

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>Joe M. Schutte Jr</i>	8 Amount of Contribution \$ <i>3100.00</i>	9 In-kind contribution description <i>BVNS</i>
7 Contributor address; City; State; Zip Code <i>2017 FM 1375 Rd EAST 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) <i>Chief - SAN JACINTO 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)			

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>Calvin + MARK NELSON</i>	8 Amount of Contribution \$ <i>\$200.00</i>	9 In-kind contribution description <i>Hog Hunt</i>
7 Contributor address; City; State; Zip Code <i>210 CR 3490N Splendora, TX</i>		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Sales Lead Park Moody Tractors</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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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **14**

2 FILER NAME

GREG CAPAS

3 Filer ID (Ethics Commission Filers)

4 Date

8-17-15

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

HAL & JEAN POLLOCK

7 Amount of contribution (\$)

\$70.00

6 Contributor address; City; State; Zip Code

503 OLD BAYOU DR., DICKINSON, TX. 77539

8 Principal occupation / Job title (See Instructions)

GEODESIST

9 Employer (See Instructions)

SELF

Date

8-16-15

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

PHILLIP & TERESA MCCOLLOUGH

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

600 CEMETARY RD. COLLEGE STATION, TX. 77331

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

SELF - BANK OF AMERICA

Date

8-3-15

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

ELIZABETH STIEGLER

Amount of contribution (\$)

\$150.00

Contributor address; City; State; Zip Code

400 N FINE MARINA DR. COLLEGE STATION, TX. 77331

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

8-18-15

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

NEIL & DIANNA ADAMS

Amount of contribution (\$)

\$700.00

Contributor address; City; State; Zip Code

P.O. Box 880 (Rosedell Rd) College Station, TX. 77331

Principal occupation / Job title (See Instructions)

LAW ENFORCEMENT

Employer (See Instructions)

SAN JACINTO COUNTY SHERIFF'S OFFICE

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
Greg Capras

3 Filer ID (Ethics Commission Filers)

4 Date
7-23-15

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

7 Amount of contribution (\$)

REJEANNA & JOHN METZEL

\$ 250.00

6 Contributor address; City; State; Zip Code

1819 VENUS, RAINWOOD FOREST TX. 77357

8 Principal occupation / Job title (See Instructions)
ADMINISTRATIVE ASSISTANT

9 Employer (See Instructions)
SAN JACINTO COUNTY

Date
7-27-15

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

Amount of contribution (\$)

MARISOL LINDA GARCIA

\$ 1,000.00

Contributor address; City; State; Zip Code

P.O. Box 1303 (Hwy 15 W) WOODVILLE, TX 77381

Principal occupation / Job title (See Instructions)
Banking

Employer (See Instructions)
AT&T World Service

Date
7-29-15

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

Amount of contribution (\$)

Joseph Street Schulten

\$ 3,000.00

Contributor address; City; State; Zip Code

P.O. Box 310 (Hwy 1375) NEW WAVELEY, TX 77358

Principal occupation / Job title (See Instructions)
Law Enforcement

Employer (See Instructions)
SAN JACINTO COUNTY

Date
8-1-15

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

Amount of contribution (\$)

HARLEY & HEKKE LOVINGS

\$ 250.00

Contributor address; City; State; Zip Code

5700 ST. HWY. W 1500 NEW WAVELEY TX 77358

Principal occupation / Job title (See Instructions)
Law Enforcement

Employer (See Instructions)
SAN JACINTO COUNTY

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

DREG CAYERS

3 Filer ID (Ethics Commission Filers)

4 Date

8-12-15

5 Full name of contributor

CLAY JONES

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

7 Amount of contribution (\$)

\$2,500.00

6 Contributor address;

INDUSTRIAL BLVD, SHEPHERD, TX 75391

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

OWNER

9 Employer (See Instructions)

RENTAL

Date

8-15-15

Full name of contributor

ALFRED & DOLLIE ANDERSON

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

Amount of contribution (\$)

\$2,500.00

Contributor address;

1974 O'GRADY CONRDE, TX-77304

City; State; Zip Code

Principal occupation / Job title (See Instructions)

OWNER - ANDERSON FORD

Employer (See Instructions)

ANDERSON FORD

Date

8-4-15

Full name of contributor

CHARLES BENNETT

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

Amount of contribution (\$)

\$500.00

Contributor address;

5380 W. 34th 350, Houston, TX. 77092

City; State; Zip Code

Principal occupation / Job title (See Instructions)

BAEL BONDS

Employer (See Instructions)

ABC BONDING

Date

8-14-15

Full name of contributor

EMRY W. BELTZGER

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

Amount of contribution (\$)

\$150.00

Contributor address;

3510 HWY 59 N. SHEPHERD, TX. 75311

City; State; Zip Code

Principal occupation / Job title (See Instructions)

CO-OWNER

Employer (See Instructions)

DELLAS KITCHEN

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
GREG CAPERS

3 Filer ID (Ethics Commission Filers)

4 Date
8-12-15

5 Full name of contributor out-of-state PAC (ID#: _____)
Butch Johnson & Sonoma Buford
6 Contributor address; City; State; Zip Code
11W7190 W.F.M. 980 Post Bank, TX 79364

7 Amount of contribution (\$)
\$ 150.00

8 Principal occupation / Job title (See Instructions)
OWNERS

9 Employer (See Instructions)
SAFE STORAGE Lot

Date
8-17-15

Full name of contributor out-of-state PAC (ID#: _____)
Linda Dalton Currie
Contributor address; City; State; Zip Code
161 Slade St Coldspring TX 77331

Amount of contribution (\$)
\$ 250 -

Principal occupation / Job title (See Instructions)
RETIRED

Employer (See Instructions)
EDUCATOR

Date
8-15-15

Full name of contributor out-of-state PAC (ID#: _____)
DAVID M. LAWRENZ
Contributor address; City; State; Zip Code
101 N. COMMERCE ST MARIANVILLE, TX 77864

Amount of contribution (\$)
\$ 150.00

Principal occupation / Job title (See Instructions)
LAW ENFORCEMENT

Employer (See Instructions)
SERGEANT

Date
8-16-15

Full name of contributor out-of-state PAC (ID#: _____)
JEANNINE DANIEL
Contributor address; City; State; Zip Code
203 S. AVENUE H Humble, TX 77338

Amount of contribution (\$)
\$ 200.00

Principal occupation / Job title (See Instructions)
RETIRED

Employer (See Instructions)
RETIRED

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

GREG CAPERS

3 Filer ID (Ethics Commission Filers)

4 Date

8-16-15

5 Full name of contributor

ROBERT CASEY

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

7 Amount of contribution (\$)

\$ 350.00

6 Contributor address;

1627 Wood Ave Spring, TX 77386

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

LAW ENFORCEMENT

9 Employer (See Instructions)

Retired

Date

8-17-15

Full name of contributor

SIGRID LISA BREWER

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

Amount of contribution (\$)

\$ 150.00

Contributor address;

41 LAKEWAY DR COLDSRING TX 77331

City; State; Zip Code

Principal occupation / Job title (See Instructions)

ACCT MANAGER

Employer (See Instructions)

SHOFV DENTAL

Date

8-17-15

Full name of contributor

BOBBY J. MILLS JR

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

Amount of contribution (\$)

\$ 1,000.00

Contributor address;

331 Betty DR. CLEVELAND, TX 77328

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Oil Field

Employer (See Instructions)

Inspector

Date

8-17-15

Full name of contributor

LINDA DEETER

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

Amount of contribution (\$)

70.00

Contributor address;

COLDSRING TX 77331

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Muth - Media

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

Breg CAPERS

3 Filer ID (Ethics Commission Filers)

4 Date

8-17-15

5 Full name of contributor

CHARLES E. SHEPHERD II

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

7 Amount of contribution (\$)

\$ 35.00

6 Contributor address; City; State; Zip Code

206 BRANDING IRON LIVINGSTON, TX 77351

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

NAW INFORMATION

Date

8-17-15

Full name of contributor

JOAN M. BENSON

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

Amount of contribution (\$)

\$ 35.00

Contributor address; City; State; Zip Code

9630 ROARKS PGE MISSOURI CITY, TX 77459

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

8-17-15

Full name of contributor

SUZANNE V YORK

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

Amount of contribution (\$)

\$ 70.00

Contributor address; City; State; Zip Code

325 LAKEVIEW DRIVE LOOP COLLEGE SPRING TX 77331

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

SCHOOL TEACHER

Date

8-17-15

Full name of contributor

LLOYD A. DOISEN

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

Amount of contribution (\$)

\$ 35.00

Contributor address; City; State; Zip Code

20 ELMWOOD LN COLLEGE SPRING TX 77331

Principal occupation / Job title (See Instructions)

CONTRACTOR

Employer (See Instructions)

CONTRACTOR

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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

VAN BROOK STORE

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

7 Amount of contribution (\$)

\$ 35.00

6 Contributor address; City; State; Zip Code

8130 Highway 150W Colport, TX 77331

8 Principal occupation / Job title (See Instructions)

OWNER

9 Employer (See Instructions)

Fab Shop

Date

8-17-15

Full name of contributor

TONO ULASAK

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

Amount of contribution (\$)

\$ 35.00

Contributor address; City; State; Zip Code

P.O. Box 630777 Houston, TX 77263

Principal occupation / Job title (See Instructions)

Business

Employer (See Instructions)

Entertainment Compliance

Date

8-17-15

Full name of contributor

Jim P. Morris

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

Amount of contribution (\$)

