIMMONS		
TITLE (Dr., Mr., Ms., etc.)	FIRST	MI											
MR.	CHRIS	A.											
NICKNAME	LAST	SUFFIX (SR., JR., III, etc.)											
SIMMONS													
4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">AREA CODE</td> <td style="width: 40%;">PHONE NUMBER</td> <td style="width: 30%;">EXTENSION</td> </tr> <tr> <td></td> <td style="text-align: center;">(832) 401-2306</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION		(832) 401-2306							
AREA CODE	PHONE NUMBER	EXTENSION											
	(832) 401-2306												
5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">STREET / PO BOX;</td> <td style="width: 15%;">APT / SUITE #;</td> <td style="width: 20%;">CITY;</td> <td style="width: 15%;">STATE;</td> <td style="width: 20%;">ZIP CODE</td> </tr> <tr> <td style="text-align: center;">50 SMITH</td> <td></td> <td style="text-align: center;">SHEPHERD TX</td> <td></td> <td style="text-align: center;">77371</td> </tr> </table>	STREET / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	50 SMITH		SHEPHERD TX		77371		
STREET / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE									
50 SMITH		SHEPHERD TX		77371									
6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)	SHERIFF												
7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)	(Empty)												
8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE (Dr., Mr., Ms., etc.)</td> <td style="width: 35%;">FIRST</td> <td style="width: 35%;">MI</td> </tr> <tr> <td style="text-align: center;">MRS.</td> <td style="text-align: center;">PAIGE</td> <td></td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="font-size: 0.8em;">LAST</td> <td style="font-size: 0.8em;">SUFFIX (SR., JR., III, etc.)</td> </tr> <tr> <td colspan="3" style="text-align: center; padding-top: 10px;">MAY</td> </tr> </table>	TITLE (Dr., Mr., Ms., etc.)	FIRST	MI	MRS.	PAIGE		NICKNAME	LAST	SUFFIX (SR., JR., III, etc.)	MAY		
TITLE (Dr., Mr., Ms., etc.)	FIRST	MI											
MRS.	PAIGE												
NICKNAME	LAST	SUFFIX (SR., JR., III, etc.)											
MAY													

GO TO PAGE 2

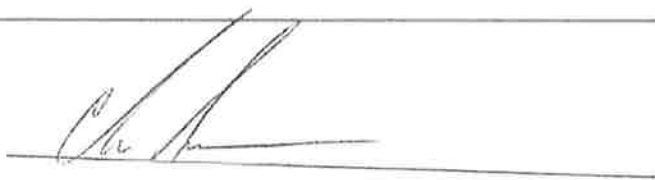
CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.



Signature



Date

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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
Candidate/Officeholder/Political Committee |
| Event Expense | Printing Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | | Office Overhead/Rental Expense | |

The instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME GREG M. CAPERS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-16-14		5 Payee name VISTAPRINT			
6 Amount (\$) 46.09 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code W.W.W. VISTAPRINT.COM			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) PRINTING Expense		(b) Description (If travel outside of Texas, complete Schedule T) CARDS	
Date 3-17-14		Payee name T D B T			
Amount (\$) 650.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. BOX 2911 League City, Tx 77574			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING Expense		Description (If travel outside of Texas, complete Schedule T) AD IN PAPER	
Date 3-18-14		Payee name CHAMBER OF COMMERCE LUNCHEON			
Amount (\$) 45.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 31 BUTTER ST Coldspring, TX 77331			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD / BEVERAGE Expense		Description (If travel outside of Texas, complete Schedule T) LUNCHEON	
Date 3-20-14		Payee name OFFICE MAX			
Amount (\$) 11.67 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 20412 HWY 59 NORTH Humble, TX 77338			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING Expense		Description (If travel outside of Texas, complete Schedule T) PAPER	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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.

1 Total pages Schedule G:	2 FILER NAME FREG M. CAPERS	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3-22-14	5 Payee name S.Y.L. (Shepherd Youth League)	
6 Amount (\$) 750.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 10550 Hwy 150 Shepherd, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations ^{Made By} Candidate	(b) Description (If travel outside of Texas, complete Schedule T) Made Donations And Bought Cakes
Date 3-22-14	Payee name SAN JACINTO COUNTY REPUBLICAN PARTY	
Amount (\$) 40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 370 Cold Springs, TX 77331	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) BREAKFAST WITH CRUG
Date 3-18-14	Payee name PARASIDE GRILL	
Amount (\$) 34.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 150 W Hwy Cold Springs, Texas 77331	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverages	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN WORKERS LUNCH
Date 4-2-14	Payee name BUCK SPRING WATER BOTTLING CO	
Amount (\$) 423.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4829 US Highway 96 North Jasper, Texas 75951	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN EXPENSE ADVERTISING

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

Accounting Expense
Advertising/Marketing
Consulting Expense
Event Expense
Fees

Governor/Commissioner's Office Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Volunteers/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Costs (Payroll/Fringe Benefits)
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Candidate/Political Committee
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 FILER NAME **Greg CAPERS** 3 ACCOUNT # (Ethics Commission Filers)

4 Date **3-29-14** 5 Payee name **Cleveland Eastern 465**

6 Amount (\$) **100.00** 7 Payee address: City: State: Zip Code
 Reimbursement from political contributions intended
FM 3278 Camilla, Texas 77331

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
Contribution/Donations **Boy Scouts**

Date **3-29-14** Payee name **B.S.A. TROOP # 845**

Amount (\$) **50.00** Payee address: City: State: Zip Code
 Reimbursement from political contributions intended
150 Hwy Coldspring, TEX. 77331

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
CONTRIBUTION / DONATIONS **Boy Scouts**

Date **3-29-14** Payee name **AMERICAN Legion**

Amount (\$) **165.00** Payee address: City: State: Zip Code
 Reimbursement from political contributions intended
629 FM 3278 Camilla, TEX

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
Advertising Expense **Coldspring Band Fundraiser**

Date **4-3-14** Payee name **BEAR CREEK VFD**

Amount (\$) **1000.00** Payee address: City: State: Zip Code
 Reimbursement from political contributions intended
FM 1725 Cleveland, TEX 77328

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
Advertising Expense **Fund RAISER**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

