# 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 GREG CAPERS			3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date 8-17-15 6 Full name of contributor out-of-state PAC (ID#:  JOE M. SCHUTTEA JR  7 Contributor address; City; State; Zip Code 2017 FM 1375 Rd EAST HVM5Ville 177340		8 Amount of Contribution \$ In-kind contribution description  3 /00.00			
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer	(FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribute	or'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	r Is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ description		
	Contributor address; City; State; Zip Co	de	Check if travel outside of Texas, complete Schedule T		
Рлпсіраі осо	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer	(FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribute	or'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 7	HIS SCHEDU	JLE AS NEEDED		
If	If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

CONTRIBUTIONS				
τι	ne instruction Guide explains how to complete this for	1 Total pages Schedule A2:		
2 FILER NAME BREG CAPERS			3 Filer ID (Ethics Commission Filers)	
	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
	5 Date 6 Full name of contributor out-of-state PAC (ID#:		8 Amount of Contribution \$ 9 In-kind contribution description \$ 100.00 Hog How M	
10 Principal occ	Supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer	(FOR NON-JUDICIAL)(See Instructions)	
>A /Ps 12 Contributor's	Principal occupation (FOR JUDICIAL)	13 Contribute	or'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	Date Full name of contributor out-of-state PAC (ID#:)  Contributor address; City; State; Zip Code		Amount of In-kind contribution Contribution \$ description  Check if travel outside of Texas, complete Schedule T	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer	(FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributo	or's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm o	Law firm of contributor's spouse (If any) (FOR JUDICIAL)	
If cantributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	VI			
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: 14
2 FRER NAME CASAS	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor  ul-of-state PAC (ID#:)	7 Amount of contribution (\$)
8-1-15 6 Contributor address; City; State; Zip Code	#10 ig
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instru	
DEADSAILT SOLF	
Dale  Full name of contributor  Out-of-state PAC (IDF  Contributor address;  City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	ctoto to Tara
	A secretary and involved in the control of the cont
Date  Full name of contributor  Out-o(-state PAC (IDM	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	etions)
Date  Full name of contributor    Out-of-state PAC (ID#)  Contributor address: City; State; Zip Code	Amount of contribution (\$)
20 Box 830 (Restall Rd) Col man 18331	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  And	1) " C) " (C) O()
	The same of the sa
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additiona	

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The instruction Guide explains how to complete this form,	1 Total pages Schedule A1
2 FILER NAME CRES (NOTAS	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (IDa:)	7 Amount of contribution (\$)
1-33-15 REJEANNAY JANNATZELL  6 Contributor address: City; State; Zip Code  1819 115 Aug. S. D. State; Zip Code	\$250.0°
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	Λ \
Aprilia San Jacant San Jacant	2 MM/1
Date Full name of contributor □ out-of-state PAC (IDπ:)	Amount of contribution (\$)
Contributor address, City; State; Zip Code	# 1000 as
1.0 Box 1393 CHOMES DE 17831	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  History Part A	itous)
Date Full name of contributor [ ] out-al-state PAC (ID#)	Amount of contribution (\$)
N-29-15 DECKY Specifi Schulter zip Code Contributor address: 1373 City: State; Zip Code POBOR 3/1/10/1373/LAVERLY JE 7858	事3,000.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  AND JASTAS	tions)
Date Full name of contributor □ σut-of-state PAC (ID#	Amount of contribution (\$)
8-1-15 HARLEY & LIKEL LOTINGS.  Contributor address; City. State; Zip Code WS	\$250.00
5700 ST. HWY. W 150 NEWWARDLY R.	V
Principal occupation (Job title (See Instructions)  Employer (See Instructions)	tions)
LAW ENTREMIA SAN TROPPE	Ohigh
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED
If contributor is out-of-state PAC, please see instruction guide for additional	

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER PLANE OREQ CANY RS	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor   out-of-state PAC (IDM:)	7 Amount of contribution (\$)
8-1318 Contributor address; City; State; Zip Code  Though And Holling IX 1991	\$2,500.00
8 Principal occupation / Job title (See Instructions)  OWNER  Revise/	dions)
Date Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)
SS-S ALFRED & DOLLIE AWASON Contributor address; City; State; Zip Code 1914 O' Const.)	\$2,500.00
Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
OWNER - ANDERSON FORD HUDGERSON	Foro
Palle  Full name of contributor out-of-state PAC (ICH:  Contributor address; City; State; Zip Code	Amount of contribution (2)
2380 M. 342320 Masion H. WOOD	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  BATL BAMOS  ABC GMOT	tions)
S-14-5 Contributor out-of-state PAC (104)  Contributor address: City State; Zip Code  3510 HWX 9 N - Swarp 1x 17311	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional	

MONETARY POLITION	CAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explai	ns how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME  ORFO  ONES		3 Filer iD (Ethics Commission Filers)
4 Date 5 Full name of contribut		7 Amount of contribution (\$)
8-13-15 But SA 6 Contributor address;	M. 980 RTBLUKTX 1936	Th 150.00
8 Principal occupation / Job title (See Instr		tructions)
Date Full name of contribut	A ,	Amount of contribution (\$)
Contributor address;	-112	\$ 250 -
Principal occupation / Job title (See Instru	e St Coldspring X Employer See Ins. Fel v c A	tructions)
Date Full name of contribut		Amount of contribution (\$)
8-15-15 DAVID M	City: State, Zip Code 17864	\$ 150.00
	MERCE ST Mardisch Ville, ly  uctions) Employer (See Ins	tructions)
Principal occupation / Job title (See Instru	T Gran	PAHNT
Date Full name of contribut		Amount of contribution (\$)
8-16-15 JEANNINE Contributor address;	DHNIE! City; State; Zip Code	200.00
203 S. AVER	NeH HUMble, Tox 7133	8
Principal occupation / Job title (See Instru	ections) Employer (See Ins	7.7
proprieta		
ATTACH	ADDITIONAL COPIES OF THIS SCHEDULE AS state PAC, please see instruction guide for addition	S NEEDED onal reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS	schedule A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER NAME PREG CAPERS	3 Filer ID (Ethics Commission Filers)
8-16-15 Rubert CASEX 6 Contributor address; City; State; Zip Goge 1627 Wood HUR Spring, 18x 71386	7 Amount of contribution (\$)  9 350.00
8 Principal occupation / Job IIIIe (See Instructions)  A W ENFURCEMENT  9 Employer (See Instruc-	etions) Pech
Date  8-17-15  Sigirid Lish Bigewer  Contributor address;  City: State; Zip Code  41 LAKE WAY DR (OKISPRING) 1331	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Denlal
Pull name of contributor out-of-state PAC (ID#:)  8-17-15  Robby J. M. Ils JR  Contributor address; City; State; Zip Code  331 Re Tly DR. Cleve/And, 1x 11328	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Twspe	
Date  Full name of contributor    Oult-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  AUTI	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS Ni If contributor is out-of-state PAC, please see instruction guide for additional	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2 FILER NAME	Reg CAPERS		3 Filer ID (Ethics Commission Filers)		
4 Date	REG CAPERS  5 Full name of contributor   out-of-state PAC (	D#:)	7 Amount of contribution (\$)		
8-17-15	Charles E. SHepherd II 6 Contributor address: City: State: 206 BRANDING IRON LIVIN	Zip Code	\$ 35.00		
		195/2m/EX 1/331			
Clares	pation / Job Litle (See Instructions)	Employer (See Instruct			
Date	Full name of contributor     out-of-state PAC (		Amount of contribution (\$)		
8-17-15	JUAN M. BENSON Contributor address: City: State; 9630 ROARKS PSGE MISSOUR	Zip Code	\$ 35.00		
	9630 KOARKS 13ge MISSOUR				
Principal occup	Rit IIR rd	Employer (See Instruct			
Date	Full name of contributor Unit-of-state PAC (		Amount of contribution (\$)		
8-17-15	SUZANNE V YORK  Contributor address; City, State;	Zip Code	\$ 10.00		
	325 LAKEVIEW PRIVELOSP	1/33/			
19	eation / Job title (See Instructions) マイルアでか	School To			
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)		
8-17-15	Contributor address; City; State;	Zip Code	\$ 35.00		
	20 Elmwood LN ColdSpRi	N9)14 17331			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct			
	entractak	U1/12/10/10	N		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED		
	If contributor is out-of-state PAC, please see Instru-				

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1; The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Out-of-state PAC (IDs Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID# Amount of contribution (\$) Principal occupation / Job title (See Instructions) CONSTRUCTION Amount of contribution (\$) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 2 FILER NAME FREG CAPERS 4 Date 5 Full name of contributor | out-of-state PAC (ID#:\_\_\_\_\_\_) RICHARD OVIED 6 Contributor address; City; State; Zip Code 5935 CUIROSS Close HUMPLe, TY 77346 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Re IIRed 6 Employer (See Instructions) Chemical Plant Date Full name of contributor 8-17-15 Contributor address; City, State; Zip Code 125 A J MURRY Rd Cleve A-May 164 77328 Amount of contributor Amount of contributor Contributor address; City, State; Zip Code 125 A J MURRY Rd Cleve A-May 164 77328 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) SAJES Date Full name of contributor SAJES Full name of contributor SAJES Amount of contribution (\$) SACY L. M. SHipley Contributor address: City; State; Zip Code JON. AVENUE F HUMB/EJ/X 77338 Principal occupation / Ich title (See Instructions) Principal occupation / Ich title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) LINE NORCEMENT Date Full name of contributor CAIVIN B, Nelson Contributor address; City: State: Zip Code 210 Conny Rd 3410 CPVC/AND 1 x 97317 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 2 FILER NAME 2 FILER NAME 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 A) 8 Principal occupation / Job title (See Instructions) 1 AW ENFORCEMENT 1 Out-of-state PAC (ID#: 7 A) 2 Principal occupation / Job title (See Instructions) 1 AW ENFORCEMENT 1 Out-of-state PAC (ID#: 7 A) 2 Principal occupation / Job title (See Instructions) 1 AW ENFORCEMENT 3 Filer ID (Ethles Commission Filers) 100.00 Date 8-18-15 HANNS Schills PN Contributor address; City; State; Zip Code 2100 Aldrive Bender Houston, 1x 27039 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Full name of contributor Dout-of-state PAC (ID#: Amount of contribution address; City; State; Zip Code 125 AJ MURRY Rd Cleveland, TX 77328 Amount of contributor of contributor of 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.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER NAME	PRAG CAPERS	3 Filer ID (Ethics Commission Filers)
	FRY CAPPRS  5 Full name of contributor	
	Full name of contributor   out-of-state PAC (ID#)  Vic Kie State PAR IPR  Contributor address; City; State; Zip Code  560 HORS-88 bor Way Loop Claveland, A 17328  Dation / Job title (See Instructions) Employer (See Instructions)	
	Full name of contributor Out-of-state PAC (ID#: )  JOAN M. BENSEN  Contributor address; City: State: Zip Code  9630 ROARKS Pgs M.SSOUR; C.JY 1 /X	Amount of contribution (\$)
Principal occup	Refire (See Instructions)  Employer (See Instructions)	tions)
Date 8 -17-15	Full name of contributor out-of-state PAC (IDH)  SUZAUNE ORK  Contributor address: City; State, Zip Code  325 Lakevie W DR Loop (Old Spring)/x 77331	Amount of contribution (\$)
	ation / Job title (See Instructions) Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 8-17-15 Lloyd A. Polson SR 6 Contributor address; City: State: Zip Code 20 EM Wood DR Cleveland JY 27331 8 Principal occupation / Job title (See Instructions) CARPENTER CONTRACTOR 9 Employer (See Instru CARPENTER CONTRACTOR Amount of contribution (\$) Amount of contribution (\$) 8-17-15 SHARON CARTER Contributor address; City: State; Zip Code 125 AJ MURRY Rd Cleveland, TX 11328 70.00 Full name of contributor | out-of-state PAC (ID#: VAN BROOKS hire Contributor address; City; State; Zip Code 8130 Sin le HWy 150 Wes/ColdSpring fr Amount of contribution (\$) 35.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