\$ 2,500.00

Contributor address; City; State; Zip Code

17178 W. F.M. 1997 Montgomery, TX 77356

Principal occupation / Job title (See Instructions)

CONSTRUCTION

Employer (See Instructions)

Morris's Empire

Date

8-17-15

Full name of contributor

STACEY SCHUTKA

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

Amount of contribution (\$)

\$ 400.00

Contributor address; City; State; Zip Code

2017 F.M. 1325 Huntsville TX 77340

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Vet Tech

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

BREG CAPERS

3 Filer ID (Ethics Commission Filers)

4 Date

8-17-15

5 Full name of contributor

Richard Oviedo

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

7 Amount of contribution (\$)

\$70.00

6 Contributor address;

City; State; Zip Code

5935 CUIROSS Close Humble, TX 77346

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

CHEMICAL PLANT

Date

8-17-15

Full name of contributor

NICK CARTER

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

Amount of contribution (\$)

\$70.00

Contributor address;

City; State; Zip Code

125 AJ MURRY Rd CLEVELAND, TX 77328

Principal occupation / Job title (See Instructions)

SALES

Employer (See Instructions)

CATHOLIC DISCIPLES

Date

8-17-15

Full name of contributor

TRACY L. M. SHIPLEY

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

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

610 N. AVENUE F Humble, TX 77338

Principal occupation / Job title (See Instructions)

LAW ENFORCEMENT

Employer (See Instructions)

LVI

Date

8-17-15

Full name of contributor

CALVIN B. NELSON

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

Amount of contribution (\$)

\$1000.00

Contributor address;

City; State; Zip Code

210 COUNTY RD 3420 CLEVELAND, TX 77327

Principal occupation / Job title (See Instructions)

SALES

Employer (See Instructions)

KOBATA

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

JERRY D. SIEBER

7 Amount of contribution (\$)

120.00

6 Contributor address; City; State; Zip Code

LA PORTE TX 77572

8 Principal occupation / Job title (See Instructions)

LAW ENFORCEMENT

9 Employer (See Instructions)

RETIRED

Date

8-18-15

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

HANNUS Schillsten

Amount of contribution (\$)

\$ 9775.00

Contributor address; City; State; Zip Code

2100 Aldine Bender Houston, TX 77039

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-18-15

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 COLLETSVILLE, TX 77331

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-18-15

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

SHARON CARTER

Amount of contribution (\$)

\$ 1050.00

Contributor address; City; State; Zip Code

125 AJ MURPHY Rd Cleveland, TX 77328

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Greg CAPERS

3 Filer ID (Ethics Commission Filers)

4 Date

8-13-15

5 Full name of contributor

J.C. Nails

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address:

201 Hwy 150 Suite I Coltspring, TX 77027

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8-16-15

Full name of contributor

VICKIE STAN PORTER

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 101.00

Contributor address:

560 Horseshoe Way Loop Cleveland, TX 77328

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-17-15

Full name of contributor

JOAN M. BENSEN

out-of-state PAC (ID# _____)

Amount of contribution (\$)

35.00

Contributor address:

9630 Roark's Pgs Missouri City, TX

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

8-17-15

Full name of contributor

SUZANNE YORK

out-of-state PAC (ID# _____)

Amount of contribution (\$)

70.00

Contributor address:

325 Lakeview Dr Loop Coltspring, TX 77331

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired Educator

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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#: _____)

Lloyd A. DOTSON SR

7 Amount of contribution (\$)

\$ 35.00

6 Contributor address; City; State; Zip Code

20 Elm Wood Dr Cleveland, TX 77331

8 Principal occupation / Job title (See Instructions)

CARPENTER CONTRACTOR

9 Employer (See Instructions)

Date

8-17-15

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

Richard Oviedo

Amount of contribution (\$)

\$ 70.00

Contributor address; City; State; Zip Code

5935 Cw/Ross Closp Humble, Tx

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

8-17-15

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

SHARON CARTER

Amount of contribution (\$)

70.00

Contributor address; City; State; Zip Code

125 AJ MURRY Rd Cleveland, TX 77328

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

8-17-15

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

VAN Brookshire

Amount of contribution (\$)

35.00

Contributor address; City; State; Zip Code

8130 State Hwy 150 West/Cold Spring TX 77331

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:

6

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Greg
CAPERS

OFFICE USE ONLY

Date Received

Date Hand Delivered or Postmarked

Receipt

Date Processed

Date Imaged

SAN JACINTO COUNTY
ELECTION ADMINISTRATOR

JUL 1 2017

RECEIVED

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

change of address

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

LAST

SUFFIX

JAY
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 1 / 15 / 17 THROUGH Month Day Year 7 / 15 / 17

11 ELECTION

Month Day Year 3 / / 18

ELECTION TYPE

- Primary
- Runoff
- General
- Special

12 OFFICE

OFFICE HELD (if any)

SHERIFF OF SAN JACINTO CO.

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

BREG 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

\$ *2041.55*

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

\$ *0*

EXPENDITURE
TOTALS

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

\$ *N/A*

4. TOTAL POLITICAL EXPENDITURES

\$ *10,163.85*

CONTRIBUTION
BALANCE

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

\$ *353.55*

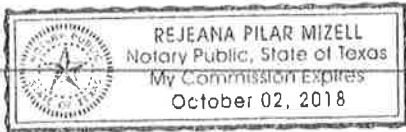
OUTSTANDING
LOAN TOTALS

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

\$ *0*

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 *July*, 20 *17*, 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
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

1-30-17 Cold Spring Chamber of Commerce

6 Amount (\$) 7 Payee address; City; State; Zip Code
250.00
 Reimbursement from political contributions intended
31 N. BUTLER ST Cold Spring, 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)
EVENT EXPENSE Fundraising Best of SJC

Date Payee name
1-30-17 Shephard Chamber of Commerce

Amount (\$) Payee address; City; State; Zip Code
30.00
 Reimbursement from political contributions intended
PO Box 520 Shephard, Texas 77371

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

Date Payee name
1-31-17 Liberty Marketing Co

Amount (\$) Payee address; City; State; Zip Code
296.55
 Reimbursement from political contributions intended
204 N. West St. Arlington, Texas 76011

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

Date Payee name
2-8-17 SJC Bo Texan

Amount (\$) Payee address; City; State; Zip Code
200.00
 Reimbursement from political contributions intended
120 TAOJHA Rd Shephard, Tex 77511

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

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 <i>BREG CAPERS</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2-8-17</i>		5 Payee name <i>SENIOR CENTER</i>			
6 Amount (\$) <i>150.00</i> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>PO Box 245 Cold Spring, Texas 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>FISH FRY FOR SENIOR</i>	
Date <i>2-10-17</i>		Payee name <i>SJC BO TEXANS</i>			
Amount (\$) <i>300.00</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>220 TAO JBA RD SHEPHERD, TEXAS 77511</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>		Description (If travel outside of Texas, complete Schedule T) <i>BO TEXAN BANQUET</i>	
Date <i>4-8-17</i>		Payee name <i>CAPE AREA V.F. RD DEPT</i>			
Amount (\$) <i>100.00</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>PO Box 1608 Cold Spring, Tex 77331</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>		Description (If travel outside of Texas, complete Schedule T) <i>BBQ FUND RAISER</i>	
Date <i>4-8-17</i>		Payee name <i>SAN JACINTO CO REP PARTY</i>			
Amount (\$) <i>300.00</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>201 STATE HWY 150 E S.W. T J Cold Spring, Tex 77331</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>		Description (If travel outside of Texas, complete Schedule T) <i>REGON DINNER</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 <i>Greg CAPERS</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-12-17</i>		5 Payee name <i>SHEPHERD YOUTH LEAGUE</i>			
6 Amount (\$) <i>175.00</i> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>PO Box 172 SHEPHERD, TEXAS 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>FUND RAISER</i>	
Date <i>4-21-17</i>		Payee name <i>SHEPHERD CHAMBER COMMERCE</i>			
Amount (\$) <i>100.00</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>PO Box 520 SHEPHERD TEXAS 77371</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>FOR 4 July FIREWORKS</i>	
Date <i>5-16-17</i>		Payee name <i>Cold Spring Chamber Commerce</i>			
Amount (\$) <i>86.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>PO Box 980 Cold Spring, TEXAS 77331</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>ADVERTISING Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>MEMBERSHIP</i>	
Date <i>6-7-17</i>		Payee name <i>CDYL</i>			
Amount (\$) <i>100.00</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>P.O. Box Cold Spring TEX 77331</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Event Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>FUND RAISER</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/Officer/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 CAPERS</i>	3 ACCOUNT # (Ethics Commission Filer)
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4 Date <i>6-20-17</i>	5 Payee name <i>Cold Spring Post Office</i>
--------------------------	--

6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>40.00</i>	7 Payee address; City; State; Zip Code <i>14231 State Highway 150 W Cold Spring, TX 7731</i>
--	---

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

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)
------------------------	--	---

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

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:

3

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: **MR** FIRST: **Breg** MI: **M**
NICKNAME: LAST: SUFFIX:

CAPERS

OFFICE USE ONLY

Date Received

JAN 12 2017

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT/SUITE#; CITY; STATE; ZIP CODE
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: **MR** FIRST: **JAY** MI: **M**
NICKNAME: 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, 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
10 / 31 / 16 1 / 15 / 17

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)
SHERIFF OF SAN JACINTO CO.