FORM 688

EXPENDITURE CATEGORIES FOR SCHEDULE 688

Accounting/Bookkeeping Expenses	Gifts/Entertainment/Travel Expenses	Salaries/Wages/Contract Labor	Utility Expenses/Telephone Expenses
Advertising/Printing Expenses	Legal Services	Secretary/Printing Expenses	Transportation/Equipment & Rental Expenses
Event Expense	Food/Beverage Expenses	Travel In District	Contributions/Donations Made By
Fees	Printing Expenses	Travel Out Of District	Candidate/Officeholder/Political Committee
	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Greg M. CAPERS	3 ACCOUNT # (Ethics Commission Firms)
4 Date 4-2-14	5 Payee name Hwy 190 Fuel Stop	
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 102.00	7 Payee address; City; State; Zip Code 850 E. Gibson JASPER, TEXAS 75957	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fuel	(b) Description (If travel outside of Texas, complete Schedule T) TRAVEL OUT OF DISTRICT
Date 4-5-14	Payee name WALMART	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 29.63	Payee address; City; State; Zip Code 831 HIGHWAY 59S CLEVELAND, TEXAS 77327	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) PAPER/ENVELOPE/INK/CAFF.
Date 4-7-14	Payee name GREATER CLEVELAND CHAMBER OF COMMERCE	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 250.00	Payee address; City; State; Zip Code 102 HILLTOP SQUARE CLEVELAND, TEX 77327	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) STANDARD ARENA BANNER - PKE-7
Date 4-7-14	Payee name US POSTAL SERVICE	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 98.00	Payee address; City; State; Zip Code Cleveland, TEXAS 77327	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) STAMPS

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MADE FROM PERSONAL FUNDS

SCHEDULE C

EXPENDITURE CATEGORIES FOR BOX 100

Accounting/Bookkeeping	Business Insurance/Retirement	Charitable/Political Contributions	Other (Registration/Travel/Other)
Consulting Expenses	Legal Services	Schedule C-eligible business	Transportation/Equipment & Related Expense
Event Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense	Travel Out Of District	OTHER (enter a category not listed above)
		Office Overhead/Rental Expense	

The instruction Guide explains how to complete this form.

1 Total pages Schedule C: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date 5 Payee name

4-12-14 GREG M. CAPERS DOLLAR GENERAL

6 Amount (\$) 7 Payee address; City; State; Zip Code
 3.25 705 Hwy 150 E Coldspring, Tex 77331
 Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
 Advertising Expense Cable Ties

Date 4-12-14 Payee name
 HOUNTRY BROCPAY

Amount (\$) 61.00 Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
 12790 STATE HWY 150 Coldspring, Tex 77331

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
 Campaign Expense Fuel

Date 4-14-14 Payee name
 Fed Ex OFF.ice

Amount (\$) 457.18 Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
 315 SAM HOUSTON PKWY E HOUSTON, TEX 77060

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
 Printing Expense Made Copy's

Date 4-14-14 Payee name
 SAMMYS

Amount (\$) 75.00 Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
 18318 FM 2025 Rd CLEVELAND, TEX 77328

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
 Fuel TRAVEL IN DISTRICT

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G:	2 FILER NAME GREG CAPEAS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4-11-14	5 Payee name PSP GRAPHIC SCREENPRINTING
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6 Amount (\$) 1290.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5512 M. Tebell Dale Houston, Texas 77092
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Signs
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Date 4-11-14	Payee name CAPE AREA VFD
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Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Cape Royale Dr Cold Spring, TX 77331
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising/Expense	Description (If travel outside of Texas, complete Schedule T) FUNDRAISER
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Date 4-11-14	Payee name Cold Spring - Oakhurst CFSD
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Amount (\$) 250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 125 FM 1514 Cold Spring, TX 77331
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Education Foundation
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Date 4-17-14	Payee name SAMMYS
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Amount (\$) 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 18318 FM 2025 Cleveland, Tex 77328
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fuel	Description (If travel outside of Texas, complete Schedule T) Travel in District
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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.

1 Total pages Schedule G:	2 FILER NAME FREG M. CAPERS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4-15-14	5 Payee name CORNER STORE 1410
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6 Amount (\$) 51.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1109 E. HOUSTON CLEVELAND, TEX 77320
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fuel	(b) Description (If travel outside of Texas, complete Schedule T) TRAVEL IN DISTRICT
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Date 4-28-14	Payee name CORNER STORE GROCERY
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Amount (\$) 57.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 12790 STATE HWY 150 COLDSRING, TEX 77331
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) fuel	Description (If travel outside of Texas, complete Schedule T) TRAVEL FR DISTRICT
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Date 4-23-14	Payee name Coldspring Chamber
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Amount (\$) 45.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 31 BUTLER ST COLDSRING TEX 77331
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Lunch
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Date 4-23-14	Payee name B. S. P. BRAPH'S SCREENPRINTING
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Amount (\$) 32.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5512 M. Tebelldale Houston, Tex 77092
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Signs/Wirestakes
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>BREG CAPERS</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>4-27-14</i>	5 Payee name <i>BROOKSHIRE</i>	
6 Amount (\$) <i>61.19</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>SOUTH HWY 150 COLDSRING, TEX 77331</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fuel</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>TRAVEL IN DISTRICT</i>
	Date <i>4-28-14</i>	
Amount (\$) <i>10.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee name <i>SAMMY'S</i>	
	Payee address; City; State; Zip Code <i>18318 FM 2025 CLEVELAND, TEXAS 77328</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fuel</i>	Description (If travel outside of Texas, complete Schedule T) <i>TRAVEL IN DIST.</i>
	Date <i>4-28-14</i>	
Amount (\$) <i>115.50</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee name <i>LOWE'S</i>	
	Payee address; City; State; Zip Code <i>107 FM 2025 CLEVELAND, TEX 77328</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fuel</i>	Description (If travel outside of Texas, complete Schedule T) <i>TRAVEL IN DIST.</i>
	Date <i>5-6-14</i>	
Amount (\$) <i>61.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee name <i>SAMMY'S</i>	
	Payee address; City; State; Zip Code <i>18318 FM 2025 CLEVELAND, TEX 77328</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fuel</i>	Description (If travel outside of Texas, complete Schedule T) <i>TRAVEL IN DIST</i>
	Date <i>5-6-14</i>	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G:		2 FILER NAME <i>Greg CAPERS</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-25-14</i>		5 Payee name <i>Shepherd FFA</i>			
6 Amount (\$) <i>100.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>1701 S. Bird Ave Shepherd, Tex 77371</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Banquet</i>	
Date <i>4-9-14</i>		Payee name <i>IDBT</i>			
Amount (\$) <i>650.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>PO Box 2911 League City, Tex 77574</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T) <i>Ad in Paper</i>	
Date <i>5-8-14</i>		Payee name <i>MORPHY USA 6616</i>			
Amount (\$) <i>66.50</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>838 S. Wasbington Av. Cleveland, TX 77327</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Fuel</i>		Description (If travel outside of Texas, complete Schedule T) <i>TRAVEL IN DISTRICT</i>	
Date <i>5-11-14</i>		Payee name <i>Midway Petroleum Group</i>			
Amount (\$) <i>26.25</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>14981 Hwy 150 West Coldspring, Tex 77331</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Fuel</i>		Description (If travel outside of Texas, complete Schedule T) <i>TRAVEL IN DIST.</i>	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