#### Austin, Texas 78711-2070 (TDD 1-800-735-2989) P.O. Box 12070 Texas Ethics Commission CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 ACCOUNT # 2 Total pages filed: (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS (MRS/IMR) 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER NAME NICKNAME SUFFIX 4 CANDIDATE / ZIP CODE OFFICEHOLDER 2001 SHAWRD Cleveland, TexAS MAILING **ADDRESS** change of address AREA CODE EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** (281) PHONE MS / MRS (MR) 6 CAMPAIGN TREASURER NAME SUFFIX NICKNAME 7 CAMPAIGN TREASURER 2001 SHAWRD Cleveland, Texas ADDRESS (residence or business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 407 4203 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (officeholder only) 8th day before election Exceeded \$500 Final report (Attach C/OH - FR) 10 PERIOD COVERED THROUGH 1/15/17 11 ELECTION ELECTION DATE Special Runoff General 13 OFFICE SOUGHT (# known) 12 OFFICE

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

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

(512) 463-5800

SOFFORT	& TOTAL			
14 C/OH NAME	PR 69 (	ADPRS	15 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX'S 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			
	COMMITTEE TYPE			
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6	
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED \$ N/A	
	4. TOTAL POLITICAL EXPENDITURES \$ 10,163, 85			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 353,55			
OUTSTANDING LOAN TOTALS	6. TOTAL PI LAST DA	THE \$		
A Notary	EANA PILAR MIZEL Public, Stole of Te	is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by	
My Commission Expires October 02, 2018 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP		ie, by the said rea Capers	, this the	
day of Maly 20 1 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				

Austin, Texas 78711-2070

#### SCHEDULE G

(TDD 1-800-735-2989)

#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

Advertising Expense Accounting/Banking Consulting Expense Event Expense Feas

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Gulde explains how to c	complete this form.		
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
	BREG CAPPRS			
4 Date	5 Payee name			
1-30-17	T Payee address; City: State: Zip Code	OM MTRGE		
6 Amount (\$)	7 Payee address;		- 22 7 /	
2 50, 00 Reimbursement from political contributions intended	3) N. BUTTIER ST ColdSpaing, Tex 22331			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)		avel cutside of Texas, complete Schedule T)	
OF EXPENDITURE	EVENT Expense	FUNCLEAD	si ng BesTof SJC	
Date 1-30-17	SHEPPPER CAMBER OF COMMERCE			
Amount (\$)	Payee address; Clty; State; Zlp Code		- 1	
J. C., D. C.)  Reimbursement from political contributions intended	POBOX 520 SHEPherd, TEXHS 77371			
PURPOSE	Category (See categories listed at the top of this schedule)		avel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Fees Membersbip			
Date /-31-17	Liberty MARKeting Co			
Amount (\$)	Davis address: City State: 7ic Code			
2 96 53 Reimbursement from political contributions intended	204 N. West St. ARlingTon, Texas 76011			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	evel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Adversling Expense	Maps 5	JC	
Date	Payee name			
2.8-17	STC & TEXAN			
Amount (\$)	Payee address; City; State; Zip Code		2 2 4 1	
Reimbursement from political contributions intended	120 TAOJAH RA SHEPBERD, TEX 27511			
PURPOSE Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)			vel outside of Texas, complete Schedula T)	
OF EXPENDITURE	EvenT Expense	to Texa	n BanqueT	
	ATTACH ADDITIONAL CODIES OF THIS SO	CHEDITIE VS NEEL	OED	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Legal Services Food/Beverage Expense Polling Expense Printing Expense

Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Solicitation/Fundralaing Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense OTHER (enter a category not listed above)

Loan Repayment/Relmbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

plains how to complete this form

	The instruction Guide explains now to c		
1 Total pages Schedule G:	G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission		
	Reg CAPERS 5 Payce name		
4 Date	5 Payce name		
2-8-17	Senier Center		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	POBOY 245 Cold Spring Texas 17331		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If Iraval outside of Texas, complete Schedule T)	
OF EXPENDITURE	EVENT EXPENSE	Pish FRY FOR Senior	
Date	Payee name		
2-10-17	SJC to TexANS		
Amount (\$)	Payee address; City; State; Zip Gode	1 1 6 44 125/1	
3 C O , DO  Reimbursement from political contributions intended	Payee address; City: State; Zip Code  2 20 1.40 164 RJ 51/61		
PURPOSE	Category (See calegories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Event Expense	Go PXII N BANG VET	
Date 1/-8-17	Payee address; City; State; Zip Code		
Amount (\$)	Payee address; City; State; Zip Code	1.1-	
100.00	2.2 HINGENTERS	10x 17331	
Reimbursement from political contributions intended	POBOX 1608 Cold Sprin	<i>y</i> ,	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Taxas, complete Schedule T)	
OF EXPENDITURE	FUENT EXPENSE	BABFUND FAIZER	
Date	Payee name	2	
4-8-17	SANJACINE CO RED PARTY		
Amount (S)	Payee address; City; State; Zip Code	Cold SARING, TEX	
300 PO Reimbursement from political contributions intended	Payee address; City: State: Zip Code  201 STATE HMY 150 E Suc TJ Cold Spr. 'ng, Tex  201 STATE HMY 150 E Suc TJ 77331		
	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schudule T)	
EXPENDITURE EVENT EXPENSE REGION DINNE		Begn D. INWER	
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED	

P.O. Box 12070

SCHEDULE G

Advertising Expense Accounting/Benking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel in District Polling Expense Office Overhead/F  The Instruction Guide explains how to	intract Labor Loan Repayment/Relmbursement ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Initial Expense OTHER (enter a category not listed above)		
4 Total annua Bahadula Ca	2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)			
1 Total pages Schedule G:	FREG CAPERS			
4 Date	6 Payes name			
4-12-17	SHEPBERD YOUTH LEAGUE			
6 Amount (\$)	7 Payee address: City: State; Zip Code			
Reimbursement from political contributions intended	PO Box 172 SHepher			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel cutside of Texas, complete Schedule T)		
OF EXPENDITURE	EVENT EXPENSE	Fund RAISER		
Date 4-21-17	Payee name	0		
7-21-11	SHEPPERD CHAMPE	2 COMMERCE		
Amount (\$)	Payee address; City; State; Zip Code	1- 00301		
100,00	POPOX 520 SHEPBORD TEXAS 27371			
Reimbureement from political contributions intended				
PURPOSE Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule)				
	URE Advertisions Expense For Tour Tury Prefer			
OF EXPENDITURE	Advertisting Expense	For 4 July FIREWAY		
EXPENDITURE	Payee name			
EXPENDITURE	Cold SpR. NG Chamber	COMMERCE		
Date 5-16-17 Amount (\$)	Payee name  Cold SpR. wg (hamber  Payee address: City: State; Zip Code	COMMERCE		
Date 5-16-17	Cold SpR. NG Chamber	COMMERCE		
Date 5-16-17  Arriount (\$)  Relimbursement from political contributions	Payee name  Cold SpR. wg (hamber  Payee address: City: State; Zip Code	COMMERCE		
Date 5-16-17  Amount (\$)  Reimburnement from political contributions intended	Payee name  Cold SpR. wg Chamber  Payee address: City; State; Zip Code  POBOX 980 Cold Sp	Commence seing, Texas 17331		
PURPOSE OF EXPENDITURE	Payee name  Cold SpR. wg Chamber  Payee address: City: State: Zip Code  POROX 980 Cold Sp  Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE  Date 5-16-17  Amount (\$)  Reimbursement from political contributions intended  PURPOSE OF	Payee name  Cold SpR. wg Chamber  Payee address: City: State: Zip Code  POBOX 980 Cold Sp  Category (See categories linked at the top of this schedule)  Afvert's 1-r g Expense	Description (If travel outside of Texas, complete Schedule T)		
Date 5-16-17  Arrount (\$)  Reimburement from political contributions intended  PURPOSE OF EXPENDITURE  Date 6-7-17  Amount (\$)	Payee name  Cold SpR. wg (hamber Payee address: City; State; Zip Code  POBOX 980 Cold Sp  Category (See categories linked at the top of this schedule)  Afrect is fing type use  Payee name  CDYL  Payee address: City; State; Zip Code	CON: MERCE  SEI ug , TEXAS 7733/  Description (If travel outside of Texas, complete Schedule T)  MEM DER SDIP		
Date 5-16-17  Amount (\$)  Reimburement from political contributions intended  PURPOSE OF EXPENDITURE  Date 6-7-17	Payee name  Cold SpR. wg (hamber Payee address: City; State; Zip Code  POBOX 980 Cold Sp  Category (See categories linked at the top of this schedule)  Afrect is fing type use  Payee name  CDYL  Payee address: City; State; Zip Code	CON: MERCE  SET ug , TEXAS 7733/  Description (If travel outside of Texas, complete Schedule T)  MEM DER SDIP		
Date 5-16-17  Arrount (\$)  Reimburement from political contributions intended  PURPOSE OF EXPENDITURE  Date 6-7-17  Amount (\$)	Payee name  Cold SpR. wg Chamber  Payee address: City: State: Zip Code  POBOX 980 Cold Sp  Category (See categories linked at the top of this schedule)  Afvert's fire g Expense  Payee name  CDYL	CON RERCE Sering, TEXAS 7733/ Description (If travel outside of Texas, complete Schedule T)  MEM BER Ship  Spring 144 7773/		
EXPENDITURE  Date 5-16-17  Amount (\$)  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date 6-7-17  Amount (\$)    Do. OO     Reimbursement from political contributions intended	Payee name  Cold SpR. vg (hamber  Payee address: City: State: Zip Code  POBOX 980 Cold Sp  Category (See categories linked at the top of this schedule)  Afrect of the payee payee name  CDYL  Payee address: City: State: Zip Code  Category (See categories listed at the top of this schedule)	CON RERCE  SET AG , TEXAS 7733/  Description (if travel outside of Texas, complete Schedule T)  MEM DER 3 DIP  Description (if travel outside of Texas, complete Schedule T)		
EXPENDITURE  Date  5-16-17  Amount (\$)  Reimbureament from political contributions intended  PURPOSE  OF  EXPENDITURE  Date  6-7-17  Amount (\$)  10000  Reimbureament from political contributions intended	Payee name  Cold SpR. wg (hamber  Payee address: City: State: Zip Code  POBOX 980 Cold Sp  Category (See categories linked at the top of this schedule)  Alvert's fire g typense  Payee name  CDYL  Payee address: City: State: Zip Code	CON RERCE Sering, TEXAS 7733/ Description (If travel outside of Texas, complete Schedule T)  MEM BER Ship  Spring 144 7773/		