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

BREG 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)

\$ *0*

EXPENDITURE
TOTALS

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

\$ *N/A*

4. TOTAL POLITICAL EXPENDITURES

\$ *10,077.85*

CONTRIBUTION
BALANCE

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

\$ *2863.10*

OUTSTANDING
LOAN TOTALS

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

\$ *0*

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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Greg Capers*, this the *12* day of *January*, 20 *17*, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Rejane Mizell
Printed name of officer administering oath

Notary
Title of officer administering oath

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: <i>1</i>	2 FILER NAME <i>GREG CAPERS</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	------------------------------------	--

4 Date <i>11-1-16</i>	5 Payee name <i>ROBERT NICHOLS</i>
--------------------------	---------------------------------------

6 Amount (\$) <i>\$ 75.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>Civils Center Cleveland, TEX</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>12-13-16</i>	Payee name <i>Classic Threads</i>
-------------------------	--------------------------------------

Amount (\$) <i>45.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>26311 HWY 321 ST B Cleveland, TEX 77327</i>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>FOR VM FORM</i>
------------------------	--	---

Date <i>12-13-16</i>	Payee name <i>ANNUAL BANQUET COBBSRING CENTER</i>
-------------------------	--

Amount (\$) <i>100.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>20 W CEDAR AVE COBBSRING, TEX 77331</i>
---	--

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

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

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

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:
4

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, 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

10 / 9 / 16

10 / 31 / 16

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

Primary

Runoff

General

Special

11 / 8 / 16

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

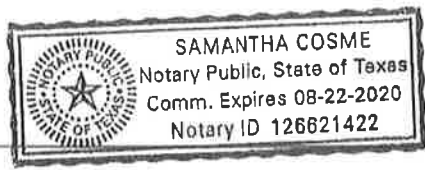
14 C/OH NAME Greg Capers 15 ACCOUNT # (Ethics Commission Filers)

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	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	\$ 31,970.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,150.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ N/A
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,077.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,143.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 31st day of October, 20 11, to certify which, witness my hand and seal of office.

[Handwritten Signature] Samantha Cosme Notary
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
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		2 FILER NAME GREG CAPERS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-28-16		5 Payee name Coldspring Oakhurst High School Floral Dept			
6 Amount (\$) \$ 80.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: City; State; Zip Code 1125 HWY 150 Coldspring TEXAS 77027			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T) Gifts	
Date 10-18-16		Payee name Chamber of Commerce			
Amount (\$) \$ 1,000.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: City; State; Zip Code 31 BUTLER ST Coldspring Tex 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-SHIRTS FOR CHRISTMAS ON SQUARE	
Date 10-19-16		Payee name FIRST FINANCIAL BANK			
Amount (\$) \$ 2840.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: City; State; Zip Code 125 Hwy 150 West New Waverly Tex 77358			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) LOAN/made by Candidate	
Date 10-19-16		Payee name FIRST FINANCIAL BANK			
Amount (\$) \$ 13,070.10 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: City; State; Zip Code 125 HWY 150 West New Waverly, Tex 77358			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Reimbursement		Description (If travel outside of Texas, complete Schedule T) CONTRIBUTION DONATIONS Made By Candidate	

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 <i>GREG CAPERS</i>		3 ACCOUNT # (Ethics Commission Filer)	
4 Date <i>10-19-16</i>		5 Payee name <i>SAN JACINTO CO. FAIR ASSOCIATION</i>			
6 Amount (\$) <i>2300.00</i> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>1020 Bates Rd Shepherd, Tex 77331</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>CONTRIBUTIONS/DONATIONS</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>ADD ON @ SALE</i>	
Date <i>10-28-16</i>		Payee name <i>JAMES GRAY</i>			
Amount (\$) <i>275.00</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>HUFFMAN, TEXAS</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>DELIVERY CONTAINER</i>		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)	
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: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) MR FIRST Greg LAST CAPERS NICKNAME MI M SUFFIX	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 0.8em; margin: 0;">Date Received: _____</p> <p style="font-size: 0.8em; margin: 0;">Date Hand-delivered or Postmarked: _____</p> <p style="font-size: 0.8em; margin: 0;">Receipt # _____ Amount _____</p> <p style="font-size: 0.8em; margin: 0;">Date Processed: _____</p> <p style="font-size: 0.8em; margin: 0;">Date Inspected: _____</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of 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) MR FIRST JAY LAST CAPERS NICKNAME MI 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	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 15 / 16 10 / 9 / 16		
11 ELECTION	ELECTION DATE Month Day Year 11 / 8 / 16	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) SHERIFF OF SAN JACINTO Co.		
GOTO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

BREG 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

\$ *31,970.00*

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

\$ *4,150.00*

EXPENDITURE
TOTALS

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

\$ *N/A*

4. TOTAL POLITICAL EXPENDITURES

\$ *23,147.95*

CONTRIBUTION
BALANCE

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

\$ *23,733.20*

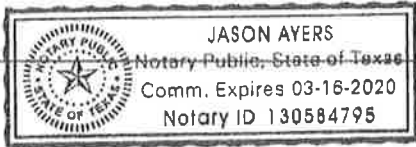
OUTSTANDING
LOAN TOTALS

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.



[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 *11* day of *October*, 20 *16*, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Jason Ayers
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 <i>Greg CAPERS</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	------------------------------------	--

4 Date <i>7-12-16</i>	5 Payee name <i>United States Post Office</i>
--------------------------	--

6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>56.00</i>	7 Payee address; City; State; Zip Code <i>14231 State Hwy 150W Cold Spring, Tex 77331</i>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Office Overhead/Rental Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Post Office Box</i>
--------------------------	---	---

Date <i>7-29-16</i>	Payee name <i>SAN JACINTO COUNTY FAIR ASSOCIATION</i>
------------------------	--

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>225.00</i>	Payee address; City; State; Zip Code <i>PO Box 804 Cold Spring, Texas 77331</i>
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Gift/Awards/Memorials Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Buckle</i>
------------------------	--	--

Date <i>8-12-16</i>	Payee name <i>FRIENDS OF THE NRA</i>
------------------------	---

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>400.00</i>	Payee address; City; State; Zip Code <i>210 Peach ST Cleveland, TEXAS 77327</i>
---	--

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

Date <i>8-27-16</i>	Payee name <i>SAN JACINTO FAIR ASSOCIATION</i>
------------------------	---

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>100.00</i>	Payee address; City; State; Zip Code <i>PO Box 804 Cold Spring TX 77331</i>
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Gift</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
8-27-16 TRACY BLAIR

6 Amount (\$) 7 Payee address; City; State; Zip Code
100.00
 Reimbursement from political contributions intended
90 Ripple Creek 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)
EVENT EXPENSE GIFT/FUNDRAISING EXPENSE

Date Payee name
8-27-16 Shepherd FFA Alumni

Amount (\$) Payee address; City; State; Zip Code
300.00
 Reimbursement from political contributions intended
14015 S. Bird Ave Shepherd 77371

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

Date Payee name
8-27-16 Shepherd FFA

Amount (\$) Payee address; City; State; Zip Code
20.00
 Reimbursement from political contributions intended
14015 S. Bird Ave Shepherd, Tex 77371

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

Date Payee name
9-2-16 SAN TACENTO COUNTY FAIR ASSOCIATION

Amount (\$) Payee address; City; State; Zip Code
700.00
 Reimbursement from political contributions intended
PO Box 804 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)
ADVERTISING EXPENSE BANNERS

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

7/12/16

5 Full name of contributor

DAVID CRUZAN

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

7 Amount of contribution (\$)

1,000.00

6 Contributor address;

City; State; Zip Code

HUFFMAN, TEXAS

8 Principal occupation / Job title (See Instructions)

LAW ENFORCEMENT

9 Employer (See Instructions)

HARRIS CO SHERIFF Dept

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)

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.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT **FORM C/OH COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filers) 2 Total pages filed: **3**

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS MR FIRST **BREG** MI **M**
 NICKNAME LAST SUFFIX
CAPERS

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 **JAY** MI **M**
 NICKNAME LAST SUFFIX
CAPERS

7 CAMPAIGN TREASURER ADDRESS
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2001 SHAW Rd Cleveland, TEXAS 77328
 (residence or business)

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 Month Day Year
2 / 22 / 16 THROUGH 7 / 15 / 16

11 ELECTION
 ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff General Special
11 / 1 / 2016

12 OFFICE OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**
SHERIFF OF SAN JACINTO CO

OFFICE USE ONLY

Date Received
 SAN JACINTO COUNTY
 ELECTION ADMINISTRATION
 JUL 1 2 11
RECEIVED

Date Hand-delivered or Postmarked

Receipt Amount

Date Processed

Date Imaged

GO TO 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

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

\$ *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

\$ *23,127.95*

CONTRIBUTION
BALANCE

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

\$ *23,589.20*

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.