EXPENSES

EXPENDITURE CATEGORIES FOR 2005-2007:

Advertising Expense	Gifts/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Consulting Expense	Legal Services	Telephone/Facsimile Expense	Transportation Equipment & Related Expense
Event Expense	Food/Beverage Expense	Travel in District	Contributions/Donations Made by Candidate/Officeholder/Political Committee
Fees	Printing Expense	Travel Out Of District	OTHER (enter a category not listed above)
		Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME BROG CAPERS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5-3-14	5 Payee name EVERGREEN COMMUNITY CENTER
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6 Amount (\$) 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 150 W EVERGREEN, TEX 77328
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT Expense	(b) Description (if travel outside of Texas, complete Schedule T) PIFT CARD
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Date 5-4-14	Payee name Midway Petroleum
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Amount (\$) 61.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 14901 Hwy 150 W Goldsring, TEX 77331
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description (if travel outside of Texas, complete Schedule T) Fuel
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Date 5-11-14	Payee name Wal MART
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Amount (\$) 6.32 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 831 Hwy 59 S Cleveland, TEX 77327
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	Description (if travel outside of Texas, complete Schedule T) ENVELOPES
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Date 5-11-14	Payee name Midway Petroleum
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Amount (\$) 26.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 14901 Hwy 150 W Goldsring, TEX 77331
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

FORM NO. 4013

Advertising Expense Charitable/Political Expense Salaries/Wages/Unpaid Labor Loan Repayment/Reimbursement
 Entertainment Expense Legal Services Scholarship/Endowment Package Transportation Equipment & Related Expense
 Consulting Expense Food/Beverage Expenses Travel in District Contributions/Donations Made by
 Event Expense Printing Expense TRAVEL OUT OF DISTRICT Candidate/Officeholder/Political Committee
 Fees Office Overhead/Rental Expense OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME BREG CAPERS	3 ACCOUNT # (Ethics Commission Files)
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4 Date 5-14-14	5 Payee name SAMMY'S
--------------------------	--------------------------------

6 Amount (\$) 120.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City: State: Zip Code 18318 FM 2025 Rd Cleveland, Tex 77328
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) TRAVEL IN DISTRICT	(b) Description (If travel outside of Texas, complete Schedule T) Fuel
--------------------------	---	--

Date 5-16-14	Payee name Houston Community Newspaper
------------------------	--

Amount (\$) 325.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 106 W. HANSON PO BOX 1628 CLEVELAND, TEX 77328
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Ad In Paper
------------------------	--	---

Date 5-6-14	Payee name SAMMY'S
-----------------------	------------------------------

Amount (\$) 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 18318 FM 2025 Rd Cleveland, Tex 77328
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description (If travel outside of Texas, complete Schedule T) Fuel
------------------------	---	--

Date 5-16-14	Payee name Houston Community Newspaper
------------------------	--

Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 106 W. HANSON Cleveland, Tex 77328
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Ad In Paper
------------------------	--	---

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE C

EXPENDITURE CATEGORIES FOR BOX 6(a)

Advertising Expense	Out-of-pocket telephone expense	Out-of-pocket transportation	Out-of-pocket entertainment
Accounting/Finance	Legal Services	Education/Trade/Travel Expense	Transportation Equipment & Related Expense
Consulting Expense	Food, Beverage & Refreshment	Travel in District	Convention/Conferences/Assembly
Event Expense	Printing 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.

1 Total pages Schedule C:	2 FILER NAME Greg M. Capers	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5-17-14	5 Payee name Brookshire Bro. #72	
6 Amount (\$) 13.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code South Hwy 150 Cold Spring, TX 77331	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel In District	(b) Description (If travel outside of Texas, complete Schedule T) Fuel
Date 5-18-14	Payee name Brookshire Bro. #72	
Amount (\$) 34.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code South Hwy 150 Cold Spring, TX 77331	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel In District	Description (If travel outside of Texas, complete Schedule T) Fuel
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

COPY

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

8

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI M
NICKNAME GREG LAST SUFFIX
CAPERS

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Date Processed

Date Imaged

RECEIVED
FEB 24 2014

SAN JACINTO COUNTY
ELECTION ADMINISTRATOR

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
2001 SHAW Rd Cleveland, Tex 77328
 change of address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 799-1750

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI M
NICKNAME JAY LAST SUFFIX
CAPERS

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE
2001 SHAW Rd Cleveland, Tex 77328

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 407-4203

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 Month Day Year
2 / 4 / 2014 THROUGH 2 / 24 / 2014

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
3 / 4 / 2014

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

SHERIFF OF SAN JACINTO COUNTY

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Greg M. Capers

15 ACCOUNT # (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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *0*

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

\$ *1450.00*

EXPENDITURE
TOTALS

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

\$ *N/A*

4. TOTAL POLITICAL EXPENDITURES

\$ *6238.55*

CONTRIBUTION
BALANCE

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

\$ *686.45*

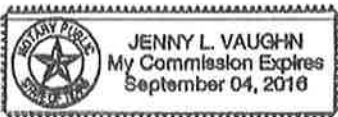
OUTSTANDING
LOAN TOTALS

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

\$ *2840.00*

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 to me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Greg Capers, this 24th day of February, 20 14, to certify which, witness my hand and seal of office

[Signature]
Signature of officer administering oath

Jenny Vaughn
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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

Greg M. CAPERS

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/15/14

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

Lynn Redden

6 Contributor address; City; State; Zip Code

Coldspring, Tex 77331

7 Amount of contribution (\$) 100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/24/14

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

Ronnie Bement

Contributor address; City; State; Zip Code

1402 Lehman ST Houston, Tex 77018

Amount of contribution (\$) 100.00

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 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 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 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)

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 PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: 5	2 FILER NAME BREG M. CAPERS	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2-8-14	5 Payee name LOVES TRUCK STOP	
6 Amount (\$) 81.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 107 FM 2025 CLEVELAND, TEX 77327	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fuel	(b) Description (If travel outside of Texas, complete Schedule T) TRAVEL IN DISTRICT
Date 2-8-14	Payee name M&M CATERING	
Amount (\$) 43.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 220 Peach ST. CLEVELAND, TEX. 77327	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) LUNCH FOR WORKERS
Date 2-11-14	Payee name ITALIAN REST.	
Amount (\$) 42.15 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code HWY 190 + 59 LIVINGSTON, TEX 77351	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food & Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Lunch For Workers
Date 2-9-14	Payee name Time Wise Food Store 224	
Amount (\$) 4.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 20111 Hwy 59 NEW CANEY, TX 77357	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food & Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Water For Workers