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	counting/Banking Legal Services Solicitation Fundamental Expense onsulting Expense Food/Beverage Food/Beve				
1 Total pages Schedule G:	2 FILER NAME GREG CADERS	3 ACCOUNT# (Ethics Commission Filers)			
4 Date 6-20-17	6 Payee name Cold SPAIN POST OI	FILE			
6 Amount (\$)  40,00  Reimbursement from political contributions intended	7 Payse address: City: State: Zip Code 14231 STATE Highway	150 W (Jeffpring, 1 x 9731			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (if travel outside of Toxas, complete Schedule T)			
EXPENDITURE	fees	PostOFFice Bux Rentol			
Data	Payee name				
Amount (3)	Payee address; City; State; Zip Gode				
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (traveloutside of Texas, complete Schedule T)			
Date	Payes name				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended	·				
PURPOSE OF EXPENDITURE	Calegory (See calegories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)			
Date	Payee name				
Amount (\$)	Payes address; City; State; Zip Code				
Réimbureiment from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this achedule)	Description (Hiravel outside of Texas, complete Schedule T)			
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED			



(TDD 1-800-735-2989)

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH

CAMPAIGN I NAME REPORT		OUVER ONLETTO
The C/OH Instruction Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
OFFICEHOLDER NAME  MS/MRS/MR  MR  GREG  NICKNAME  CAPERS	MI M SUFFIX	OFFICE USE ONLY  Date Received
CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of address  ADDRESS / PO BOX; APT / SUITE#; CITY;	STATE; ZIP CODE  NO, TOX 11328  EXTENSION	Onto Hand-delivered of Pushnishked  Receipt # Amount
officeholder (281) 191-1750	LATENDION	Date Processad
TREASURER NAME  MS/MRS/MR  MS/MRS/MR  FIRST  MS/MRS/MR  MS/MRS/MR  FIRST  MS/MRS/MR  MS/MRS/MR  MS/MRS/MR  FIRST  MS/MRS/MR  MS/MRS/MR  MS/MRS/MR  FIRST  MS/MRS/MR  MS/MR  MS/MRS/MR  MS/MR  MS/MRS/MR  MS/MR  M	SUFFIX	Date Imaged
CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ADDRESS (residence or business)  200/ SHAW Rd C/eve	CITY: STATE:	21P CODE 17328
CAMPAIGN TREASURER PHONE ( ) 832-407-4203	EXTENSION	
REPORT TYPE  January 15  30th day before election  July 15  3th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholderonly)  Final report (Attach C/OH - FR)
PERIOD Month Day Year THROUGH	Month Day	Year / 7
ELECTION DATE  Morth Day Year Primery  Primery	Runoff	General Special
OFFICE OFFICE HELD (it any)	13 OFFICE SOUGHT (If known)	
SHERIFF OF SANJACINTO, CO.		
GO TO PAC	GE 2	

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

P.O. Box 12070

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	BREG	CADERS	15 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT, CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	7	
delining soget		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. CS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0	
EXPENDITURE TOTALS				
	4. TOTAL POLITICAL EXPENDITURES \$ 10,077.85			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 2863.10			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			
18 AFFIDAVIT				
			f perjury, that the accompanying report I Information required to be reported by	
		Signature of Car	didate or Officeholder	
AFFIX NOTARY STAMP	/ SEAL ABOVE			
Sworn to and subsi	-		this the	
13 day	of Janua	ty 20 17 , to certify which, witness r	my hand and seal of office;	
$\rightarrow \mathcal{X}$		Rejecta Mizell	Wastary	
Bignature of officer admin	Istering oath	Printed name of officer administering oath	Title of officer administering oath	

(TDD 1-800-735-2989)

#### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

Fees	Printing Expense Office Overhead/Remail Expense OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethles Commission Filers)		
1	BREG (ADERS	1		
4 Date	5 Payee name			
11-1-16	Robert Nicholes			
6 Amount (\$)	7 Payee address; City; State; Zlp Code			
Reimbursement from political contributions intended	Civis Center Cleveland, Te	. X		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (II	travel outside of Yexas, complete Schedula T)		
OF EXPENDITURE	EVENT EXPENSE FUNDA	HISTR		
Date	Payee name			
12-13-16	C/M 5510 Threads			
Amount (\$)	Payce address, only, state, mp	1 .		
Reimbursement from political contributions intended	26311 HWX32151 B Clevela.	nd, Tex 17327		
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel dutside of Texas, complete Schedule T)			
OF EXPENDITURE	Advertising Expense FOR VI	W FORM		
Date	Payee name	_		
12-13-16	ANNANT BANG U & T Cold Spring GANTE  Payee address: City; State; Zip Code	th Center		
Amount (\$)				
Reimbursement from political contributions intended	20 W CedAR AVE COHSPRIN	9, 7ex 17331		
PURPOSE	Category (See categories listed at the top of this achiedule) Description (If	travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Adversting Expense For 1	21/15		
Date	Payee name			
Amount (\$)	Payee address; Clty; State; Zip Code			
Reimbutsement 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 NE	EDED		

#### (512) 463-5800 P.O. Box 12070 Texas Ethics Commission FORM C/OH CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1 2 Total pages filed: ACCOUNT # (Ethics Commission Filers) The C/OH instruction Guide explains how to complete this form. OFFICE USE ONLY MS / MRS/ MR 3 CANDIDATE / 14 OFFICEHOLDER Date Received NAME SUFFIX NICKNAME ZIP CODE CITY: ADDRESS / PO BOX; 4 CANDIDATE / OFFICEHOLDER 2001 SHAW Rd Cleveland.TX Date Hand-delivered or Postmarked MAILING **ADDRESS** Receipt # change of address EXTENSION PHONE NUMBER AREA CODE 5 CANDIDATE/ Date Processed **OFFICEHOLDER** (281)PHONE М MS / MRS /MB 6 CAMPAIGN M TREASURER NAME SUFFIX NICKNAME ZIP CODE STATE; STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#: 7 CAMPAIGN TREASURER 2001 SHAW Rd Cleveland, Texas **ADDRESS** (residence or business) EXTENSION AREA CODE PHONE NUMBER B CAMPAIGN TREASURER - 407-4203 PHONE 15th day after campaign 9 REPORT TYPE Runoff 30th day before election January 15 treasurer appointment (officeholder only) Final report (Attach C/OH - FR) Exceeded \$500 8th day before election July 15 10 PERIOD THROUGH 10/31/16 COVERED **ELECTION TYPE** ELECTION DATE 11 ELECTION General Special Primery Runoff 13 OFFICE SOUGHT (if known) OFFICE HELD (If any) 12 OFFICE

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

## FORM C/OH COVER SHEET PG 2

SUPPORT	& IOIAL				
			15 ACCOUNT # (Ethles Commission Filers)		
14 C/OH NAME	Reg C	APERS			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUFFICE OF THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUFFICIENT THIS DESCRIPTION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES TO DESCRIPTION DESCRIPTION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM	S 31,970.00		
	2. TOTAL	. POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$4150.00		
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OF		POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS IT	EMIZED \$ N/A		
	4. TOTAL POLITICAL EXPENDITURES \$ 10,077.8				
CONTRIBUTION BALANCE	5. TOTAL OF REI	* 3/43.10			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ LAST DAY OF THE REPORTING PERIOD				
18 AFFIDAVIT	SAMANTHA C	is true and correct and includes	of perjury, that the accompanying report all information required to be reported by de.		
*	Notary Public, Stat Comm. Expires 0 Notary ID 126	e of Texes 3-22-2020	Candidate or Officeholder		
AFFIX NOTARY STA	AMP / SEAL ABOVE	C. vad Caper	, this the		
1 210111	bscribed before		s my hand and seal of office.		
Signature of officer ad	MUU Iministering oath	Printed name of officer administering oath	Title of officer administering oath		

P.O. Box 12070

SCHEDULE G

	TOTAL
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a)  Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Poiling Expense Printing Expense The Instruction Guide  EXPENDITURE CATEGORIES FOR BOX 8(a)  Salarles/Wages/Contract Labor Solicitation/Fundralsing Expense Solicitation/Fundralsing Expense Franciscomment 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.
	3 ACCOUNT # (EURICS COMMISSION TWO-)
1 Total pages Schedule G:	2 FILER NAME
9-28-16	5 Payue name Cold Spring OHKburs THigh School Flor Al Dept 7 Payee address: City: State: ZIp Code
6 Amount (\$)  S 8000  Reimbursament from political contributions intended	1125 HWY 150 Coldspring I TIM John Schickler T
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedulo)  Adversi, w  (b) Description (if travel outside at 1823, complete outside at 1823,
Date	Payee name Chimber of Commerce
Amount (3)  Amount (3)  Relimbursement from political contributions intended	Payee address; City; State; Zip Gode  3   Butler St Coldspring Tex 7733/
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)  Adver 1/5 1/1 Ny Expense T-Stirls For Corisinate Or Spurre
Date 17-19-16	FIRST FINANCIAL BANK
Amount (\$)  2 6 40,000  Reimbursement from political contributions	Payee address: City; State: Zip Code  125 Hwy 150 WesT New WADER & Tex 19358
PURPOSE OF EXPENDITURE	Category (Sea categories listed at the top of this schedule)  Description ((I travel outside of Texas, complete Schedule T)  LOTEN REPAYMENT RELABORATE  LOTEN REPAYMENT RELABORATE  DAN Made by CANDULTE
Date	Payee name  Fix I Fix And A BARK
Amount (\$)  13; 070.10  Reimbursement from political contributions	Payee address; City; State; Zip Code  125 HWY 150 West New WAVER 1, Tex 17358
PURPOSE OF EXPENDITURE	Category (Sea categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)  Reim burse ment Contribution Pount on SMARIE BY INTERNATIONS MADE BY INTE
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Austin, Texas 78711-2070

#### SCHEDULE G

(TDD 1-800-735-2989)

#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

Advertising Expense Accounting/Banking Consulting Expense Event Expense Feas

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing 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)