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

[Signature]
Signature of officer administering oath

Rejeana Mizell
Printed name of officer administering oath

Notary
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 Greg CAPERS	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3-12-16	5 Payee name PUMKIN EVERGREEN Fire Dept	
6 Amount (\$) 400.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 344 Coldspring 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) Fund RAISER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Date 3-22-16	
Amount (\$) 30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee name Coldspring Chamber of Commerce	
PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Code 31 Butler St Coldspring, Tex 77027	
	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Luncheon <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 4-16-16	Payee name San Jacinto Co (Holiday Village)	
Amount (\$) 110.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code HWY 190 E Point BLANK, Tex 77364	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense (Fund RAISER)	
	Description (If travel outside of Texas, complete Schedule T) Chili COOKOFF <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 6-24-16	Payee name BEAR CREEK Fire Dept	
Amount (\$) 200.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code FM HWY 1725 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) Fund RAISER <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: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST Greg	MI M.
	NICKNAME	LAST CAPERS	SUFFIX
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)	797-1750	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR.	FIRST JAY	MI M.
	NICKNAME	LAST CAPERS	SUFFIX
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	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
10 PERIOD COVERED	Month	Day	Year
	12	31	15
THROUGH		Month	Day
		2	22
11 ELECTION	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)		
	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 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	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	\$ 36,970.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,500.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ N/A
	4.	TOTAL POLITICAL EXPENDITURES	\$ 22,697.95
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 23899.20
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2840.00

18 AFFIDAVIT

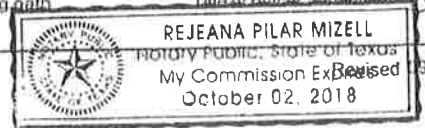
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[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 22 day of February 2011, 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



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 Greg CAPERS	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	-----------------------------	--

4 Date 1-19-16	5 Payee name Chamber Luncheon
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6 Amount (\$) 30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State; Zip Code 31 BUTLER ST. GoldSPRING, Tex 77027
---	---

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) Luncheon
--------------------------	---	---

Date 1-23-16	Payee name Philip Cash
-----------------	---------------------------

Amount (\$) 80.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State; Zip Code 100W SEMANDS ST CONROE, TEXAS VFW Post 709
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (if travel outside of Texas, complete Schedule T) Cash for Constables
------------------------	---	--

Date 1-29-16	Payee name Ted Poe - CONGRESSMAN
-----------------	-------------------------------------

Amount (\$) 13.45 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State; Zip Code Washington, DC
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising & Gift Expense	Description (if travel outside of Texas, complete Schedule T) Shipped to Washington
------------------------	--	--

Date 1-30-16	Payee name Ducks Unlimited
-----------------	-------------------------------

Amount (\$) 180.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State; Zip Code Memphis, TEN 38120
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (if travel outside of Texas, complete Schedule T) Meals in Cleveland, TX.
------------------------	---	--

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 <i>BREG CAPERS</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	------------------------------------	--

4 Date <i>2-9-16</i>	5 Payee name <i>BEST OF SAN JACINTO Chamber of Commerce</i>
-------------------------	--

6 Amount (\$) <i>375.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>31 BUTLER ST Cold Spring, TEX 77027</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>Table for 18 Fundraiser</i>
--------------------------	--	---

Date <i>2-10-16</i>	Payee name <i>SAN JACINTO PO TEXAS</i>
------------------------	---

Amount (\$) <i>600.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>PO Box 804 Cold Spring, TX 77331</i>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>Table for 12 Fundraiser</i>
------------------------	--	---

Date <i>2-11-16</i>	Payee name <i>B-W BBQ</i>
------------------------	------------------------------

Amount (\$) <i>44.59</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>150 Hwy Cold Spring, TEX 77027</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>CAMPAIN WORKER</i>
------------------------	--	--

Date <i>2-19-16</i>	Payee name <i>BSP</i>
------------------------	--------------------------

Amount (\$) <i>70.40</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1804 AFTON Houston, TEXAS 77090</i>
--	--

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 2								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST Breg MI M NICKNAME LAST SUFFIX CA PERS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td style="width:50%; padding: 2px;">Date Received</td> <td style="width:50%; padding: 2px;">Date Hand-delivered or Postmarked</td> </tr> <tr> <td style="padding: 2px;">Receipt #</td> <td style="padding: 2px;">Amount</td> </tr> <tr> <td style="padding: 2px;">Date Processed</td> <td style="padding: 2px;">Date Imaged</td> </tr> </table>		OFFICE USE ONLY		Date Received	Date Hand-delivered or Postmarked	Receipt #	Amount	Date Processed	Date Imaged
OFFICE USE ONLY											
Date Received	Date Hand-delivered 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, TX 77328										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 797-1750										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST JAY MI M NICKNAME LAST SUFFIX CA PERS										
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	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" 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 1 / 15 / 18 7 / 15 / 18										
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any) SHERIFF OF SAN JACINTO CO.	13 OFFICE SIGHT (if known)									
GO TO PAGE 2											

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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

16 NOTICE FROM POLITICAL COMMITTEE(S)

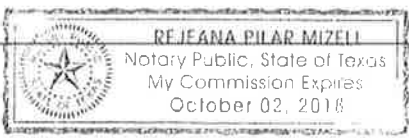
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO 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	\$ <u>2041.55</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>N/A</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>13,413.85</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>353.55</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</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 by me under Title 15, Election Code.



Craig Capers
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Craig Capers, this the 13 day of July, 2018, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Rejeana Mizell Printed name of officer administering oath
Notary Title of officer administering oath

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>BREG CAPERS</i>		3 ACCOUNT # (Ethics Commission Filer)	
4 Date <i>2-12-2020</i>		5 Payee name <i>US Post Office</i>			
6 Amount (\$) <i>\$3575.00</i> <input type="checkbox"/> Reimbursement from political contributions intended <i>ck</i>		7 Payee address; City; State; Zip Code <i>1213 E Houston Cleveland, Tx 77327</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>STAMPS</i>	
Date <i>2-13-2020</i>		Payee name <i>US Post Office</i>			
Amount (\$) <i>\$22.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>1100 Highway 190 W Oakhurst, TX 77359</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>STAMPS</i>	
Date <i>2-13-2020</i>		Payee name <i>US Post Office</i>			
Amount (\$) <i>11.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>14231 Hwy 150W Col@Spring, Tx 77331</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>STAMPS</i>	
Date <i>2-13-2020</i>		Payee name <i>US Post Office</i>			
Amount (\$) <i>440.00</i> <input type="checkbox"/> Reimbursement from political contributions intended <i>ck</i>		Payee address; City; State; Zip Code <i>1213 E Houston, TX Cleveland, Tx 77327</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>STAMPS</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 Expenses
Event Expense
Fees

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

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expenses
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 CAPERS</i>	3 ACCOUNT # (Ethics Commission File#)
---------------------------	------------------------------------	---------------------------------------

4 Date <i>2-13-2020</i>	5 Payee name <i>US Post Office</i>
----------------------------	---------------------------------------

6 Amount (\$) <i>66.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code <i>14231 State Hwy 150 ColdSpring, Tx 77331</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>STAMPS</i>
--------------------------	--	--

Date <i>2-6-2020</i>	Payee name <i>WAGAMON PRINTING INC</i>
-------------------------	---

Amount (\$) <i>554.49</i> <input type="checkbox"/> Reimbursement from political contributions intended <i>CK</i>	Payee address; City: State: Zip Code <i>1410 SYCAMORE HUNTSVILLE, TX 77340</i>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (if travel outside of Texas, complete Schedule T) <i>SAMPLE BALLOT</i>
------------------------	--	---

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

Amount (\$)	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)
------------------------	--	---

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME

Capers, Greg

3 Filer ID (Ethics Commission Filers)

4 Date

2-13-2020

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

EARL & JERI STANFIELD

7 Amount of contribution (\$)

\$150.00

6 Contributor address; City; State; Zip Code

367 CR 2177 CLEVELAND, TEX 77327

8 Principal occupation / Job title (See Instructions)

OWNER OF BUSINESS

9 Employer (See Instructions)

LAMB PROPANE CO

Date

2-14-2020

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

JAMES & SHIRLEY BAKER

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

PO BOX 157 300 BLACK RANCH RD COLDSRING TX 77331

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-20-2020

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

RICHARD COUNTISS

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

121 EDGEWATER LANE COLDSRING, TX 77331

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

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

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

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

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 File #)

2 Total pages filed: 6

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

change of address

2001 SHAW Rd Cleveland, Tex 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

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, 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 / 15 / 2020 THROUGH 2 / 3 / 2020

11 ELECTION

Month Day Year

3 / 5 / 2020

ELECTION TYPE

- Primary, Runoff, General, Special

12 OFFICE

OFFICE HELD (if any)

SHERIFF OF SAN JACINTO CO.