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: 2 FILER NAME **GREG M. CAPERS** 3 ACCOUNT # (Ethics Commission Filers)

4 Date **2-11-14** 5 Payee name **Signs + Wonders**

6 Amount (\$) **81.19** 7 Payee address; City; State; Zip Code **112 E M'11 STREET LIVINGSTON, TEX 77351**
 Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) **Advertising Expense** (b) Description (If travel outside of Texas, complete Schedule T) **STATE FOR SIGNS**

Date **2-13-14** Payee name **COUNTY LINE PROCEY**

Amount (\$) **9.75** Payee address; City; State; Zip Code **201 HWY 150 WILLIS, TEX 77378**
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Food + BEVERAGE Expense** Description (If travel outside of Texas, complete Schedule T) **WORKERS**

Date **2-13-14** Payee name **SAMMY'S**

Amount (\$) **75.00** Payee address; City; State; Zip Code **10318 FM 2025 Rd CLEVELAND, TEX 77328**
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **TRAVEL IN DISTRICT** Description (If travel outside of Texas, complete Schedule T) **FUEL**

Date **2-14-14** Payee name **CRYSTAL'S**

Amount (\$) **140.00** Payee address; City; State; Zip Code **HWY 150 S COLDSRING, TEX 77331**
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **CONTRIBUTIONS / FUNDRAISER Expense** Description (If travel outside of Texas, complete Schedule T) **FOR SENIOR CENTER**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G:	2 FILER NAME <i>GREG M. CAPERS</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>2-12-14</i>	5 Payee name <i>NANNY'S</i>	
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>35.00</i>	7 Payee address; City; State; Zip Code <i>13650 Hwy 150 W ColdSpring, Tex 77331</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>lunch/campaign workers</i>
Date <i>2-15-14</i>	Payee name <i>PARASIDE GRILL</i>	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>60.00</i>	Payee address; City; State; Zip Code <i>150 Hwy W ColdSpring, Tex 77331</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Lincoln Breakfast</i>
Date <i>2-17-14</i>	Payee name <i>M+S HOUNTRY GROCERY</i>	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>13.00</i>	Payee address; City; State; Zip Code <i>6899 Hwy 1904 Point Blank, Tex 77364 COUNTS RD</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FUEL</i>	Description (If travel outside of Texas, complete Schedule T) <i>TRAVEL IN DISTRICT</i>
Date <i>2-17-14</i>	Payee name <i>SAMMY'S</i>	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>103.00</i>	Payee address; City; State; Zip Code <i>10318 FM 2025 RD Cleveland, Tex 77328</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fuel</i>	Description (If travel outside of Texas, complete Schedule T) <i>TRAVEL IN DISTRICT</i>

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
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 ACCOUNT # (Ethics Commission Filers)

4 Date 5 Payee name

6 Amount (\$) 7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME BRAG M. CAPERS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2-18-14	5 Payee name PARADISE BRILL
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6 Amount (\$) 302.67 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Coldspring, TX 77328
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (if travel outside of Texas, complete Schedule T) CAMPAIGN WORKERS
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Date 2-21-14	Payee name Sonic Drive In Shepherd
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Amount (\$) 8.55 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6400 Hwy 59 South Shepherd, TX 77371
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (if travel outside of Texas, complete Schedule T) CAMPAIGN WORKING
------------------------	---	---

Date 2-22-14	Payee name PARADISE BRILL
-----------------	------------------------------

Amount (\$) 26.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Hwy 150 W Coldspring, Texas 77328
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Greg Capers 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1250.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ N/A
	4. TOTAL POLITICAL EXPENDITURES	\$ 5070.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 486.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2840.00

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.



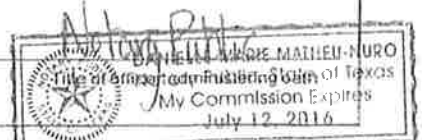
[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gregory M. Capers, this the 3 day of February, 2014, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Danielle Marie Matheu-Nuro
Printed name of officer administering oath



**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 <i>Breg M. CAPERS</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1/16/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RAY JOHNSON</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>Hwy 190 + FM 980 PO BOX 900 POINT BLANK, TX 77364</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>DRY SAFE STORAGE</i>		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)
Contributor address; City; State; Zip Code		(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)
Contributor address; City; State; Zip Code		(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)
Contributor address; City; State; Zip Code		(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)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Greg M. CAPERS</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan <i>1-12-14</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Greg M. CAPERS</i>	9 Loan Amount (\$) <i>500.00</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>2001 SHAW Rd Cleveland, Tex 77328</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>LAW ENFORCEMENT / SERGEANT</i>		13 Employer (See Instructions) <i>HARRIS COUNTY SHERIFF OFFICE</i>
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
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)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code		
Principal Occupation (See instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

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.

1 Total pages Schedule F:	2 FILER NAME <i>Greg M. CAPERS</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	---------------------------------------	--

4 Date <i>2-1-14</i>	6 Payee name <i>Bev of San Jacinto County</i>
-------------------------	--

6 Amount (\$) <i>100.00</i>	7 Payee address; City; State; Zip Code <i>31 BUTLER ST Collespring 77331</i>
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>BANQUET</i>
--------------------------	--	---

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 (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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 (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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 (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Capers, Greg

3 Filer ID (Ethics Commission Filers)

4 Date

8-17-15

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

Todd Vixsala

7 Amount of contribution (\$)

\$ 35.00

6 Contributor address; City; State; Zip Code

PO Box 630147 Houston TX 77263

8 Principal occupation / Job title (See Instructions)

Geologist

9 Employer (See Instructions)

Date

8-17-15

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

Beth West

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

90 Live Oak St. ColdSpring TX 77331

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-17-15

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

David & Joyce Carlos

Amount of contribution (\$)

\$ 70.00

Contributor address; City; State; Zip Code

1201 Alsabrooks Rd ColdSpring TX 77328

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-17-15

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

Denise Hall

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

1760 Cape Royale DR. ColdSpring TX

Principal occupation / Job title (See Instructions)

EMS/Firefighter

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 FILER NAME

Capers, Greg

3 Filer ID (Ethics Commission Filers)

4 Date

8-17-15

5 Full name of contributor

MARVIN + BETTY B. IBERT

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

7 Amount of contribution (\$)

\$ 105.00

6 Contributor address;

City; State; Zip Code

22502 Hwy 105E Cleveland, TX 77328

8 Principal occupation / Job title (See Instructions)

OWNER

9 Employer (See Instructions)

WATER Well Co

Date

8-17-15

Full name of contributor

Hal + Jean Pollock

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

Amount of contribution (\$)

\$ 70.00

Contributor address;

City; State; Zip Code

503 Old Bayou Dr Dickerson, TX 77539

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-17-15

Full name of contributor

Linda + Gerald Deeter

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

Amount of contribution (\$)

\$ 70.00

Contributor address;

City; State; Zip Code

Cemetery Rd Cold Spring, TX 77331

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

Media Co

Date

8-17-15

Full name of contributor

Chuck Shepherd

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

Amount of contribution (\$)

\$ 35.00

Contributor address;

City; State; Zip Code

206 Brand Iron Livingston, Tex 77351

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 FILER NAME

Capers, Greg

3 Filer ID (Ethics Commission Filers)

4 Date

8-17-15

5 Full name of contributor

JERRY Gibson

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

7 Amount of contribution (\$)

\$ 20.00

6 Contributor address;

City; State; Zip Code

868 FM 1514 ColdSpring, Tex 77331

8 Principal occupation / Job title (See Instructions)

Supt.