1	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule G:	2 FILER NAME CAPERS	3 ACCOUNT # (Ethlos Commission Filers)	
4 Date 10-19-16	5 Payee name  SANJACINIO (0./AIR  7 Payee address; City; State; Zip Code	AssAciATI	ON.
Arnount (\$)  9 2 3 00 00  Reimbursement from political contributions intended	7 Payee address: City; State: ZIp Code 1020 BA/ES Rd SHE	pherd, Tt	24 71331
8 PURPOSE OF EXPENDITURE	(a) Category (Sea categories listed at the top of this schedule)  (ONTRIBUTIONS	1.,	avel quiside of Texas, complete Schedule T)
Date 10 - 28 - 16	JAMPS GRAY		
Amount (\$)  # 2 25, 00  Relmbursement from political contributions intended	Payee address; City; State; Zip Code  HUFFMANITC	XAS	
PURPOSE OF EXPENDITURE	Category (See categories lieted at the top of this schedule)  Delivery Container  R	Description (If to	avel outside of Texas, complete Schadule T)
Date	Payee name		
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if to	avel outside of Taxas, complete Schedule T}
Date	Payee name		
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If in	avel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED

	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.  1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME  MI  REG  NICKNAME  LAST  SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / POBOX; APT/SUITE#; CITY: STATE; ZIPCODE  2001 SHAW Rd Cleveland, Texas 77328	Date Hand-delivered or Postmarked
change of address  5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 797-1750	Date Prices stat
6 CAMPAIGN TREASURER NAME	MS/MRS/MR' FIRST MI  JAY  NICKNAME LAST SUFFIX  CAPERS	Date பாத்ழிக்க
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE;  2001 SHAWRd Cleveland, Texas	ZIP CODE 11318
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (832) 407-4203	म्ब्र <u>्</u>
9 REPORT TYPE	January 15  30th day before election  Runoff  July 15  8th day before election  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholderonly)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH 10/9/	Year 1 Co
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff	General Special
2 OFFICE	OFFICE HELD (Many)  SHERIFF OF SAN JACINIO CO,	
	GO TO PAGE 2	,

# CANDIDATE / OFFICEHOLDER REPORT:

## FORM C/OH

SUPPORT	& TOTAL	S	COVER SHEET PG 2	
14 C/OH NAME	Reg Ci	4DERS	15 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANU ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
7 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4150.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		AIZED \$ N/A	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 23,147.95	
CONTRIBUTION BALANCE	5 TOTAL P	\$ 23,733.20		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 28			
	ASON AYERS	is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by	
Comm.	ublic, State of Tex Expires 03-16-202 ry ID 130584795		Tidate or Officeholder	
AFFIX NOTARY STAME		ne, by the said CNEU (RUPES	, this the	
day	of Uhmi	1.7	ny hand and seal of office.	
Signature of officer admin	lstering oath	Printed name of officer administering oath	Title of officer administering oath	

Texas Ethics Commission

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	CATEGORIES I Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Distr Office Overhead/Ro explains how to co	ntract Labor Lo. sing Expense Tra Co ict ental Expense OT	an Repayment/Reimbursement ansportation Equipment & Related Expense entributions/Donations Made By Candidate/Officoholder/Political Committee THER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME UREG (A	17-8 RS		3 ACCOUNT # (Ethlics Commission Filers
4 Date 7-12-16	UNITED STATES PO	1 250 1	CĖ	
6 Amount (\$)  5600  Reimbursement from political contributions intended	7 Payee address; City; St.	ate: ZIP Code 150 W Cold	Spring, Tex 71331	<i>'</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top  OFF, CEDUPRHEND/RE		1 ' '	ravel outside of Texas, complete Schedule T)  Fice Box
1-29-16	Payee name  SAN JACININ (OVN)  Payee address; City; Sta	PAIR AC	countion	
Amount (\$)  2 2 5.00  Reimbursament fram political contributions intended	Payee address; City; St.	Spiling T	XAS 173	3/
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	1	BOCK	ravel outside of Texas, complete Schedule T)
8-12-16	Payee name FRIENDS OF The A	VR A		
Amount (\$)  HOOOO  Reimbursement from political contributions intended	Payee address; City; Sta 210 Peach S	ate; Zip Code T C/ev f	land, Te,	XAS 17327
BURROSE	Category (See categories listed at the top	of this schedule)	Description (if in	ravel putside of Texas, complete Schedule (1)

EXPENDITURE

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

FURNI EXPENSE

Payee name

SAN JACINS FAIR ASSOCIATION

Payee address; City; State; Zip Code

POROX 804 Cold Spring TXX 77331

Amount (\$)

Reimbursement from political contributions

PURPOSE

OF EXPENDITURE

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/Cc Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R  The Instruction Guide explains how to	Intract Labor Loan Repayment/Reimbursement Ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME PREG (APPRS	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8 -2 7 - 1 6	5 Payee name // RACY B/AIR		
6 Amount (\$)  / D 0 , D 0  Reimbursement from political contributions intended	70 Ripple Creek Coldspring, Tex 77331		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (It was a outside of Texas, complete Schedule T)  F. F	
8-27-16	SHEPBERD FFA Aloning	<b>+</b>	
Amount (\$)  300.00  Relmbursement from political contributions intended	Payee address: City; State; Zip Code	SHephend 17371	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  EVPNI Expense	Description (Iteravel outside of Texas, complete Schedule T)  Sel. C. Tali on Franking typense	
8 27-16	SHepherad FFA		
Arrount (\$)  20,00  Reimbursement from political contributions intended	Payee address: City; State; Zip Code	SHephend, Trx 27371	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) $ Fvenf Fxpense$	Solici Inflien/Fund Entzelmy Expense	
1-2-16	SAN TACINA COUNTY FAI	R AUSECIATION	
Amount (\$)  700.00  Reimbursement from political contributions intended	Payee address; City; State; ZIp Code PO BOX 804 (old spring) Tex 77331		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  A JUPR [ 1 1 1 2 EXP ON 547	Description (If travel outside of Texas, complete Schedule T)  RANNERS	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form, 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 1,000.00 6 Contributor address; City; State; Zip Code HVFFMAN TPXAS 8 Principal occupation / Job title (See Instructions) LAW FN FORCEMENT 9 Employer (See Instructions) HARRI'S CO SHERIFF Dept Date \_ out-of-state PAC (ID#:\_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#;\_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) 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.

	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.  1 ACCOUNT # (Elhics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME  CAPERS	OFFICE USE ONLY  Date Received  CHU  ONC  ONC  ONC  ONC  ONC  ONC  ONC  ON
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	address / POBOX; APT/SUITE #: CITY: STATE: ZIP CODE  2001 SHAW Rd Clevel And Tex 17328	Date Hand-delivered or Postmarked
change of address		Receipt Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (28/) 797~1750	Date Processed
6 CAMPAIGN TREASURER NAME	MS / MRS (NIR)  JAX  NICKNAME  CAPICKS	Caterinaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#, CITY; STATE;  2001 SHAWRD Cleveland, Texas 17	ZIPCODE 1328
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( ) 832-407-4203	Şir.
9 REPORT TYPE	January 15 30th day before election Runoff  July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholderonly) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH 7/15/	Year / 1 G
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff	Seneral Special
12 OFFICE	OFFICE HELD (if only) 13 OFFICE SOUGHT (if known)	
2011102	SHERIFF OF SAN JACINIO CO	
	GO TO PAGE 2	

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

JOI T OILT	a 101712			
14 C/OH NAME	Breg C	4 D.PR 5	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	E TYPE COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4150.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		MIZED \$ 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		THE \$ 2840.00	
18 AFFIDAVIT	REJEANA PILAR	is true and correct and includes all me under Title 15, Election Code.	f perjury, that the accompanying report I information required to be reported by	
	My Commission October 02	2018	didate or Officenoider	
AFFIX NOTARY STAMP		ie, by the said Greg Capers	this-the	
13 day	of July		ny hand and seal of office.	
Signature of Unicer admire	istering oath	Printedname of officer administering oath	Tille of officer administering oath	

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/FundralsIng Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a calegory not listed above)			
1 500	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 FILEIDNAME 3 ACCOUNT # (Ethics Commission Filers)			
3-12-16	FUNKIN EVERGREEN FIRE DEPT			
6 Amount (\$)  HOULD D  Reimbursoment from political contributions intended	PO Box 344 Coldapaing 1x 17331			
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)  Fund RAISTR  Check if Austin, TX, officeholder living expense			
3-22-16	Payee name  Collaphing Chamber of Commerce  Payee address; City; State; Zip Code			
Arnount (\$)  30.00  Reinflursement from political contributions intended	Payee address: City: State: Zip Code  31 Butler St Coldspring, Tex 77027			
PURPOSE OF EXPENDITURE	Category (See categories iisted at the top of this schadule)  Description (If travel outside of Texas, complete Schedule T)  LVNC/DEON  Check if Austin, TX, officeholder living expense			
17-16-16	Payee name  SAN JACINIO (0 (10 l. day Village)  Payee address; City; State; Zip Code			
Amount (\$)	HWX 190 E Point Blank, Tex 77364			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)  Chill Cook of FF  Check If Austin, TX, office holder living expense			
B-24-16	Beak Creek Fire Dept			
Amount (\$) 200,00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code  FM  HWX 1725  Cleveland, Tex 17328			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Taxas, complete Schedule T)  FUND RAISPR  Check if Austin, TX, officeholder living expense			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	TE / OFFICEHOLDER N FINANCE REPORT	1 400	FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2. Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MR, GREG  NICKNAME LAST  CAPERS	MI	OFFICE USE ONLY Date Received  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS IPO BOX: APTISUITE#; CITY;  2001 SHAW Rol Clevely	STATE ZIPCODE HAND, TRX 77328	Dele Hand-delivered or Poblineriked W
change of address  5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (28/) 797-1750	EXTENSION	Date Processes Z
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  MR. JHY  NICKNAME LAST  CAPERS	MI M SUFFIX	Date Imaged 1
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#:  2001 SHAW Rd C/eve/A	CITY: STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(832) HO7-4203	EXTENSION	
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limlt	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 2 / 22 /	
11 ELECTION	Month Day Year BLECTION DATE ELECTION TYPE  3 / 1 / 16	Runoff	General Special
12 OFFICE	SHERIFFOF SAN JACINTO COUNTY	13 OFFICE SOUGHT (if known)	
	GO TO PAG	SE 2	