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

OFFICE USE ONLY RECEIVED JAN 1 2020 SAN JACINTO COUNTY ELECTION ADMINISTRATOR

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

\$ *0*

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

\$ *5400.00*

EXPENDITURE
TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *27,718.45*

CONTRIBUTION
BALANCE

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

\$ *11,298.35*

OUTSTANDING
LOAN TOTALS

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

\$ *0*

18 AFFIDAVIT



AFFIX NOTARY STAMP/ SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Greg Capers*, this the *31* day of *January*, 20 *20*, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

KERRY C. HAGAN
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expenses
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 CAPERS</i>	3 ACCOUNT # (Ethics Commission File#)
---------------------------	------------------------------------	---------------------------------------

4 Date <i>1-15-2020</i>	5 Payee name <i>BROOKSHIRE BROTHERS</i>
----------------------------	--

6 Amount (\$) <i>132.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>cc</i>	7 Payee address; City: State: Zip Code <i>14761 Hwy 150 W ColdSpring, TEXAS 77351</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>POSTAL STAMPS</i>
--------------------------	--	---

Date <i>1-15-2020</i>	Payee name <i>CENTURY II PRINTING</i>
--------------------------	--

Amount (\$) <i>505.20</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>cc</i>	Payee address; City: State: Zip Code <i>1506 N. Washington Livingston, Tex 77351</i>
---	---

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

Date <i>1-16-2020</i>	Payee name <i>Good Promotions</i>
--------------------------	--------------------------------------

Amount (\$) <i>48.71</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>cc</i>	Payee address; City: State: Zip Code <i>803 E HOUSTON ST CLEVELAND, TX 77327</i>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Mailouts</i>
------------------------	--	---

Date <i>1-17-20</i>	Payee name <i>WALMART</i>
------------------------	------------------------------

Amount (\$) <i>13.68</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>cc</i>	Payee address; City: State: Zip Code <i>831 Highway 595 Cleveland, TX 77327</i>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Envelopes</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 <i>Greg CAPERS</i>	3 ACCOUNT # (Ethics Commission Files)
---------------------------	------------------------------------	---------------------------------------

4 Date <i>1-26-2020</i>	5 Payee name <i>TRACTOR Supply</i>
----------------------------	---------------------------------------

6 Amount (\$) <i>42.99</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1725 EAST HOUSTON, ST Cleveland, Tex 77327</i>
---	---

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

Date <i>1-18-2020</i>	Payee name <i>Cleveland Post Office</i>
--------------------------	--

Amount (\$) <i>55.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1213 E HOUSTON ST Cleveland, Tx 77327</i>
---	--

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

Date <i>1-21-2020</i>	Payee name <i>POLITICAL/LAWN SIGNS</i>
--------------------------	---

Amount (\$) <i>2711.45</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>916 Byrd Avenue Neenah, WI 54956</i>
---	---

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

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

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME **Capers, Greg**

3 Filer ID (Ethics Commission Filers)

4 Date **1-17-2020**

5 Full name of contributor out-of-state PAC (ID# _____)
PAUL M. BASS

7 Amount of contribution (\$)
\$ 100.00

6 Contributor address; City; State; Zip Code
10865 US HWY 190E Point Blank, TX 77364

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

Date **1-17-2020**

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

Amount of contribution (\$)
\$ 200.00

Contributor address; City; State; Zip Code
290 LAKEVIEW DR, Cold Springs, TX 77331

Principal occupation / Job title (See Instructions)
Captain

Employer (See Instructions)
United

Date **1-17-2020**

Full name of contributor out-of-state PAC (ID# _____)
AURORA B. Gilley, MD

Amount of contribution (\$)
\$ 1,000.00

Contributor address; City; State; Zip Code
2114 Mount Forest DR Kingwood, TX 77345

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
DR.

Date **1-17-2020**

Full name of contributor out-of-state PAC (ID# _____)
A. Steve Arizpe

Amount of contribution (\$)
\$ 2,500.00

Contributor address; City; State; Zip Code
19001 Crescent Springs Drive Kingwood TX 77339

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
PROSPERITY

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

1-17-2020

5 Full name of contributor

JULIA R. ELLISOR HOOT

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

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City; State; Zip Code

700 W FM 2693 Rd W New Waverly, TX 77358

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

1-27-2020

Full name of contributor

STEVE L ROBERTS

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

Amount of contribution (\$)

\$ 1000.00

Contributor address;

City; State; Zip Code

5135 3rd ST Bellaire, Tex 77401

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-29-2020

Full name of contributor

JOHN B VARELA

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

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

301 McAdams VAND Rd CLEVELAND TX 77328

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.

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:

6

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Greg

M

CAPERS

OFFICE USE ONLY

Date Received

Date Hand-Delivered or Postmarked

Receipt #

Date Processed

Date Indexed

JAN 14 2020

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

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

COPY

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 / 15 / 19 THROUGH 1 / 15 / 2020

11 ELECTION

ELECTION DATE: Month Day Year
3 / 5 / 20

ELECTION TYPE:
 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 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)

\$ *3000.00*

EXPENDITURE
TOTALS

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

\$ *N/A*

4. TOTAL POLITICAL EXPENDITURES

\$ *24,209.42*

CONTRIBUTION
BALANCE

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

\$ *7403.55*

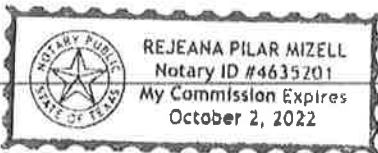
OUTSTANDING
LOAN TOTALS

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

\$ *0*

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

Greg Capers
Signature of Candidate or Officeholder

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

Rejeana Mizell
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
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 CAPERS</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	------------------------------------	--

4 Date <i>9-1-19</i>	5 Payee name <i>Republican PARTY</i>
-------------------------	---

6 Amount (\$) <i>1000.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City: State: Zip Code <i>201 State Hwy 150 E S.W. T J Cold Spring, Tex 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>REGAN DINNER TABLE</i>
--------------------------	--	--

Date <i>9-1-19</i>	Payee name <i>Republican PARTY</i>
-----------------------	---------------------------------------

Amount (\$) <i>100.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code <i>201 State Hwy 150 E S.W. T J Cold Spring, Tex 77331</i>
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>EVENT Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>100 CLUB SJC FAIR</i>
------------------------	--	---

Date <i>10-7-19</i>	Payee name <i>US POSTAL SERVICE</i>
------------------------	--

Amount (\$) <i>46.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code <i>14231 Hwy 150 W Cold Spring, Tex 77331</i>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>PO Box Rental</i>
------------------------	---	---

Date <i>10-7-19</i>	Payee name <i>Cold Spring Senior Center</i>
------------------------	--

Amount (\$) <i>297.62</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code <i>60 Butler St Cold Spring, Tex 77331</i>
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense Donation</i>	Description (If travel outside of Texas, complete Schedule T) <i>Gift-Swine from Fair</i>
------------------------	---	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 9(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>BREG CAPERS</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	-------------------------------------	--

4 Date: <i>12-3-19</i>	5 Payee name: <i>Cold Spring Chamber of Commerce</i>
---------------------------	---

6 Amount (\$): <i>350.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City: State: Zip Code: <i>PO Box 980 Cold Spring, Tex 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>Parade Sponsor</i>
--------------------------	---	---

Date: <i>12-11-19</i>	Payee name: <i>Cold Spring Chamber of Commerce</i>
--------------------------	---

Amount (\$): <i>15.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code: <i>PO Box 980 Cold Spring, Tex 77331</i>
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <i>Event Expense</i>	Description (if travel outside of Texas, complete Schedule T): <i>Parade</i>
------------------------	---	---

Date: <i>12-12-19</i>	Payee name: <i>SAN JACINTO NEWS TIMES</i>
--------------------------	--

Amount (\$): <i>150.00</i> <input checked="" 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): <i>Advertising Expense</i>	Description (if travel outside of Texas, complete Schedule T): <i>Ad in Paper</i>
------------------------	---	--

Date: <i>12-13-19</i>	Payee name: <i>The Courier</i>
--------------------------	-----------------------------------

Amount (\$): <i>1050.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code: <i>4747 Southwest Freeway Houston, Tex 77027</i>
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <i>Advertising Expense</i>	Description (if travel outside of Texas, complete Schedule T): <i>Ad in Paper</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/Officerholder/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>BREG CAPERS</i>		3 ACCOUNT # (Ethics Commission Filer)	
4 Date <i>1-8-2020</i>		5 Payee name <i>CENTURY II PRINTING</i>			
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>2536.95</i>		7 Payee address; City; State; Zip Code <i>1506 N. Washington Livingston, Tex 77351</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>Signs</i>	
Date <i>11-15-19</i>		Payee name <i>San Jacinto County Republican Party</i>			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>150.00</i>		Payee address; City; State; Zip Code <i>201 STATE HWY 150 F. SUIT J Cold Spring, Tex 77331</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Fees</i>		Description (if travel outside of Texas, complete Schedule T) <i>Filing Fees</i>	
Date <i>1-8-2020</i>		Payee name <i>BREG CAPERS</i>			
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>5000.00</i>		Payee address; City; State; Zip Code <i>2001 SHAW Rd Cleveland, TEXAS 77328</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Accounting/Banking</i>		Description (if travel outside of Texas, complete Schedule T) <i>Deposit</i>	
Date <i>9-19-19</i>		Payee name <i>BREG CAPERS</i>			
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>300.00</i>		Payee address; City; State; Zip Code <i>2001 SHAW Rd Cleveland, Tex 77328</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Accounting/Banking</i>		Description (if travel outside of Texas, complete Schedule T) <i>Deposit</i>	

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.

1

2 FILER NAME

Capers, Greg

3 Filer ID (Ethics Commission Filers)

4 Date

9-23-19

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

TRACY Nelson

7 Amount of contribution (\$)

\$ 3000.00

6 Contributor address; City; State; Zip Code

210 County Road 3420N Cleveland, Tex 77327

8 Principal occupation / Job title (See Instructions)

Rancher

9 Employer (See Instructions)

SELF

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)

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.

**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: 2
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> MR	FIRST Greg	MI M
	NICKNAME CAPERS	LAST CAPERS	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of 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 <input checked="" type="radio"/> MR	FIRST Jay	MI M
	NICKNAME CAPERS	LAST	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	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input checked="" 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
	1	15	19
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	SHERIFF OF SAN JACINTO CO.		

OFFICE USE ONLY

San Jacinto County Election Administrator

RECEIVED

JUL 15 2019

Date Received

Date Hand-delivered or Postmarked

Receipt Amount

Date Processed

Date Imaged

GO TO 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

\$

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

\$

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION
BALANCE

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

\$

OUTSTANDING
LOAN TOTALS

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

\$

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 Capers
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 July, 2019, to certify which, witness my hand and seal of office.