9 Employer (See Instructions)

ColdSpring School Dist.

Date

8-17-15

Full name of contributor

RICHARD GRINDSTAFF

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

Amount of contribution (\$)

\$ 750.00

Contributor address;

City; State; Zip Code

2300 FM 945N ColdSpring, Tex 77331

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.

COPY

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:

2

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR MR FIRST MI
NICKNAME Greg LAST M
SUFFIX

OFFICE USE ONLY

Date Received
Date Hand-delivered or Postmarked
Receipt # Amount
Date Processed
Date Imaged
SAN JACINTO COUNTY
ELECTION ADMINISTRATOR

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT/SUITE#; CITY; STATE; ZIP CODE
2001 SHAW Rd Cleveland, Texas 77328

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 797-1750

6 CAMPAIGN TREASURER NAME

MS / MRS / MR MR FIRST MI
NICKNAME Jay LAST M
SUFFIX

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; CITY; STATE; ZIP CODE
2001 SHAW Rd Cleveland, Texas 77328

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(832) 407-4203

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
1 / 16 / 15 7 / 15 / 15

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
 / /

12 OFFICE

OFFICE HELD (if any)
SHERIFF OF SAN JACINTO COUNTY

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Greg M. Capers

15 ACCOUNT # (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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0

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

\$

5650.00

EXPENDITURE
TOTALS

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

\$

N/A

4. TOTAL POLITICAL EXPENDITURES

\$

20,930.22

CONTRIBUTION
BALANCE

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

\$

289.38

OUTSTANDING
LOAN TOTALS

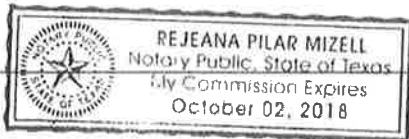
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

2840.00

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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Greg Capers, this the 10 day of July, 20 15, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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:

2

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Greg

M

Capers

OFFICE USE ONLY

Date Received

JAN 4 2015

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

SAN JACINTO COUNTY
ELECTION ADMINISTRATOR

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

2001 SHAW Rd Cleveland, Tex 77328

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281)

797-1750

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

JAY

M.

Capers

7 CAMPAIGN TREASURER ADDRESS (residence or business)

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

2001 SHAW Rd Cleveland, Texas 77328

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832)

407-4203

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
11 / 4 / 14 1 / 15 / 15

11 ELECTION

ELECTION DATE
Month Day Year

ELECTION TYPE

- Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Sheriff of San Jacinto County

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Breg M. Capers

15 ACCOUNT # (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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *0*

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

\$ *5650.00*

EXPENDITURE
TOTALS

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

\$ *N/A*

4. TOTAL POLITICAL EXPENDITURES

\$ *20,930.22*

CONTRIBUTION
BALANCE

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

\$ *289.38*

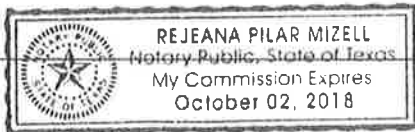
OUTSTANDING
LOAN TOTALS

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

\$ *2840.00*

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.



[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Breg Capers*, this the *14* day of *January*, 20 *15*, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Rejeana Mizell
Printed name of officer administering oath

Notary
Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

COPY

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

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST: **Greg**
NICKNAME: **Greg**
LAST: **CAPEERS**

MI: **M**
SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

change of address

ADDRESS / PO BOX: **2001 SHAW Rd** APT/SUITE #: **Cleveland, Texas** CITY: **Texas** STATE: **77328** ZIP CODE

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: **(281)** PHONE NUMBER: **797-1750** EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST: **Jay**
NICKNAME: **Jay**
LAST: **CAPEERS**

MI: **M**
SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): **2001 SHAW Rd.** APT/SUITE #: **Cleveland, Texas** CITY: **Texas** STATE: **77328** ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE: **()** PHONE NUMBER: **832-407-4203** EXTENSION:

9 REPORT TYPE

- January 15
- July 15
- 30th day before election
- 8th day before election
- Runoff
- Exceeded \$500 limit
- 15th day after campaign treasurer appointment (officeholder only)
- Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month: **10** Day: **4** Year: **14** THROUGH Month: **11** Day: **4** Year: **14**

11 ELECTION

ELECTION DATE
Month: **11** Day: **4** Year: **14**

ELECTION TYPE

- Primary
- Runoff
- General
- Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

SHERIFF OF SAN JACINTO COUNTY

OFFICE USE ONLY

Date Received: **OCT 27 2014**

Date Hand-delivered or Postmarked:

Receipt #:

Amount:

Date Processed:

Date Imaged:

RECEIVED

SAN JACINTO COUNTY ELECTION ADMINISTRATOR

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Greg M. Capers

15 ACCOUNT # (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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *0*

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

\$ *5650.00*

EXPENDITURE
TOTALS

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

\$ *N/A*

4. TOTAL POLITICAL EXPENDITURES

\$ *20,930.22*

CONTRIBUTION
BALANCE

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

\$ *289.38*

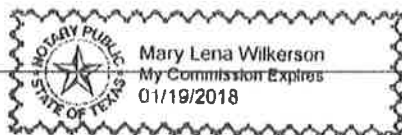
OUTSTANDING
LOAN TOTALS

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

\$ *2840.00*

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.