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	PREG CA	D.P.R.S	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	NOTICE FROM  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPO.  GANDIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEI  GANDIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEI  CANDIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEI  CANDIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEI  CANDIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEI  CANDIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEI  CANDIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEI  CANDIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEI  CONTROLLED / OFFICEHOLDER'S CONTROLL		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	- T
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTR <b>IBUTIO</b> NS OF \$50 OR LESS (OTH <b>ER TH.</b> ES, LOANS, OR GU <b>ARAN</b> TEES OF LOANS), UNLESS I <b>TEMI</b>	AN \$ 36,970.00
	2. TOTAL	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,150.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		EMIZED \$ N/A
	4. TOTAL	POLITICAL EXPENDITURES	\$ 22,697.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 2		\$ 23899.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		* 1840,00
18 AFFIDAVIT	REJEANA PILAR M Mary Public, State My Commission E	is true and correct and includes a me under Title 15, Election Code	of perjury, that the accompanying report all information required to be reported by
Magani Maria	October 02, 20		andidate or Officeholder
AFFIX NOTARY STAN	scribed before	me, by the said Crea Caper	S, this the
day	of hebri	De room Mizell	my hand and seal of office.
Signature of officer adm	inistering oath	Printed name of officer administering nath	REJEANA PILAR MIZELL HOLDY PUDIC, STOLE OF TEXAS
www.ethlcs.state.tx.us		178	My Commission ExBraised 19/28/201 October 02, 2018

(512) 463-5800

#### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Legal Services Food/Boverage Expense Polling Expense	E CATEGORIES FOR BOX Salaries/Wages/Contract Labor Solicitation/Fundraising Expens Travel In District Travel Out of District Office Overhead/Rental Expen		Loan Repayment/Relimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
Fees	is the second constitution of the second	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule G:	2 FILER NAME  Reg CAPers  3 ACCOUNT # (Ethics Commission Filers)			
4 Date /- 19 - 16	S Payee namo Champer Luncheon			
6 Arrount (S) 30.00 Reimbursement from political contributions intended	7 Payee address: City: State: Zip Code  31 BUTLER ST. Cold Spring, lex 17027			
8 PURPOSE OF EXPENDITURE	(a) Calegory (See categories listed at the top of			n (if traval outside of Texas, complete Schedule T)
1-23-16	Payee name Philips (A5h) Payee address; City; State; Zip Code			
Amount (\$)  20.00  Reimbursement from political contributions intended	Payee address; City: State: Zip Code  100 W SEMANDS ST  CON ROE TEXA S. VFW POST. 709			
PURPOSE OF EXPENDITURE	Calegory (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule)  CARB FOR CONSTABLES			
Date 1-29-16	Payee name I POP POE	Congr	P55/MA1	/
Amount (\$)  13, 45  Reimbursement from political contributions intended	Payee address; City; State; Zip Code			in .
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)  Adver 1/5//ng Expense Stipped to WAShington			
1-30 /C	Payee name  Ducks UNI'MITED			
Amount (\$)  / 80.00  Reimburgement from political contributions intended	RPOSE OF  Category (See categories fisted at the lop of this schedule)  OF  OF  OF  OF  OSE  OSE  OSE  OSE  OS			
PURPOSE OF EXPENDITURE				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE G

Austin, Texas 78711-2070

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a)  Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)	tee			
,	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	2 FILER NAME REG (APERS)				
4 Date 2 - 9 - 1 6	Best of SAW JAC. W/O ChAMBER of COMMERCE  7 Pavee address; City; State; Zip Code				
6 Amount (\$)  3 7 5 0 0  Reimbursement from political contributions inlended	ement from antibulions 31 Butler ST Cold Spaing, Tex 17027				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  EVENT EXPINSE  TAPLE FOR 18 FUNCTE 15 CE	a.			
Date	Payee name				
2 - 10 - 16 Amount (\$)	Payee address; City; State; Zip Code  Po Box Soy Cold Soking, 1x 77331  Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)				
Reimburgement from political contributions infended					
PURPOSE OF EXPENDITURE					
Date 2 -//- / L	Payee name  B B G  Payee address; City; State; Zip Code  150 Hwy Cold Spring, Tex 11017  Uniform buildins				
Amount (\$)  If y. 59  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)  Find / Bever499 Expense (Ampain Mor APR				
Date 2-19-16	Payee name  - S P				
Amount (\$)	Payee address; City; State; Zip Code  1804 AFTON HOUSTON, TEXAS 770 90				
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)  Advers Ting Expense Relect Signs				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
1	ATTACH ADDITIONAL COPIES OF THIS COPIES SECTION RELEASE				

(TDD 1-800-735-2989)

### FORM C/OH

CANDIDAT CAMPAIGI	E / OFFICEHOLDER N FINANCE REPORT	COP	FORM C/OH COVER SHEET PG 1
The C/OH instruction (	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS(MR)  FIRST  BREG  NICKNAME  CA PERS	MI // SUFFIX	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / POBOX; APT/SUITE#; CITY:  2001 SHAWRd Cleve,	STATE: ZIPCODE	Date Hand-trelivered or Postmarked  Receipt # Amount
6 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 797 - 1750	EXTENSION	Date Imaged
6 CAMPAIGN TREASURER NAME	NICKNAME LAST	MI /// SUFFIX	<i>े</i> जि
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #:  2001 SHAWRd Cle	city: STATE:	21PCODE 17328
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( ) 832- 407-4203	EXTENSION	
9 REPORT TYPE	January 15 30th day before election  July 16 8th day before election	Runoff  Exceeded \$500 fimit	15th day after campaign treasurer appointment (officeholderonly)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 7 / 15 /	
11 ELECTION	Month ELECTION DATE ELECTION TYPE Primary	Runoff	Genéral Special
12 OFFICE	SHERIFF OF SANJACINIO CO.	13 OFFICE SOUGHT (If known	)
	GOTOPAG	3E2	

### CANDIDATE / QFFICEHOLDER REPORT:

P.O. Box 12070

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

SUPPORT	& TOTAL	S	GOVER GILLS		
14 C/OH NAME	Ria CANE		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 CANDIDATE! OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION DILLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURE				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	s 2041 55		
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3		
EXPENDITURE TOTALS	E 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ N/A				
	4. TOTAL	4. TOTAL POLITICAL EXPENDITURES \$ 13,413.85			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 3.52				
OUTSTANDING LOAN TOTALS	8. TOTAL P	THE \$			
18 AFFIDAVIT	er Edward Dhanel David Brand Tipp and Bah	I swear, or affirm, under penalty o is true and correct and includes ai me under Title 15, Election Code.	of perjury, that the accompanying report		
Notary Pu My Cor Octo	NA PILAR MIZEL blic, State of Texas mmission Expires ober 02, 2018	Signature of Car	ndidate or Officeholder		
AFFIX NOTARY STAN		me by the said Carred Coper	, this the		
Sworn to and sub	dist.	IIIe, by the date	my hand and seal of office.		
Signature of officer adm	inistering oath	Frinted/name of officer administering oath	Title of officer administering bath		
	eneusetra rusetad	10000			

### SCHEDULE G

(TDD 1-800-735-2989)

#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense

Lagal Services Food/Beverage Expense Polling Expense Pdntling Expense

Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Salaries/Wages/Contract Labor

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

Loan Repayment/Relmbursement

	The instruction Guide explains how to comple	ote tuis torm.		
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers		
	BREG CAPERS			
4 Date	5 Payer name/			
2-12-2020	US POST OFFICE			
G Amount (8)  3575, CC  Reimbursement from political contributions intended	7 Payos address; City; State; Zip Code  1213 E Houglow Cleveland, Tx 77327			
8 PURPOSE	(a) Category (See categories fieled at the top of this schodule) (b) Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Advertisting Expense STAMPS			
2-13-2020	Payee name  U.S. P.O.S.T. D.F.F., C.E.  Description of the State of th			
Amount (S)		100000		
Reinbursement from political contributions intended	1100 HigHWAY 190 W ONK)	1/5 / / / / / / / / / / / / / / / / / /		
PURPOSE Category (See categories listed at the top of this schedule) Description (if travel outside of Texas, complete				
OF EXPENDITURE				
2 - 13 - 2020	VS POST OFFICE	,		
Amount (5)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended	14231 HWY 150W ColdSpRing	1, 1x 19331		
PURPOSE	Category (See cotegories listed at the top of this schedule)	ascription (iffravel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Adviritioning Expense	STAMPS		
Date	Payee name			
2-13-2020	VS POST OFFICE			
Amount (3)	Payee address; City: State; Zip Cods	1 1 1		
HHC.CC Reimbursement from political contributions intensed C.K.	1213 E Houston, ST CH	oveland, Tx 17327		
PURPOSE		scription (if travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	AdveriTisting Expense	STAMPS		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	ILE AS NEEDED		

EXPENDITURE CATEGORIES FOR SOX 8(a)

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

	Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gin/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursament Legal Services Solicitation/Fundrelsing Expense Food/Severage Expense Travel Out Of District Contributions/Donations Made By Candidate/Office/ordider/Political Committee Printing Expense Office Overhead/Rental Expense The instruction Guide explains how to complete this form.				
	1 Total pages Schadula Q:	2 Fit FR NAME 3 ACCOUNT'S (Ethics Commission Filem)				
	Tutto pogua della salt	BREG CAPERS				
	4 Date	5 Psyce name				
	2-13-2020	VS POST OFFICE				
	() Amount (ii)	7 Payee address: City; Stats; Zip Code				
(c	Reinformement from political centributions intended	14231 STOTE Hwy 150 Coldspring, Tx 21331				
	8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (if travel outside of Taxas, complete Schedule T)				
	OF EXPENDITURE	Adverilisting Expense 5/AMPS				
	2.6-2020	WAGAMON PRINTING INC				
		Charles Tip Code				
	Amount (3)	Payee address; City; State; Zip Code				
	Heimburssmank from political contributions intended C.K	1410 SYCAMORE HUNTSVILLE, TX 71340				
	PURPOSE	Category (See cutegorise Beled at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)				
	OF EXPENDITURE	Adverilisting Expense SAMPle BAlloT				
	Date	Payes name				
	Amount (5)	Payee address; City; State; Zip Code				
	Releasurement from political contributions intended					
	PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (if fravel outside of Tusses, complete Schedule T)				
	Onte	Payee name				
1	3					
	Amount (8)	Payse address; City; State; Zip Code				
	Reinburusment from political contributions intended					
	PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Disscription (of travel outside of Rexas, complete Schedule T)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$150.00 Date Full name of contributor Out-of-state PAC (IDNE) JAMES & SHIRLY BAKER Contributor address; City; State; Zip Code PO BOX 157 300 Black RANCH RD Cold Spring IX 77331 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) 2-20-2020 Rich ARD COUNTISS Contributor address; City; State; Zip Code 121 Edge WATER LANE Cold Spring; 1x 77331 Employer (See Instructions) Relired Date ut-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.



Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

CTDD 1-800-735-2989)

	TE / OFFICEHOLDER SN FINANCE REPORT		FORM C/OH COVER SHEET PG 1	
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME CAPERS	Mr // SUFFIX	OFFICE USE ONLY Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of eddress	address / POBOX; APT/SUITE#: CITY:  2001 S'HAWRD Cleve	STATE; ZIPCODE 14 MP, Tex 1-1328	Dale Hand and red or Protection of the American Part of the American Par	
5 CANDIDATE/ OFFICEHOLDER PHONE	(281) 199-1730	EXTENSION	Date Processor	
6 CAMPAIGN TREASURER NAME	MS/MRS/GB)  JAY  NICKNAME  LAST  CAPERS	MI M SUFFIX	Oste imaged C/D ip::2	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / BUITE #:  2001 SHAWRA CLEVE	CITY: STATE:	zip code 1732 8	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832) 407-4203	EXTENSION	*	
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff [	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 2 / 3 /	Year 2020	
II ELECTION	Month Day Year Printary  3 / 5 / 2020	Rundf G	eneral Special	
2 OFFICE	SHERIPFOF SAW JACINTO	13 OFFICE SOUGHT (If known)		
GO TO PAGE 2				

### CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH COVER SHEET DO 2

OOT FORT	G. TO IME		COVER SHEET PG 2		
14 C/OH NAME	bre9	CAPERS	15 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX OF NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF 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			
	6PECIFIC				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER S, LOANS, OR GUARANTEES OF LOANS), UNLESS IT	R THAN S A		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	\$ 5400.00		
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS	ITEMIZED \$		
* 5 7 5 5 5 5 5 5 7 7 7	4. TOTAL POLITICAL EXPENDITURES \$ 27,718.45				
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	DUTICAL CONTRIBUTIONS MAINTAINED AS OF THE LARTING PERIOD			
OUTSTANDING LOAN TOTALS	6. TOTAL PR LAST DAY	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	OF THE \$		
18 AFFIDAVIT    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 Olivenholder  AFFIX NOTARY STAURY SEAL ABOVE					
Sworn to and subsc			1		
Jum C	Manual	E. 20 20, to certify which, witnes	s my hand and seal of office.		
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath					

(512) 463-5800

#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

Texas Ethics Commission

Advertising Expense Accounting/Banking Consulting Expense Event Expense Foes	Legal Services Solicitati Food/Beverage Expense Travel In Polling Expense Travel O	Wages/Contract Labor on/Fundralsing Expense District out Of District verhead/Rentel Expens	Loan Repsyment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/OfficatioIder/Political Committee		
	The instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)				
4 Date 1-15-2020	BROOKShire Brothers				
6 Amount (\$)  132.00  Reinbursement from potitical contistudions intended	7 Payee address; City: State: Zip Code  14761 Hwy 150 W Cold Spring, Texas 71351				
8 FURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this school  Advertising Fx pen	1	TA STAMPS		
Date 1-15-2020	Payee name Century II Printing				
Amount (®)  505:20  Réfiniturement from politicul contributions intended	Payse address: City: State: ZIp Gode 1 1504 N. WAShing Tow Livings Tow, Tex 197351				
PURPOSE OF EXPENDITURE	Category (See categories Haled at the top of this either Advertising Expens		olton (if travel outside of Texas, complete Schedule T)		
J-16-2020	Payer Tame Broad PROMOTIONS	7			
, , ,	0-024 110 MO110 M				
Amount (8)  4 8 7/ Reimbursement from political contributions intended c. C	Payee address; City: State; Zip C		# nd, Tx 77327		
Amount (8)  4 8 7/  Reimbursement from political contributions	Payee address; City; State; Zip C	C/-Ev /	tion (If travel cutaids of Texas, complete 8 chedulo T)		
Amount (\$)  4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Payee address; City: State; Zip C  803 E HUUSTON ST  Category (See categories listed at the top of this schedu	C/-Ev /	tion (If travel cutaids of Texas, complete 8 chedulo T)		
Amount (\$)  L/ S. //  Reimbursement from political contributions intended c. C.  PURPOSE OF EXPENDITURE	Payee address: City: State: Zip C 803 E HUUSTON ST  Category (See categories itsled at the top of this schedule of the control	Clevelan	tion (If travel outside of Texas, complete Schedulo T)  High MHITOUTS		
Amount (\$)  48.7/ Reimbursement from political contributions intended c.c.  PURPOSE OF EXPENDITURE  Date 1-17-20  Amount (\$)  13.68  Reimbursement from political contributions	Payee address: City: State: Zip C  803 E HuusTow ST  Category (See categories itsled at the top of this schedule of the control of the schedule of the control of the contr	Cleve/Andie) Descrip	tion (If travel outside of Texas, complete Schedulo T)  Frigor Mithil Outs		

(512) 463-5600

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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	Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Bervices Solicitation/Fundreleing Expense Transformation Guide explains how to complete this form.			Loan Repayment/Reimburssment Transportation Equipment & Related Expense Contributions/Donations Mede By Candidate/Officeholder/Political Committee OTHER (enter a category not Baled above) R-  2 ACCOUNT# (Ethics Commission Filers)
	1 Total pages Schedule G:	BREG CAP-	a Account a Compo Commonda.		
4 Date 1-26-2020 TRACTOR SUPPLY					
C ANTOLINE (18)  1 12.99  1 125 EAST HOUSTON, ST Cleveland, Tex 773.  C Intercept intercept					
	8 PURPOSE OF EXPENDITURE	Advertisting E			Prive autologo of Texase, complete Schedule Ti
	1-18-2020	Clevelhned Post	OFFICE		
c	Amount (8)  55.00  Reinbursement from potitions intended	Payee address; City: State; Zip Gode  1213 = HOVSTON ST Clevel HND, 1x 77327			
	PURPOSE OP EXPENDITURE	Advers (1 5/1 veg E)		P. 20	Travel outside of Texas, complete ScheduleT)
	1-21-2020	Political LAWN			
c	Arrount (#) 2. 711. 45  Frembursement from political contributions intended	916 Byrd Avt	e: Zip Code  PNVE M		
	PURPOSE OF EXPENDITURE	AVERS 11 61 Ng EX		~ 1	Turavel autholo of Timuna, complete Sichedule T)
	Dais	Payee name			
1	Amount (8)	Payee address; City; State	Zip Code		7.
	Reinburgement from political contributions intended				
	PURPOSS OF EXPENDITURE	Category (See untrigories listed at the top of	this softedule)	Detaiption (II	revel outside at texas, consists Schedule T)
1	territoria de la constitución de	ATTACH ADDITIONAL COR	VIES OF THIS SC	HEDULE AS NE	EDED

MONE	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 2
2 FILER NAME	Capers, Grea		3 Filer ID (Ethics Commission Filers)
	Full name of contributor out of state PA  PAU M BASS  6 Contributor address; City; State  10865 VS HWY 190E Point		7 Amount of contribution (\$)
	pation/Job title (See Instructions) Re Tired	9 Employer (See Instruc	Λ ΄
Date  -17-2020	Full name of contributor out-of-state PA  Rich ARd OUSMAN  Contributor address; City; State  290 AAMERICA DR, COLDS	e; Zip Code	Amount of contribution (\$)
	ation / Job tille (See Instructions) バッル	Employer (See Instruct	ions)
Date 1-17-2020	Full name of contributor OUL-OI-STATE PAGE  AURORA & F, //ey, MD  Contributor address: City: State  2/14//////////////////////////////////	; zip Code 1 1 x K, nywo 77345	Amount of contribution (\$)
	ReTired	Employer (See Instruct $D\mathcal{R}_{\prime}$	ions)
Date 1-17-2020	Full name of contributor out-of-state PAC A, STeve A18, 2pe  Contributor address; City; State. 19001 CRESCENT Springs DA	S N N N N N N E E EDITOR S N	Amount of contribution (\$)
	tion / Job title (See Instructions)	Employer (See Instruction	
Exect	11106	+NSPER.	1/
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instru		

MONE	TARY POLITICAL CONTR	SCHEDULE A1			
The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:		
2 FILER NAME	5 Full name of contributor out-of-state P.		3 Filer ID (Ethics Commission Filers)		
1-17-2020	Julia R.F. 11.50R. Hoo7  6 Contributor address; City; State  700 W F.M. 2693 Rd W. New	7 Amount of contribution (\$)			
	RETIRED	9 Employer (See Instruct	tions)		
Date Full name of contributor  Out-of-state PAC (ID#:  1-21-20 Steve L Roberts  Contributor address;  City: State: Zip Code  5/3 5 3 Nd 5 T BellAire, Tex 77401  Amount of contribution (\$)					
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ions)		
	Date  John & VARE H  Contributor address; City; State; Zip Code  301 MC/Adams VAND Rd Ty 77328  Amount of contribution (\$)				
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date  Full name of contributor  out-of-state PAC (ID#:			Amount of contribution (\$)		
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruction	ons)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements,

Revised 02/27/2015

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH instruction Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / MS/MRS(MR) FIRST OFFICEHOLDER NAME NICKNAME CAPERS	MI M SUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS / POBOX: APTISUITE #, CITY, OFFICEHOLDER MAILING ADDRESS / POBOX:	state; zipcode Trad Jeras 71328	Date Hand Selivered or Postmarked
5 CANDIDATE/ OFFICEHOLDER (281) 191-1150	EXTENSION	Date Place stand
G CAMPAIGN TREASURER NAME  NICKNAME  FIRST  JAY  NICKNAME  CAPERS	MI Y SUPFIX	Date (marce)
7 CAMPAIGN TREASURER ADDRESS (residence or business)  STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:  2001 SHAW Rd Cleve/4	CITY: STATE:	COPY
CAMPAIGN TREASURER PHONE (832) 407-4203	EXTENSION	
REPORT TYPE  January 15  30th day before election  8th day before election	Runoff  Exceeded \$500	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
PERIOD Month Day Year  7 / 15 / 19  THROUGH	Month Day	Year 2 0 2 0
MONTH DBY YOUR Primary	Runoff Gei	neral Special
SHERIFF OF  SANJHOINTO COUNTY	13 OFFICE SOUGHT (#known)	
JAN VKCINIO LOUNLY		

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

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	GREG	CADERS	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 I OF FICEHOLDER. 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	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
datao.id pogos		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1 TOTAL P	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER T S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM	THAN MIZED \$ $\Theta$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3000.00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS IT	TEMIZED \$ N/A
	4. TOTAL	POLITICAL EXPENDITURES	\$ 24,209.42
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS RTING PERIOD	10
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O / OF THE REPORTING PERIOD	OF THE \$ -Q
	PILAR MIZELL D#4635201		of perjury, that the accompanying report all information required to be reported by e.
My Comm	Ission Expires er 2, 2022	Signature of C	andidate or Officeholder
AFFIX NOTARY STAMP		e, by the said Grea Cape	CS, this the
1M day	of Donner	~ '	my hand and seal of office.
24		Regard Mirel	potanz
Someture of Afficer aumini	stering oath	Frinted-earne of officer administering oath	Title of officer administering oth