Rejeana Mizell
Signature of officer administering oath

Rejeana Mizell
Printed name of officer administering oath

Notary
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:

3

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / (MR)

FIRST

MI

NICKNAME

Greg

LAST

SUFFIX

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

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, 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

7 / 15 / 18

THROUGH

Month

Day

Year

1 / 15 / 19

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

ELECTION TYPE



Primary



Runoff



General



Special

12 OFFICE

OFFICE HELD (if any)

SHERIFF OF SAN JACINTO CO

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt

JAN 17 2019

Date Processed

Date Indexed

RECEIVED

SAN JACINTO COUNTY ELECTION ADMINISTRATOR

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: <i>1</i>	2 FILER NAME	3 ACCOUNT # (Ethics Commission File#)
---------------------------------------	--------------	---------------------------------------

4 Date	5 Payee name <i>BRPY CAPERS</i>
--------	------------------------------------

6 Amount (\$) <i>300.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>2001 SHAW RD CLEVELAND, TEX 77328</i>
---	--

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

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)
------------------------	--	---

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 REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

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

\$ 2041.55

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

\$ 0

EXPENDITURE
TOTALS

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

\$ N/A

4. TOTAL POLITICAL EXPENDITURES

\$ 13713.85

CONTRIBUTION
BALANCE

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

\$ 503.55

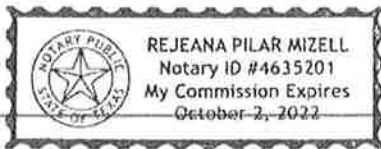
OUTSTANDING
LOAN TOTALS

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

\$ 0

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 17 day of January, 20 19, 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

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: 2
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST Breg	MI M
	NICKNAME CApers	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY; STATE; ZIP CODE
<input type="checkbox"/> change of address	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 <input checked="" type="checkbox"/>	FIRST JAY	MI M
	NICKNAME CApers	LAST	SUFFIX
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	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 6th 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 / 15 / 18		7 / 15 / 18
11 ELECTION	Month	ELECTION DATE Day Year	ELECTION TYPE
		/ /	<input 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 CO.		

GOTO PAGE 2

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 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">3</div>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI	OFFICE USE ONLY		
	NICKNAME GREG LAST M SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2001 Shaw Rd. Cleveland, TX 77328		<div style="font-size: 3em; color: gray; transform: rotate(-90deg); opacity: 0.5;">RECEIVED</div> <div style="font-size: 1.5em; color: gray; transform: rotate(-90deg); opacity: 0.5;">JAN 17 2018</div> <div style="font-size: 1.2em; color: gray; transform: rotate(-90deg); opacity: 0.5;">SAN JACINTO COUNTY ELECTIONS ADMINISTRATOR</div>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 799-1750			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI	Date Received		
NICKNAME JAY LAST M SUFFIX	Date Hand-delivered or Date Postmarked			
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		Receipt Amount	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 407-4203		Date Processed	
9 REPORT TYPE	Date Imaged			
10 PERIOD COVERED	<input checked="" type="checkbox"/> January 15 <input 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)			
11 ELECTION	Month Day Year Month Day Year 7 / 16 / 17 THROUGH 1 / 15 / 18			
12 OFFICE	OFFICE HELD (if any) SHERIFF SAN JACINTO COUNTY	ELECTION DATE		
13 OFFICE SOUGHT (if known)	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME GREG CAPERS 15 Filer ID (Ethics Commission Filers)

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

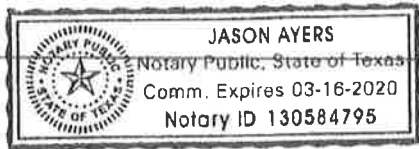
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 2041.55
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ N/A
	4. TOTAL POLITICAL EXPENDITURES	\$ 13413.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 353.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

[Handwritten Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Greg Capers, this the 17 day of January, 2018, to certify which, witness my hand and seal of office.

Jason Ayers Signature of officer administering oath
Jason Ayers Printed name of officer administering oath
Notary Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME GREG CAPRAS		3 Filer ID (Ethics Commission Filers)	
4 Date 9-19-17		5 Payee name LIBERTY MARKETING COMPANY			
6 Amount (\$) \$200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 204 N. WEST ST. ARLINGTON, TX. 76011			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name GREG CAPRAS		Office sought Office held SHERIFF	
Date 10-10-17		Payee name SAN JACINTO COUNTY FAIR			
Amount (\$) \$3,050.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1020 BALKS HURRY ROAD SHEPHERD, TX. 77391			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name GREG CAPRAS		Office sought Office held SHERIFF	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SUPPORT & TOTALS

14 C/OH NAME: Breg CAPERS 15 ACCOUNT # (Ethics Commission File #):

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	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)	\$ 21,775.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 40,613.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,318.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 BREG CAPERS, this the 11th day of July, 2023, to certify which, witness my hand and seal of office

Cynthia L. Elliott Cynthia L. Elliott Notary Public
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(1) **CONTRIBUTIONS:** (2) **PROGRAMS:** (3) **ADVERTISING:**
 (1) **Advertising Expense:** (2) **Gifts/Entertainment Expense:** (3) **Local Service:**
 (4) **Travel Expense:** (5) **Travel In District:** (6) **Travel Out Of District:**
 (7) **Printing Expense:** (8) **Office Overhead/Start-Up Expense:** (9) **Other:**

The member shall certify that the above information is true and correct.

Name: **GREG CAPERS**
 Date: **4-26-23**
 Amount: **1277.46**
 Description: **Century II Printing**
 Address: **1506 N. Washington Livingston, Tex 77351**

Category: **Advertising Expense** Description: **CARDS/4x5 SIGNS**

Date: **4-26-23**
 Amount: **250.00**
 Description: **Shepherd FFA**
 Address: **Shepherd, Tx 77371**

Category: **Advertising** Description: **B.F.T/AWARDS/MEMORIALS/EXPENSE**

Date: **1-8-23**
 Amount: **400.00**
 Description: **Coldspring FFA SHOOTING TEAM**
 Address: **Coldspring, Tx 77331**

Category: **Advertising** Description: **B.F.T/AWARDS/MEMORIALS/EXPENSE**

Signature: _____

Home address: _____

Signature: _____

Category: _____ Description: _____

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME

Capers, Greg

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/23

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

A. STEVE ARIZPE

7 Amount of contribution (\$)

\$15,000.00

6 Contributor address; City; State; Zip Code

19001 CRESENT SPRING DR Kingwood TX 71329

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/15/23

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

DARVON JAMES WEBB

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

2912 VERA DR. PEARLAND, TX 77584

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.

CAMPAIGN FINANCE REPORT

COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT FEE (Ethics Commission Fees)	2 Total pages filed: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST Greg	MI M
	NICKNAME	LAST Capers	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of 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 <input checked="" type="checkbox"/>	FIRST JAY	MI M
	NICKNAME	LAST Capers	SUFFIX
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	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input checked="" 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
	7	15	22
		THROUGH	Month Day Year
			1 15 23
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day Year	<input 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 any)
	SHERIFF OF SAN JACINTO CO.		
GO TO PAGE 2			

OFFICE USE ONLY

RECEIVED
 SAN JACINTO COUNTY
 ELECTION ADMINISTRATION
 JAN 19 2023

Date Received: _____
 Date of Postmark: _____
 Received by: _____
 Date of Audit: _____

14 C/OH NAME

Greg CAPERS

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL COMMITTEE(S) 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 ADDRESS

TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS, PLEDGES, LOANS, OR GUARANTEES OF LOANS

CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

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

CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5,775.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES

EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

EXPENDITURES

\$ 39,963.70

CONTRIBUTION BALANCE

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

CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 1297.64

OUTSTANDING LOAN TOTALS

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

LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

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

Rikki Cantu

this the

12 day of January 20 23

to certify which, witness my hand and seal of office.

Signature of officer administering oath

Rikki Cantu

Dispatcher

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES
STATEWIDE PUBLIC ETHICS COMMISSION

FORM 12570

4) DEPARTMENT OF CATEGORIES FOR 2021 P.E.C.

- | | | | |
|---|--|--|--|
| <ul style="list-style-type: none"> Accounting Expenses Advertising Expenses Bank Expenses Postage | <ul style="list-style-type: none"> Childcare/Honorary Expenses Legal Services Per-diem/Travel Expenses Printing Expenses Publicity Expenses | <ul style="list-style-type: none"> Relatives/Wages/Contract Labor Self-Interest/Political Expenses Travel In District Travel Out Of District Other Discretionary Expenses | <ul style="list-style-type: none"> Local Government/Political Expenses Management Equipment & Office Supplies Media/Press/Communication Expenses Political/Charitable/Other Expenses OTHER (please specify in detail) |
|---|--|--|--|

The Instruction Page explains how to complete this form.