Greg M. Capers

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Greg M. Capers*, this the 27 day of Oct, 20 014, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

GREG M. CAPERS

4 Date

6 Payee name
SAN JACINTO COUNTY FAIR + RODEO

6 Amount (\$)

2625.00

Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code
PO Box 804 ColdSpring, TEX 77331

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)

(b) Description (If travel outside of Texas, complete Schedule T)

Advertising Expense

EVENT EXPENSE

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE

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

Description (If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE

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

Description (If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE

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

Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

COPY

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

3

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
NICKNAME LAST SUFFIX

GREG

M

CAPERS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

2001 SHAW Rd Cleveland, TX 77328

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(281) 797-1750

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
NICKNAME LAST SUFFIX

JAY

M

CAPERS

7 CAMPAIGN TREASURER ADDRESS (residence or business)

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

2001 SHAW Rd Cleveland, TX 77328

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

() 832-407-4203

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

Months Day Year THROUGH Month Day Year
7 / 15 / 14 THROUGH 10 / 4 / 14

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE

11-4-14 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

SHERIFF OF SAN JACINTO COUNTY

GO TO PAGE 2

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt

Date Processed

Date Imaged

2014

RECEIVED

SAN JACINTO COUNTY ELECTION ADMINISTRATOR

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Greg M. Capers

15 ACCOUNT # (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

COMMITTEE ADDRESS

SPECIFIC

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

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 5650.00

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 18,305.22

CONTRIBUTION BALANCE

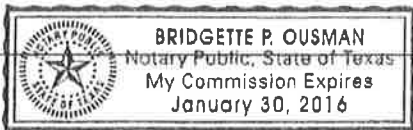
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 289.38

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 2840.00

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.



[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Greg Capers, this the 2th day of Sept, 20 14, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Bridgette P. Ousman
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G:	2 FILER NAME: <i>Breg M. CAPERS</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--	--

4 Date: <i>9-15-14</i>	5 Payee name: <i>Concepts Inc.</i>
---------------------------	---------------------------------------

6 Amount (\$): <i>1164.08</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code: <i>P.O. Box 33219 Decatur, Georgia 30033</i>
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T): <i>Event Expense</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	---	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:

5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS (MR)

FIRST

MI

NICKNAME

LAST

SUFFIX

Greg
CAPERS

M

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2001 SHAW Rd Cleveland, Tex
77328

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 797-1750

6 CAMPAIGN TREASURER NAME

MS / MRS (MR)

FIRST

MI

NICKNAME

LAST

SUFFIX

Jay
CAPERS

M

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2001 SHAW Rd Cleveland, Tex 77328

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 407-4203

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

5 / 19 / 2014

7 / 15 / 2014

11 ELECTION

Month ELECTION DATE Day Year

ELECTION TYPE

Primary

Runoff

General

Special

11 / 4 / 2014

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Sheriff of San Jacinto County

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Greg M. CAPERS 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

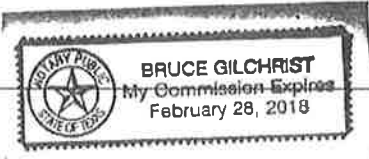
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5650.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ N/A
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,141.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 289.38
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2840.00

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 to me under Title 15, Election Code.



Greg M. Capers
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by the said Greg CAPERS, this 15 day of JULY, 2014, to certify which, witness my hand and seal of office.

Bruce Gilchrist
Signature of officer administering oath

Bruce Gilchrist
Printed name of officer administering oath

NOTARY
Title of officer administering oath

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

Greg M. Capers

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

Steve L. Roberts

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

500.00

6 Contributor address; City; State; Zip Code

5155 3rd St. Bellaire Tx, 77401

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor 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 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 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 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)

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 PERSONAL FUNDS**

SCHEDULE G

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.

1 Total pages Schedule G:		2 FILER NAME GREG M. CAPERS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5-20-14		5 Payee name MURPHY USA 6616			
6 Amount (\$) 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 838 S. Washington Cleveland, TX 77327			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fuel		(b) Description (If travel outside of Texas, complete Schedule T) TRAVEL IN DISTRICT	
Date 5-22-14		Payee name CHAMBER OF COMMERCE			
Amount (\$) 60.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 31 BUTTER ST. Coldspring TX 77331			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Scholarship Luncheon	
Date 5-26-14		Payee name BROOKSHIRE BRO			
Amount (\$) 95.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code South Hwy 150 Coldspring, TX 77331			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fuel		Description (If travel outside of Texas, complete Schedule T) TRAVEL FR DISTRICT	
Date 5-29-14		Payee name PARASIDE BRILL			
Amount (\$) 14.32 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 150 WEST Coldspring, TX 77331			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage		Description (If travel outside of Texas, complete Schedule T) WORKERS	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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.

1 Total pages Schedule G:	2 FILER NAME Greg M. CAPERS	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--------------------------------	--

4 Date 5-30-14	5 Payee name MURPHY USA 6616
-------------------	---------------------------------

6 Amount (\$) 75.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 838 S. Washington Cleveland, TX 77327
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fuel	(b) Description (If travel outside of Texas, complete Schedule T) TRAVEL IN DISTRICT
--------------------------	--	---

Date 5-30-14	Payee name MURPHY USA 6616
-----------------	-------------------------------

Amount (\$) 35.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 838 S. Washington Cleveland, TX 77327
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fuel	Description (If travel outside of Texas, complete Schedule T) TRAVEL IN DISTRICT
------------------------	--	---

Date 6-9-14	Payee name IDBT
----------------	--------------------

Amount (\$) 2500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 2911 League City, TX. 77574
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Ads In Paper
------------------------	---	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

COPY

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission/Filers)

2 Total pages filed:

19

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
NICKNAME Greg LAST M SUFFIX
CAPERS

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
2001 SHAW Rd Cleveland, Texas 77328

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 797-1750

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
NICKNAME JAY LAST M SUFFIX
CAPERS

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE
2001 SHAW Rd Cleveland, Texas 77328

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 407-4203

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
2 / 25 / 2014 THROUGH 5 / 19 / 2014

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
5 / 27 / 14 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Sheriff of San Jacinto County

OFFICE USE ONLY
Date Received
Date Hand-delivered or Postmarked
Receipt # Amount
Date Processed
Date Mailed
MAY 1 2014
SAN JACINTO COUNTY
ELECTION ADMINISTRATOR

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

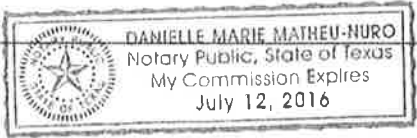
14 C/OH NAME Greg M Capers 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
---	---	--

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5050.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>N/A</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>14,286.82</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>289.38</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2840.00</u>

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 under Title 15, Election Code.