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES I Gift/Awards/Marmoriels Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Travel Out Of District Printing Expense Office Overhead/Re Tipe Instruction Guide explains how to co	Intract Labor Ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ontal Expense Complete this form.
1 Total pages Schedule G:	FREG CAPERS	3 ACCOUNT # (Ethics Commission Filers)
	5 Payes name	
9-1-19	RepubliAN PARTY	_ 3
8 Amount (\$)	7 Payse address; City; State; Zip Code	CIT Cold Spring, Tex
Reimburgement from postigeal contributions intended	201 STATE HWY 150 E.	20,10 10331
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (Il travel outside of Taxas, complete Scheduld T)
OP EXPENDITURE	EVENT EXPENSE	Rengan DINNER TAble
Date 9-1-19	RepubliAN PARTY	
Amount (3)	Payee address; City; State; Zip Code	Cold Spx ing, lex
Reimbursement from political contributions intended	201 STATE HWY 150 E	Suit J 91331
	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- to the second
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	EVENT EY PENSE	100 Club STC FAIR
OF EXPENDITURE Date	2 5	100 Club SJC FAIR
OF EXPENDITURE	FUENT FYPENSE  Payer name  V 5 POSÍA/ SERVICI	e 100 Club SJC FAIR
Date 10-7-19	FUENT EXPENSE  Payer name  V 5 POSTAL SERVICE	e Idspring, Tex 27331
Date    D - 7 -   9    Amount (5)    Reimbursement from policial contributions	FUENT FYPENSE  Payer name  V 5 POSÍA/ SERVICI	100 Club SJC FAIR  e  Ids pring, Itx 27331  Description (If travel outside of Texas, complete Schedule T)
Date    D - 7 - 19   Amount (5)   Reimbursement from political contributions intended	FUENT FYPENSE  Payee name  U S POSTAL SERVICE  Payee address; City: State; Zip Code  14231 Hwy 150 W Co	e Idspring, Tex 27331
Date  Reimbursement from policial contributions intended  PURPOSE  OF	Payee name  V 5 POSTAL SERVICE  Payee address; City; State; Zip Code  14231 Hwy 130 W Co  Category (See calegories listed at the top of this schedule)  Fees	100 Club STC FAIR  e  Ids pring, Itx 27331  Description (If travel outside of Texas, complete Schedule T)  PD Box Repth
Date  Date	Payee name  V 5 Post Al Service  Payee address; City; State; Zip Code  14231 Hwy 130 W Co  Category (See categories Islad at the top of this schedule)  Fees  Payee name  Cold Spring Scivior Ce	100 Club SJC FAIR  e  Ids pring, Itx 27331  Description (If travel outside of Texas, complete Scheduse T)  PD BOX Reputat
Date  Date  Date  Discontinuation  Armount (\$)  Reimbursement from political contributions intended  PURPOSE  OF  EXPENDITURE	Payee name  V 5 Passa Service  Payee address: City: State: Zip Code  14231 Hwy 130 W Co  Category (See calegories fished at the top of this schedule)  Fees	100 Club SJC FAIR  e  Ids pring, Itx 27331  Description (If travel outside of Texas, complete Schedule T)  PD BOX RENTH!

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

Advertising Expense Accounting/Benking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expanse Legal Services Food/Beverage Expanse Polling Expanse The Instruction Guide explains how b	raising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee (Rental Expense Complete this form.	
1 Total pages Schedule G:	2 FILER NAME REG CAPERS  3 ACCOUNT # (Ethics Commission Filers)		
4 Date 12-3-19	Cold Spring Chamber OF COMMERCE		
6 Amount (\$)  350.00  Reimbursement from political contributions intended	PO Box 980 Cold Spaing ) Tex 17331		
8 PURPOSE OP EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  FURNTEXPINE C	(b) Description (if trevel outside of Taxas, complete Schedule T)  PARAde SponoR	
Date 12-11-19	Pavee name		
Amount (3)  Reimbursement from political contributions intended	Cold Spring Chamber of Commerce  Payee address: City: State: Zip Gode  PO BOX 980 Cold Spring, Tex 17331		
PURPOSE OF EXPENDITURE	Category (See categories Hated at the top of this schedule)  EVENT EXPENSE	Description (if travel outside of Texas, complete Schedule T)  PARAC	
Date 12:12:19	SAN JACINTO NEWS	: Times	
Arriount (\$)  150,00  Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Adversisting Expense	Description (If travel outside of Taxas, complete Schedule T)  Ad in Paper  Ad in P	
Date 12:13-19	The COURTER		
Amount (\$)  1050,00  Reimbursement from political contributions intended	Payse address: City; State; Zip Code 4747 Southwest FR	eewax Houston Joo27	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Adveritis, Ng Expense	Description (If travel outside of Texas, complete Schedule T)  Ad IN PAPER	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

Consulting Expense

Event Expense

Austin, Texas 78711-2070

#### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

(TDD 1-800-735-2989)

Gift/Awards/Mamorials Expense Advertising Expense Accounting/Banking Legal Services

Food/Beverage Expense Poiling Expense
Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Solicitation/Fundralsing Expanse Travel In District

Travel Out Of District Office Overhead/Rental Expense

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

	The instruction Guide explains now to comp		
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
	BREG CAPERS		
4 Date 1-8-2020	CENTURY II PRINTIN	9	
6 Amount (%)  J. 5 Jb. 95  Reimbursement from political contributions intended	1506 N. WAShing Ton	Livingslor, 1ex 77351	
8 PURPOSE	by causery (are the property)	Description (if travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertisting Expense	S19N9	
Date /1-15-19	Payee name  Sim Incinio County Republication  Payee address; City; State; Zip Code	PARTY	
Amount (3)	Payee address; City; State; Zip Code	(old GPRING) 10/	
7 50, 00 Reinbursement from political contributions intended	Payee address: City; State; Zip Code  20/ STaTe HWY 150 F. Su.	11 17331	
PURPOSE	Category (See categories fished at the top of this schedule)	Description (if travel outside of Texas, complete Scinedule T)	
OF EXPENDITURE	Fees	Filing Fees	
Date 1-8-2020	Payee name  Reg Aper S  Payee address; City; State; Zip Code		
Arnount (\$)  5 000. 00  Reimbursement from policical contributions intended	2001 SHAWRD ClevelA		
PURPOSE OF EXPENDITURE	Accounting BANKing	Description (if travel outside of Texas, complete 8 chedule T)  Description  Descri	
Date	Payername		
9-19-19	breg CAPERS		
Amount (\$)	Payee address; City; State; Zip Code	16 2224	
300.00 Reimbursement from political contributions internal	2001 SHAW Rd Clevel	4rd, 7ex 17328	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Accounting / BANKing	DeposiT	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1
Th	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1.
2 FILER NAME	Capers, Grea		3 Filer ID (Etnics Commission Filers)
9-23-19	5 Full name of contributor autor-state PAC  1 RACY Nelson  6 Contributor address; City; State;  210 COUNTY ROAD 3470N C/E	Zip Code VelAndy Tex	7 Amount of contribution (\$)
8 Principal occi		9 Employer (See Instruc	tions)
Date	Full name of contributor	8 - 8 - 8 - 8 - 8 - 8 - 8 - 8	Amount of contribution (\$)
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	33377888888888	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:) Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES OF I		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070



#### FORM C/OH COVER SHEET PG 1

			G. Total reges filed:
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR)  FIRST  FREG  NICKNAME  LAST  CAPPRS	MI /V SUFFIX	Date Received N JACIA
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / POBOX: APT/SUITE#: CITY:  2001 SHAW Rd C/EV		Date Hand-collivered or Postmarked.
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 797-1750	EXTENSION	Date Processor  Date Imaged
6 CAMPAIGN TREASURER NAME	MS/MRS/MRS  FIRST  JAY  NICKNAME  LAST  CAPERS	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOXPLEASE); APT/SUITE#;	cory: STATE:	ZIP CODE - 5 17328
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( ) 832 - 407 - 4203	EXTENSION	ce.
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Finel report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day  7 / 15 /	Year / 19
11 ELECTION	Month Cay Year ELECTION TYPE  Pamery	Runoff	General Special
12 OFFICE	SHERIFF OF SAN JACINIO CO.	13 OFFICE SOUGHT (if known)	
	SAN JACIND CO.  GOTOPAG	<u> </u> GE 2	

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

SUPPORT	& IUIAL	3	COVER OFFEET PG 2
14 C/OH NAME	Reg Ci	10-685	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICEHOLDER'S KNOWLEDGE OF CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE	TYPE COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	1, 100
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZI	
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -8
EXPENDITURE TOTALS	3. TOTAL P	DLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	AIZED \$ M/A
	4. TOTAL	POLITICAL EXPENDITURES	\$ 13,713.85
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		
My C	EANA PILAR MIZELL tary ID #4635201 ommission Expires		perjury, that the accompanying report information required to be reported by
	Gtober 2, 2022	Signature of Cano	Ildate or Officeholder
AFFIX NOTARY STAMP		ne, by the said CTRQ Cape	S, this the
day	of July	10	ny hand and seal of office.
Signature of officer admini	stering oath	Printed name y officer administering oath	Title of officer administering oath

#### (TDD 1-800-735-2989) (512) 463-5800 Austin, Texas 78711-2070 Texas Ethics Commission P.O. Box 12070 FORM C/OH CANDIDATE / OFFICEHOLDER COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 1 ACCOUNT # 2 Total pages filed: The C/OH instruction Guide explains how to complete this form. MS/MRS/MR OFFICE USE ONLY 3 CANDIDATE / M **OFFICEHOLDER** NAME SUFFIX NICKNAME CAPERS 4 CANDIDATE / ADDRESS / PO BOX; OFFICEHOLDER MAILING 2001 SHAW Red Cleveland TX **ADDRESS** change of address **EXTENSION** AREA CODE 5 CANDIDATE/ OFFICEHOLDER 197-1750 (281)PHONE MS / MRS / MR CAMPAIGN TREASURER NAME NICKNAME ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN TREASURER 2001 SHAW Rd Cleveland, IT ADDRESS (residence or business) EXTENSION PHONE NUMBER AREA CODE 8 CAMPAIGN TREASURER 407-4203 PHONE 832-15th day after campaign treasurer appointment (officeholderonly) 9 REPORT TYPE January 15 30th day before election Runoff Exceeded \$500 limit Final report (Attach C/OH - FR) July 15 8th day before election 10 PERIOD 1/15/19 COVERED THROUGH 1/15/18 **ELECTION TYPE ELECTION DATE** 11 ELECTION Special

SAN JACINIO CO

**GOTO PAGE 2** 

Runoff

13 OFFICE SOUGHT (If known)

General

12 OFFICE

#### P.O. Box 12070

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

	EXPENDITURE CATEG	ORIES FOR BOX 8	3(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitati Food/Beverage Expense Travel In Polling Expense Travel Office O	Wages/Contract Labor on/Fundraising Expense t District out Of District verhead/Rental Expense	
	The Instruction Guide explains	how to complete this	form.
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	Payse name  RPY CHPERS  7 Payse address; City: State: Zip C		
6 Amount (\$)  300,00  Reimbursement from political contributions intended	2001 SHAW RA Cleveland, Tex 17328		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this school  ACCOVNING BANK)		flon (iffrave) outside of Toxas, complete Schedule T)
Date	Payes name		
Amount (\$)	Payes address; City; State; Zip C	ode	
Reimbursement from political contributions intended			
Purpose Of Expenditure	Category (See categories listed at the top of this sched	ule) Descripti	ion (If travel cutsida of Tessan, completa Schedule Y)
Date	Раума латте		
Amount (\$)	Payee address; City; State; Zip C	code	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this achedu	ie) Description	On (Hitravel outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$)	Payes address; City; State; Zip C	ode	-
Reinbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedu	le) Descriptio	)T (If Irave) outside of Texas, complets Schaduse T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