Amount (\$)	DATE	PAYEE NAME	Category (See categories listed at the end of this schedule)	Description (Itemize each item, amount, and date)
100.00	9-9-22	SAN JACINTO Co FAIR ASSOCIATION	Advertising Expense	100 Club Supporter
58.00	10-27-22	UNITED STATES POSTAL SERVICE	Fees	P.O. BOX
300.00	2-24-22	ERNEST BAILES CAMPAIGN	Event Expense	Campaign Fund
500.00	6-6-22	MORGAN LUTTRELL CAMPAIGN	Event Expense	Campaign Fund

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 3(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expenses
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
Candidates/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 GREG CAPERS		3 ACCOUNT # (Ethics Commission File#)	
4 Date 8-10-22		5 Payee name SAN JACINTO CHAMBER OF COMMERCE			
6 Amount (\$) 350.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code PO Box 980 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)	
		Advertising Expense		WOLF CREEK CAR SHOW	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> 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			
<input type="checkbox"/> 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			
<input type="checkbox"/> 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)	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

COPIES

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

OFFICE USE ONLY

RECEIVED

JUL 14 2022

SAN JACINTO COUNTY
ELECTION ADMINISTRATOR

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, 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
- 6th day before election
- Exceeded \$500 limit
- Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year
7 / 15 / 22 THROUGH Month Day Year
7 / 15 / 22

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)
SHERIFF OF SAN JACINTO CO

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

SUPPORT & TOTALS

14 C/OH NAME

Greg Capers

15 ACCOUNT # (Ethics Commission #)

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> 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	\$	<i>0</i>
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<i>5,995.00</i>
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	<i>0</i>
4. TOTAL POLITICAL EXPENDITURES	\$	<i>38,655.70</i>
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	<i>2,447.64</i>
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<i>0</i>

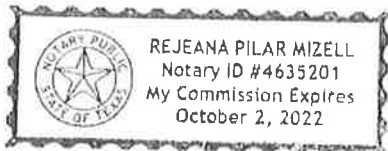
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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 *14* day of *July*, 20 *22*, 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

POLITICAL EXPENDITURES AND OTHER PERSONAL FINANCE

REGISTRATION NO. _____

EXPENDITURES OF DISBURSED AND SENIORS

2010-2011 Budget
Accounting Information
Reporting Requirements
Form 1250-2010

Gift Awards/Memorials/Emblems
Legal Services
Food/Beverage Services
Polling Expenses
Printing Expenses

Delegates/Managers/Central Labor
Travel (Out of District)
Travel In District
Travel Out of District
Other Awards/Memorials/Emblems

Local Government Information
Transportation Equipment & Related Expenses
Contributions/Donations/Made to
Political Organizations/Political Parties
GASB (General Obligation) Debt

The information stated is restricted from its contents to the public.

Amount (\$) 250.00 <input checked="" type="checkbox"/> Expenditure from political contributions allowed	Date 4-10-22	Payer's name BREG CAPERS	Payer's address City: State: Zip Code: PO Box 145 ColdSpring, TX 77331	Category (See categories listed at the end of this schedule) Event Expense	Description (If not a check-off item, describe the expenditure) DINNER FOR SENIORS
Amount (\$) 100.00 <input checked="" type="checkbox"/> Expenditure from political contributions allowed	Date 6-18-22	Payer's name FRIENDS OF HOPEWELL CHURCH	Payer's address City: State: Zip Code: FM 156 ColdSpring, Tex	Category (See categories listed at the end of this schedule) Event Expense	Description (If not a check-off item, describe the expenditure) JUNEETH DONATION
Amount (\$) <input type="checkbox"/> Expenditure from political contributions allowed	Date 	Payer's name 	Payer's address City: State: Zip Code: 	Category (See categories listed at the end of this schedule) 	Description (If not a check-off item, describe the expenditure)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:
3

3 CANDIDATE /
OFFICEHOLDER
NAME

MR / 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

MR / 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

Month Day Year

7 / 15 / 21

THROUGH

Month Day Year

1 / 15 / 22

11 ELECTION

ELECTION DATE
Month Day Year

/ /

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

SHERIFF OF SAN
JACINTO CO.

13 OFFICE SOUGHT (if known)

GOTO PAGE 2

OFFICE USE ONLY
RECEIVED
SAN JACINTO COUNTY
ELECTION ADMINISTRATION
JAN 1 2012

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

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)

\$ *5775.00*

EXPENDITURE
TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *38,305.70*

CONTRIBUTION
BALANCE

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

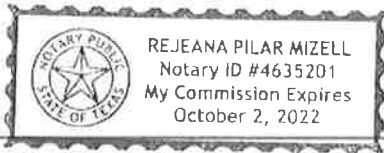
\$ *2,697.64*

OUTSTANDING
LOAN TOTALS

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

\$ *0*

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 *12* day of *January*, 20*22*, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

Printed name of officer administering oath

Rejeana Mizell

Title of officer administering oath

Notary

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 3(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: <i>1</i>		2 FILER NAME <i>Greg CAPERS</i>		3 ACCOUNT # (Ethics Commission Files)	
4 Date <i>8-10-21</i>		5 Payee name <i>SJC FAIR Association</i>			
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>505.00</i>		7 Payee address; City; State; Zip Code <i>PO Box 804 Coldspring, Tx 77331</i>			
8 PURPOSE OF EXPENDITURE		9 Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		10 Description (if travel outside of Texas, complete Schedule T) <i>Sign @ Rodeo</i>	
Date <i>12-4-21</i>		Payee name <i>Multim Media Services</i>			
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>1082.50</i>		Payee address; City; State; Zip Code <i>PO Box 1000 Coldspring, Tx 77331</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (if travel outside of Texas, complete Schedule T) <i>Lapel Pins/Tie Tack</i>	
Date <i>12-8-21</i>		Payee name <i>Good Promotions</i>			
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>325.00</i>		Payee address; City; State; Zip Code <i>803 East Houston Cleveland, Tx 77327</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>Re-Elect Pens</i>	
DATE		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> 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 Filer)

2 Total pages filed:

3

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Greg

M

CAPERS

OFFICE USE ONLY

Date Received

SAN JACINTO COUNTY
ELECTION ADMINISTRATOR

RECEIVED
JUL 3 2021

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

Month Day Year THROUGH Month Day Year
1 / 15 / 21 7 / 15 / 21

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)
SHERIFF OF SAN JACINTO
CO.

13 OFFICE SOUGHT (if known)

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 FORM 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) \$ 5975.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0

4. TOTAL POLITICAL EXPENDITURES \$ 36,393.20

CONTRIBUTION BALANCE

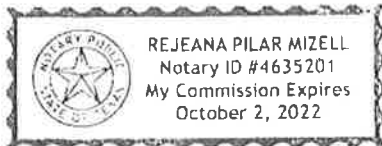
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 4285.14

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0

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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Greg Capers this the 13 day of July 2021 to certify which, witness my hand and seal of office

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Food

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 Expenses
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 Greg CAPERS	3 ACCOUNT # (Ethics Commission Filer)
---------------------------	------------------------------------	---------------------------------------

4 Date 4-15-21	5 Payee name Coldspring Senior Center
--------------------------	---

6 Amount (\$) 200.00 <input checked="" type="checkbox"/> Reimbursement from political contributors intended	7 Payee address: City; State; Zip Code PO Box 145 Coldspring TX 77331
---	---

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) Dinner For Senior
--------------------------	--	---

Date 3-11-21	Payee name Greg CAPERS
------------------------	----------------------------------

Amount (\$) 5.00 <input checked="" type="checkbox"/> Reimbursement from political contributors intended	Payee address: City; State; Zip Code 2001 SHAW Rd Cleveland, TX 77328
---	---

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

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

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

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

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 File#)

2 Total pages filed:

2

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

BREG
LAST
CAPERS

SUFFIX

M

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

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

FIRST

MI

NICKNAME

JAY
LAST
CAPERS

SUFFIX

M

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 6th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
7 / 15 / 2020 1 / 15 / 2021

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
SHERIFF OF SAN JACINTO Co.

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 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)

\$ *5775.00*

EXPENDITURE
TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *36,188.20*

CONTRIBUTION
BALANCE

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

\$ *4480.14*

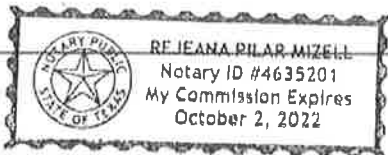
OUTSTANDING
LOAN TOTALS

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

\$ *0*

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 *11* day of *January*, 20 *21*, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Rexasa Mizell
Printed Name of officer administering oath

Notary
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 Filing)

2 Total pages filed:

3

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS (MR)

FIRST

MI

NICKNAME

LAST

SUFFIX

BREG
CAPERS

M

OFFICE USE ONLY

Date Received

SAN JACINTO COUNTY
ELECTION ADMINISTRATOR

JUL 14 021

RECEIVED

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

2001 SHAW RD CLEVELAND, TX 77328

change of address

Date Hand-delivered or Postmarked

Receipt

Amount

Date Processed

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

Date Imaged

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

Month Day Year

2 / 24 / 2020

THROUGH

Month Day Year

7 / 15 / 2020

11 ELECTION

ELECTION DATE

Month Day Year

/ /

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

SHERIFF OF SAN JACINTO
CO.