Gregory M. Capers
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gregory M. Capers, this 19 day of May, 20 14, to certify which, witness my hand and seal of office
Danielle Marie Matheu-Nuro Danielle Marie Matheu-Nuro Notary Public, State of Texas
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**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

Greg M. Capers

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/22/14

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

Hans Schellstedt

6 Contributor address; City; State; Zip Code

726 FINGERST SANTA FE, TEX 77517

7 Amount of contribution (\$)

3,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Business Partner Electrical Rental

10 Employer (See Instructions)

Date

3/10/14

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

Jerry D. Satcher

Contributor address; City; State; Zip Code

PO Box 412 La Porte Tx 77572

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/14

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

Rose Marie & James T. Campbell

Contributor address; City; State; Zip Code

10502 Palomino Trails Ct Houston, Tex. 77095

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22/14

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

John Few

Contributor address; City; State; Zip Code

9340 Hwy 150 Shepherd TX 77371

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/6/14

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

Ronnie Bemet

Contributor address; City; State; Zip Code

1402 Lehman ST Houston TX 77018

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

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

Greg M. CAPERS

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/10/14

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

Charles Barnes

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

502 BROWN Rd Cleveland TX 77328

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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.

1 Total pages Schedule G:		2 FILER NAME Greg M. CAPERS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-24-14		5 Payee name SUPER DONUTS - Coldspring, TX 77331			
6 Amount (\$) 18.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 701 N. ST. MARY STREET CARTHAGE, TX 75633			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/Beverage		(b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN WORKERS BREAKFAST	
Date 2-24-14		Payee name PARASIDE GRILL			
Amount (\$) 52.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 150 HWY W COLDSRING, TEX 77331			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage		Description (If travel outside of Texas, complete Schedule T) CAMPAIGN WORKERS LUNCH	
Date 2-24-14		Payee name SAMMY'S			
Amount (\$) 58.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 18318 FM 2025 CLEVELAND, TEX 77328			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fuel		Description (If travel outside of Texas, complete Schedule T) TRAVEL IN DISTRICT	
Date 2-25-14		Payee name BEAR CREEK GROCERY			
Amount (\$) 21.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 21 A.J. MURRY RD CLEVELAND, TEX 77328			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fuel		Description (If travel outside of Texas, complete Schedule T) TRAVEL IN DISTRICT	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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.

1 Total pages Schedule G:	2 FILER NAME Greg M. Capers	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3-1-14	5 Payee name Sammy's	
6 Amount (\$) 68.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 18318 FM 2025 Rd Cleveland, Texas 77328	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fuel	(b) Description (If travel outside of Texas, complete Schedule T) TRAVEL IN DISTRICT
	Date 3-3-14	Payee name SAMMY'S
Amount (\$) 45.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 18318 FM 2025 Rd Cleveland, Tx 77328	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fuel	Description (If travel outside of Texas, complete Schedule T) TRAVEL IN DISTRICT
	Date 3-5-14	Payee name WHATBURGER
Amount (\$) 13.62 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 808 HWY 59 Cleveland, Tex 77327	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN WORKERS
	Date 3-6-14	Payee name LONGHORN
Amount (\$) 50.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 20127 Hwy 59 N Humble, Tex 77338	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN WORKERS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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.

1 Total pages Schedule G:	2 FILER NAME Greg M. CAPERS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3-7-14	5 Payee name PARADISE BRILL
------------------	--------------------------------

6 Amount (\$) \$40.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 150 W. Coldspring, Tex 77331
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverages	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Workers
--------------------------	--	---

Date 3-9-14	Payee name PAPPAS
----------------	----------------------

Amount (\$) \$279.42 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 20410 Hwy 59N Humble, Tex 77338
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Meeting to discuss Campaign Issues
------------------------	---	---

Date 3-8-14	Payee name Sons of The American Legion Post #629
----------------	---

Amount (\$) \$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Camilla Post 629 FM 3278 Camilla Tex
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations Made by ^{candidate}	Description (If travel outside of Texas, complete Schedule T) Fund Raiser
------------------------	--	--

Date 3-11-14	Payee name Brookshire BRO
-----------------	------------------------------

Amount (\$) \$12.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Hwy 150 West Coldspring Tex. 77331
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Republican Mtg
------------------------	---	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

COPY

The C/OH instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 28
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST Greg MI M NICKNAME LAST SUFFIX CAPERS	OFFICE USE ONLY Date Received Date Handled, Entered or Postmarked Receipt Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2001 SHAW Rd Cleveland Tex 77328		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 799-1750		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Jay MI M NICKNAME LAST SUFFIX CAPERS	SAN JACINTO COUNTY ELECTION ADMINISTRATOR RECEIVED JAN 4 2011	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2001 SHAW Rd Cleveland, Texas 77328		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 407-4203		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 16 / 15 12 / 31 / 15		
11 ELECTION	ELECTION DATE Month Day Year 3 / 1 / 16	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) SHERIFF of SAN JACINTO COUNTY		

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Greg Capers

15 ACCOUNT # (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

COMMITTEE ADDRESS

SPECIFIC

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

\$ *30,970.00*

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

\$ *4150.00*

EXPENDITURE
TOTALS

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

\$ *N/A*

4. TOTAL POLITICAL EXPENDITURES

\$ *22,249.51*

CONTRIBUTION
BALANCE

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

\$ *24,874.20*

OUTSTANDING
LOAN TOTALS

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

\$ *2840.00*

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.



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Greg Capers*, this the *13* day of *January*, 20 *16*, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Dianna Adams
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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.

1 Total pages Schedule G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

GREG M. CAPERS

4 Date 5 Payee name

7-10-15 U.S. POST OFFICE

6 Amount (\$) 7 Payee address; City; State; Zip Code

44.00
 Reimbursement from political contributions intended
14231 Hwy 150W Cold Spring, TX 77331

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)

Post Office Box Office Overhead/Rental Expense

Date 8-5-15 Payee name U.S. Post Office

Amount (\$) 49.98
 Reimbursement from political contributions intended
14231 State Highway 150W Cold Spring, TX 77331

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Stamps Advertising Expense

Date 8-12-15 Payee name Hobby Lobby

Amount (\$) 75.78
 Reimbursement from political contributions intended
1217 N. Loop 336W Conroe, TX 77301

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Fabric Event Expense

Date 8-17-15 Payee name PARASIDE BRILL

Amount (\$) 39.63
 Reimbursement from political contributions intended
15220 Hwy 150W Cold Spring, TX 77027

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Food Expense Lunch For Workers

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
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 ACCOUNT # (Ethics Commission Filers)

4 Date 5 Payee name
8-12-15 Ron's Trophy's

6 Amount (\$) 7 Payee address; City; State; Zip Code
\$378.77 107 PEARL ST Cleveland, TEXAS 77327
 Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
ADVERTISING EXPENSE PENS

Date Payee name
8-17-15 PARADISE GRILL

Amount (\$) Payee address; City; State; Zip Code
\$1593.00 15220 STATE HWY 150 W COLTS SPRING, TEX 77027
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
EVENT EXPENSE DINNER FOR FUNDRAISER