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 Breg 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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5775.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>36,188.20</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>4480.14</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</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 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 Lee Ann Barnes, this the 14 day of July, 2020, 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
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 CAPERS</i>		3 ACCOUNT # (Ethics Commission Files)	
4 Date <i>3-10-2020</i>		5 Payee name <i>US Post Office</i>			
6 Amount (\$) <i>55.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>14231 Hwy 150 W Cold Spring TX 77731</i>			
8 PURPOSE OF EXPENDITURE		8(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		8(b) Description (if travel outside of Texas, complete Schedule T) <i>STAMPS</i>	
Date <i>1-30-2020</i>		Payee name <i>SMART Resolution</i>			
Amount (\$) <i>716.99</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>3801 PBA Suite 600 Boca Raton Palm Beach FL 33410</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (if travel outside of Texas, complete Schedule T)	
Date <i>1-4-19</i>		Payee name <i>San Jacinto County Chamber of Commerce Cold Spring</i>			
Amount (\$) <i>100.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>PO Box 980 Cold Spring, Tex 77331</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (if travel outside of Texas, complete Schedule T) <i>Public Spots on Square</i>	
Date <i>5-11-18</i>		Payee name <i>San Jacinto Cold Spring Chamber of Commerce</i>			
Amount (\$) <i>250.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>PO Box 980 Cold Spring, Tex 77331</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (if travel outside of Texas, complete Schedule T) <i>Wolf Creek Car Show</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:

6

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS (MR)

FIRST

MI

NICKNAME

LAST

SUFFIX

BREG

M

CAPERS

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

2001 SHAW Rd Cleveland, Tex
77328

change of address

6 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, 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

6th day before election

Exceeded \$500
limit

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

THROUGH

Month Day Year

2 / 3 / 2020

2 / 24 / 2020

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year

Primary

Runoff

General

Special

3 / 5 / 2020

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

SHERIFF OF SAN JACINTO
Co.

GO TO PAGE 2

OFFICE USE ONLY
Date Received: FEB 24 2020
SAN JACINTO COUNTY
ELECTION ADMINISTRATION
RECEIVED
Date Hand-Delivered or Postmarked:
Recorder:
Date Processed:
Date Indexed:

**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.

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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>5775.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>35,066.21</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>4280.14</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 AFFIDAVIT

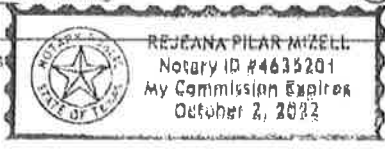
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Greg Capers
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Greg Capers, this the 21 day of Feb, 2020, to certify which, witness my hand and seal of office.

Rejane Mizell Signature of officer administering oath
 Printed name of officer administering oath
Notary Title of officer administering oath



**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 3(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>Greg M. CAPERS</i>		3 ACCOUNT # (Ethics Commission Files)	
4 Date <i>2-2-2020</i>		5 Payee name <i>SAM'S CLUB</i>			
6 Amount (\$) <i>65.77</i> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>1960 Humble Tx</i>			
8 PURPOSE OF EXPENDITURE		9 Category (See categories listed at the top of this schedule) <i>EVENT Expense</i>		10 Description (if travel outside of Texas, complete Schedule T) <i>MEET & GREET</i>	
Date <i>2-4-2020</i>		Payee name <i>U.S. POST OFFICE</i>			
Amount (\$) <i>55.55</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>1213 E. Houston ST Cleveland, Tx 77327</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>ADVERTISING Expense</i>		Description (if travel outside of Texas, complete Schedule T) <i>STAMPS</i>	
Date <i>2-5-2020</i>		Payee name <i>The Sign Printers LLC</i>			
Amount (\$) <i>936.36</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>908 W. Lewis Conroe, Tex 77301</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>ADVERTISING Expense</i>		Description (if travel outside of Texas, complete Schedule T) <i>CAPS</i>	
Date <i>2-10-2020</i>		Payee name <i>OFFICE DEPOT</i>			
Amount (\$) <i>1621.59</i> <input type="checkbox"/> Reimbursement from political contributions intended		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 Expense</i>		Description (if travel outside of Texas, complete Schedule T) <i>PAPER Folding</i>	

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 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST GREG	MI M
	NICKNAME	LAST CAPERS	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of 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 <input checked="" type="checkbox"/>	FIRST Jay	MI M
	NICKNAME	LAST CAPERS	SUFFIX
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	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	2	5	24
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 3 5 24	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) SHERIFF OF SAN JACINTO Co.	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

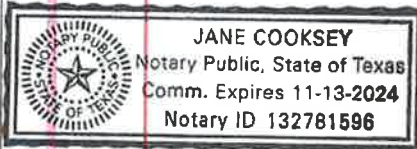
15 C/OH NAME		BREG CAPERS		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	34,825.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	0
	4.	TOTAL POLITICAL EXPENDITURES	\$	41,584.24
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	4,965.09
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jane Cooksey this the 26 day of February

2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Jane Cooksey Printed name of officer administering oath: Jane Cooksey Title of officer administering oath: Communications Supervisor

OR

(2) Unsworn Declaration

My name is _____ and my date of birth is _____

My address is _____

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____ on the _____ day of _____ 20____

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME BREG CAPERS 20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 100.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5046.86
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2	
2 FILER NAME GREG CAPERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 2/25/24	6 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# JAMES + Blenda BOOTH	8 Amount of Contribution \$ \$100.00	9 In-kind contribution description
7 Contributor address: City: State: Zip Code 13166 LAZY LANE WILLIS TEXAS 77318		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) RETIRED LAW ENFORCEMENT		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)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Direct Cash Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 2 FILER NAME: **GREG CAPERS** 3 Filer ID (Ethics Commission Filers):

4 Date: **2-6-24** 5 Payee name: **LAKESIDE BUILDING SUPPLY** City: **ColdSpring** State: **Tx** Zip Code: **77331**

6 Amount (\$): **\$19.37** 7 Payee address: **PO Box 429** City: **ColdSpring** State: **Tx** Zip Code: **77331**

8 PURPOSE OF EXPENDITURE: **Advertising Expense** (a) Category: (See Categories listed at the top of this schedule) (b) Description: **Zip TIRES**

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

Date: **2-14-24** Payee name: **The UPS STORE # 4211**

Amount (\$): **4915.49** Payee address: **502 W MONTGOMERY ST, WILLIS TX 77378** City: State: Zip Code:

PURPOSE OF EXPENDITURE: **Advertising Expense** Category: (See Categories listed at the top of this schedule) Description: **CAMPAIGN MAILERS**

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

Date: **2-24-25** Payee name: **HERBERTS CAJUN FOOD CO**

Amount (\$): **\$112.00** Payee address: **12461 STATE HWY 156** City: **ColdSpring** State: **Tx** Zip Code: **77331**

PURPOSE OF EXPENDITURE: **Event Expense** Category: (See Categories listed at the top of this schedule) Description: **Food Expense**

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MRS	FIRST BREG	MI M
	NICKNAME CAPER S	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 2001 SHAW RD CLEVELAND TX 77328	APT / SUITE #:	CITY: STATE: ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 797-1750	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MRS	FIRST JAY	MI M
	NICKNAME CAPER S	LAST	SUFFIX
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 (832)	PHONE NUMBER 407-4203	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 2 / 5 / 24 THROUGH 2 / 26 / 24		
11 ELECTION	ELECTION DATE Month Day Year 3 / 5 / 24		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) SHERIFF FOR SAN JACINTO Co.	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received: **FEB 26 2024**

Date Hand Delivered or Date Paid: _____

Receipt # _____ Amount: _____

Date Processed: _____

Date Imaged: _____

RECEIVED
FEB 26 2024
SAN JACINTO COUNTY
ELECTION ADMINISTRATOR

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME BREG CAPERS 16 Filer ID (Ethics Commission Filers)

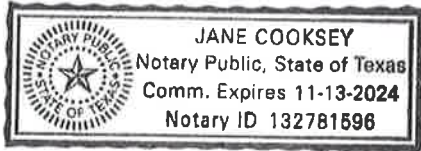
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>34,825.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>41,584.24</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>4,965.09</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 SIGNATURE 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]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jane Cooksey this the 26 day of February

2024 to certify which, witness my hand and seal of office.

Signature of officer administering oath: [Signature] Printed name of officer administering oath: Jane Cooksey Title of officer administering oath: Communications Supervisor

OR

(2) Unsworn Declaration

My name is _____ and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____ on the _____ day of _____, 20____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME *BREG CAPERS*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 100.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5046.86
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 1

2 FILER NAME

BREG CAPERS

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

2/25/24

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

JAMES & BLENDIA BOOTH

8 Amount of Contribution \$

\$100.00

9 In-kind contribution description

7 Contributor address: City: State: Zip Code

13166 LAZY LANE W. 11'S TEXAS 79318

Check if travel outside of Texas. Complete Schedule T.

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

RETIRED LAW ENFORCEMENT

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 out-of-state PAC (ID# _____)

Amount of Contribution \$

In-kind contribution description

Contributor address: City: State: Zip Code

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Direct Cash Payment
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Transportation/Equipment & Related Expense
- Travel In District
- Travel Out Of District
- Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 1	2 FILER NAME GREG CAPERS	3 Filer ID (Ethics Commission Filers)
4 Date 2-6-24	5 Payee name Lakeside Building Supply ColdSpring Tx 77331	
6 Amount (\$) \$19.37	7 Payee address PO Box 429 ColdSpring Tx 77331	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Zip Tires
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin TX officeholder living expense.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 2-14-24	Payee name The UPS STORE # 4211	
Amount (\$) 4915.49	Payee address 502 W MONTGOMERY ST. WILLI'S TX 77378	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description CAMPAIGN MAILERS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin TX officeholder living expense.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 2-24-25	Payee name Herbert's Cajun Food Co	
Amount (\$) \$112.00	Payee address 12461 STATE HWY 156 ColdSpring Tx 77331	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food Expense
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin TX officeholder living expense.	
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought / Office held