Date Payee name
8-16-15 FAMILY DOLLAR

Amount (\$) Payee address; City; State; Zip Code
\$25.98 708 F. DAVIS ST COMPTON, TX 77
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
EVENT EXPENS TABLE CLOTHS

Date Payee name
8-16-15 WALMART

Amount (\$) Payee address; City; State; Zip Code
31.96 831 HWY 595 CLEVELAND, TX 77327
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
EVENT EXPENSE TABLE CLOTHS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date 7-15-15 5 Payee name ACME BUSINESS CARDS

6 Amount (\$) 223.53 7 Payee address; City; State; Zip Code 2900 NORTH FREEMAN HOUSTON, TEX 77009
 Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE (b) Description (If travel outside of Texas, complete Schedule T) EVENT BROCHURES

Date 8-29-15 Payee name SHEPHERD FFA

Amount (\$) 75.00 Payee address; City; State; Zip Code PO BOX 429 SHEPHERD, TEXAS 77371
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE - DONATION Description (If travel outside of Texas, complete Schedule T) FOOD

Date 8-29-15 Payee name SHEPHERD FSD

Amount (\$) 225.00 Payee address; City; State; Zip Code PO BOX 429 SHEPHERD, TEX 77371
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE DONATION Description (If travel outside of Texas, complete Schedule T) AUCTION ITEMS

Date 9-26-15 Payee name SAN JACINTO CO FAIR & RODEO

Amount (\$) 2700.00 Payee address; City; State; Zip Code PO BOX 804 COLD SPRING, TX 77331
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE Description (If travel outside of Texas, complete Schedule T) DONATIONS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G:	2 FILER NAME <i>BREG CAPERS</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>10-2-15</i>	5 Payee name <i>MONTGOMERY COUNTY CRIME STOPPERS, INC.</i>	
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>250.00</i>	7 Payee address; City; State; Zip Code <i>#1 CRIMINAL JUSTICE DRIVE COMROE, TEX 77301</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>HOLE SPONSOR FOR GOLF TOURNAMENT</i>
Date <i>10-1-15</i>	Payee name <i>Cold Spring High School 1</i>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>90.00</i>	Payee address; City; State; Zip Code <i>1125 FM 150 Cold Spring Tex 77027</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Adopt Florida Student (-YEARLY)</i>
Date <i>10-29-15</i>	Payee name <i>Cold Spring Chamber of Commerce</i>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>50.00</i>	Payee address; City; State; Zip Code <i>31 BUTLER ST Cold Spring, Tex 77027</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>MEMBERSHIP</i>
Date <i>10-29-15</i>	Payee name <i>TEXAS PRISON SYSTEM</i>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>1300.00</i>	Payee address; City; State; Zip Code <i>Huntsville, Texas</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>gifts</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

FORM 6

EXPENDITURE CATEGORIES FOR SCHEDULE T

Advertising Expense
Campaign/Printing
Consulting Expense
Event Expense
Fees

Gifts and Entertainment Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Substantive Fundraising Expenses
Travel In District
Travel Out Of District
Office Overhead/Reimbursement

Union Dues/Political Action Committee
Transportation Equipment & Related Expenses
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category number listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date 5 Payee name
11-12-15 MONTGOMERY CO CRIME STOPPERS

6 Amount (\$) 7 Payee address: City, State, Zip Code
\$50.00 #1 CRIMINAL JUSTICE DRIVE CONROE, TX 77301

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
Advertising CONTRIBUTIONS/Donations made by Candidate

Date 9 Payee name
10-14-15 Cold Spring FFA

Amount (\$) 10 Payee address: City, State, Zip Code
\$256.00 4 WY 150 WEST COLD SPRING, TEX 77331

11 PURPOSE OF EXPENDITURE 12 Category (See categories listed at the top of this schedule) 13 Description (If travel outside of Texas, complete Schedule T)
Advertising Expense Fund RAISER

Date 14 Payee name
12-3-15 Hobby Lobby

Amount (\$) 15 Payee address: City, State, Zip Code
\$97.13 20325 Hwy 59 N Humble, Tex 77338

16 PURPOSE OF EXPENDITURE 17 Category (See categories listed at the top of this schedule) 18 Description (If travel outside of Texas, complete Schedule T)
Advertising EVENT EXPENSE

Date 19 Payee name
12-3-15 Big Lots

Amount (\$) 20 Payee address: City, State, Zip Code
\$129.9 23741 Hwy 59 STE 30 PORTER, Tex 77365

21 PURPOSE OF EXPENDITURE 22 Category (See categories listed at the top of this schedule) 23 Description (If travel outside of Texas, complete Schedule T)
Advertising EVENT EXPENSE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE F 19

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Printing
Concubility Expense
Event Expense
Fees

Gift/Award/Memo. Exp. Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Relinquishment
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 ACCOUNT # (Ethics Commission Filers)

Greg CAPERS

4 Date
12-3-15

5 Payee name
WALMART

6 Amount (\$) \$57.07

7 Payee address; City; State; Zip Code
23561 Hwy 59 PORTER, TEX 77365

Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)

(b) Description (If travel outside of Texas, complete Schedule T)

Advertising

EVENT Expense

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE

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

Description (If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE

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

Description (If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE

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

Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 6	
2 FILER NAME Greg CAPERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 8-17-15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARRY McLOWN	8 Amount of Contribution \$ \$300.00	9 In-kind contribution description TURKEY HUNT
7 Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	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
			<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Greg CAPERS</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>8-17-15</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KAY CAPERS</i>	8 Amount of Contribution \$ <i>\$100.00</i>	9 In-kind contribution description <i>Beats</i>
7 Contributor address; City; State; Zip Code <i>2001 SHAW Rd CLEVELAND, TX 77328</i>		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>ADM. ASSLT. HARRIS CO SHERIFF DEPT</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	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
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>BREG CAPERS</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>8-17-15</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAVID & LAURA LAWRENZ</i>	8 Amount of Contribution \$ <i>\$150.00</i>	9 In-kind contribution description <i>PICTURE</i>
7 Contributor address; City; State; Zip Code <i>4561 Union Rd N. Zulch, Tx 77872</i>		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>SERGEANT - SAN JAC. CO. COUNTY SHERIFF DEPT.</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A2:

2 FILER NAME ⁽¹⁾ *GREG CAPERS* 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

5 Date <i>8-17-15</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe M. Schulte JR.</i>	8 Amount of Contribution \$ <i>\$300.00</i>	9 In-kind contribution description <i>BUNS</i>
7 Contributor address; City; State; Zip Code <i>2017 FM 1375 Rd Huntsville, TX 77340</i>		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) *Chief of San Jacinto County Sheriff Dept.* 11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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