P.O. Box 12070

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 ! OF PICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
additlonal pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
se la representative de la constitución		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0	
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	IZED \$ N/A	
****	4. TOTAL POLITICAL EXPENDITURES \$ 13713.85			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 503,55			
OUTSTANDING LOAN TOTALS	8. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			
	REJEANA PILAR MIZE Notary ID #463520 Ny Commission Expi	is true and correct and includes all ime under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by	
	—October 2, 2022	Signature of Cand	idate or Officeholder	
AFFIX NOTARY STAME		ne, by the said Green Capa	fS, this the	
day	Of January	4. 20 19 , to certify which, witness m	y hand and seal of office.	
- Gigniture of officer admin	letering eath	Printed name of officer administering oath	Title of officer administering built	

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Texas Ethics Commission



OAMI AIO			
The C/OH Instruction (	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS (MR)  FIRST  FREG  LAST  CA PERS	MI M SUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / POBOX: APT/SUITE#; CITY;  2001 SHAWRD [/eve,		Date Hand-delivered or Postmarked Receipt # Amdurk
5 CANDIDATE/ OFFICEHOLDER PHONE	(281) PHONE NUMBER 799 - 1750	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	NICKNAME LAST	SUFFIX	Ø □
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#;  200/SHAWRd Cle	city; state;	21PCODE 17328
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( ) 832- 407-4203	EXTENSION	×
9 REPORT TYPE	January 15 30th day before election  July 16 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholderonly)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 7 / 15	/ 1 8
11 ELECTION	ELECTION DATE  Month Day Year ELECTION TYPE  Primary	Runoff	Genérel Special
12 OFFICE	SHERIFF OF SANJACINIO CO.	13 OFFICE SOUGHT (if known	)
GO TO PAGE 2			

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



### FORM C/OH COVER SHEET PG 1

OAMI AIGI	THE TAXABLE PROPERTY.	~	
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MRS FIRST	MI	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE  6 CAMPAIGN TREASURER NAME	2001 Shaw Rd.	EITY: STATE; ZIP CODE  17338  EXTENSION  MI SUFFIX	Date Hand-dolivered of Data Postmarked  Peceipt Amount  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT /S 2001 Shawfo LEVE	UITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832) 407-4203	EXTENSION	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH Month	Day Year / 15 / 18
11 ELECTION	ELECTION DATE  Month Day Year A Primary  General	ELECTION TYPE Runolf Other Description Special	
12 OFFICE	OFFICE HELD (11 any)  Sheriff  SAN JACING W	13 OFFICE SOUGHT (II known	n)
GO TO PAGE 2			

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	PER CAPE	nS 15	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	I. TOTAL I	  POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI   ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 2041.55
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  \$ \int \int \int \int \int \int \int \int		
	4. TOTAL POLITICAL EXPENDITURES \$ 13,413.85		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOMINION PERIOD	\$ 353.55
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	* Ø
18 AFFIDAVIT	JASON AYERS	true and correct and includes all infor under Title 15, Election Code.	erjury, that the accompanying report is mation required to be reported by me
A R Notar	y Public, State of Te	220	
W 1 2 7 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	m. Expires 03-16-20 stary ID 13058479	R II	
No of the No		Signature of Cand	idate or Officeholder
AFFIX NOTARY STAMP / SEALABOVE			
Sworn to and subscribed before me, by the said THO COLLS , this the 17			
Jasan Ayers Notary			
Signature of office administering oath Printed name of officer administering oath Title of officer administering oath			

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NA	ME CONERS		3 Filer ID (Ethics Commission Filers)
4 Date 9-19-11 6 Amount (\$)	5 Payee nad 7 Payee ad	ERT: MARKETING	Complui Dip Code	
Reimbursement from political contributions intended	WATER	110gr . XI , adis		
8 PURPOSE OF EXPENDITURE  9 Complete ONLY if direct	ABU.	(See Categories listed at the top of this s	Check if travel outsic	le of Texas, Complete Schedule T. X, officeholder Ilving expense Office held
expenditure to benefit C/C		CAPILOS		Shower
Date  10-10-17  P3-05-54  Ficinbursement from political contributions intended	Payee nate SAN Payee ad SALP	Incanto County dress; City; State; Z	TALE Code	
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this s	Check If travel outsk	de of Texes. Complete Schedule T. X., officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candio	late / Officeholder name	Office sought	Office held Sheppiff
Date	Payee na	ne		
Amount (\$)	Payee ad	dress; City; State; Z	Zip Code	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	Check If travel outsli	de of Texas. Complete Schedule T. 'X, officeholder Ilving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		late / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

CAMPAIG	N FINANCE REPORT	(CO	COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.	1 -ACCOUNT # (Etnics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MB) FIRST  GREG  NICKNAME  LAST  CAPPRS	M SUFFIX	OFFICE USE ONLY Data Ra Sanda A
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS /PO BOX: APT / SUITE #; CITY;	STATE: ZIPCODE	Date Hall Cavaged or Rustmarke
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 797 - 1750	EXTENSION	Date Processor
6 CAMPAIGN TREASURER NAME	MICHNAME  MICHNAME  CAPERS	MI M SUFFIX	Dota Impagi
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOXPLEASE): APTISUITE#:	one And, Tx	21PCOOE 17328
CAMPAIGN TREASURER PHONE	(832) 407-4203	EXTENSION	
REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 [limit	15th day after campaign treasurer appointment (officeholder only) Final report (Atrach C/OH - FR)
PERIOD COVERED	Vonth Day Year THROUGH	Month Day	Year 23
ELECTION	ELECTION DATE  Morth  Day  Year  Primary	Runof Sc	naral Special
	OFFICE HELD (if any)	13 OFFICE SOUGHT IN known	
	SHERIFF OF SANJACINTO FO.		
	GO TO PAGE	2	

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Revised 09/28/2011

14 C/OH NAME	GREG (	APPRS	ACCOUNT # (Ethics Commission File*)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE RECOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	TE'S OR OFFICEHOLDER'S KNOWLEDGE 15
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (ÖTHER THAN ES; LOANS, OR GUARANTEES OF LOANS): UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 21,77		\$ 21,775.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 4. TOTAL POLITICAL EXPENDITURES \$40,613.7		
CONTRIBUTION BALANCE			
OUTSTANDING LOAN TOTALS			
18 AFFIDAVIT		I swear, or affirm, under penalty of pe is true and correct and includes all inf me under Title 15, Election Code.	
	My Commis May 01	State of Texas sion Expires 1, 2026	
1.5	NOTARY I	36/37/8-4 Signature of Candid	ate or Officeholder
AFFIX NOTARY STAM		Born Cappe	
Sworn to and subs	X1.0.	me, by the said see corrects  1. 20 23 , to certify which, witness my	hand and seal of office
Cychia	L. Elle	ett Cynthia C. Elliott 1	John Public Title office administering outh
Signalure of officer admi	mistering oath	. Tames of officer administering dati	The occurry administrating oath

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Revised 09/28/2011

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City of a City Person

Coldspring, Tx 77331

Advertising

GIFT/AWARds/MemoriAce/Expense

The Instruction Guide explains how to complete this form.  1 Total pages Schedule At:  2 FILER NAME  3 Filer ID (Ethics Commission Filers)  4 Date  5 Full name of contributor  A. STEVE ARIZPE  6 Contributor address;  1900 CRESEN SPRING R King wood & 1332  8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Date  Full name of contributor  1 Amount of contribution (\$)  1 Total pages Schedule At:  7 Amount of contribution (\$)  1 State: Zip Code  2 Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)
4 Date  5 Full name of contributor  A. STEVE ARIZPE  6 Contributor address;  19001 CRESENT Spr. ng Dr. King word in 19329  8 Principal occupation / Job title (Sea Instructions)  9 Employer (Sea Instructions)  Data  Full name of contributor  DARVON JA Mes Webb  Contributor address;  City: State; Zip Code  2912 Veva Dr. Pehrland, Ty 1984  Principal occupation / Job title (Sea Instructions)  Employer (Sea Instructions)  Amount of contribution (\$)  ### DODO. DO  Date  Full name of contributor  City: State; Zip Code  2912 Veva Dr. Pehrland, Ty 1984  Principal occupation / Job title (Sea Instructions)  Employer (Sea Instructions)  Amount of contribution (\$)
Solution   Solution
Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address;  City: State: Zip Code  2 912 Veva VR. Pear(And) Ty 77584  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address;  City: State: Zip Code
Date Full name of contributor
Contributor address; City; State; Zip Code
Princípal 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

CAMPAIG	N FINANCE REPORT		COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Control(seion Feers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS (MS)  FIRST  CREG  NICKNAME  CAPERS	SUFFIX	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	2001 SHAWRD CLEVELAND	STATE: ZIPCODE  1 1x 11318	Date Participation of Polimers and
change of address			Record C. Britan
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 191-1750	EXTENSION	Date 1 2 (0)
CAMPAIGN TREASURER NAME	MS/MRS GIP FIRST  JAY  NICKNAME ASI	M SUPFIX	Date (mark)
	CAPERS		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:  2001 SHAWRD C/e	CITY: STATE,	21P CODE 273 Z 8
CAMPAIGN TREASURER PHONE	AREA CODE PHÔNE NUMBER ( ) 832-407-4203	EXTENSION	
REPORT TYPE	January 15 30th day before election  July 15 Sth day before election	Runoff  Exceeded \$500  limit	15th day after campaign treasurer appointment (efficencider only) Final report (Abach C/OH - FR)
PERIOD COVERED	Month Dsy Year THROUGH	Month Day	Yeur 23
ELECTION	ELECTION DATE ELECTION TYPE  Morsh Day Year Primary	Runoff Ge	nera! Special
OFFICE	OFFICE HELD (Fany)	3 OFFICE SOUGHT BEADQUIST	
	SHERIFF OF SAN DACINDO CO.		
	GO TO PAGE	2	

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14 C/OH NAME	GRE	9 CAR	RS	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	GANDIDATE / OFFICE	ICE OF POLITICAL GOM HOLDER, THESE EXP TES AND OFFICE ICH DES	TIONS ACCEPTED OR POLITICAL EXPENDITURES MA TURES MAY HAVE BEEN MADE WITHOUT THE CAND E REQUIRED TO REPORT THIS INFORMATION OMLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDR	·	
	L	COMPLETE		77112
additional pages		COMMITTEE	TREASURER NAME	
		COMMITTEE GAME	N TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONT S. LOANS, OR G	UTIONS OF \$50 OR LESS (OTHER THAN NANTEES OF LOANS), UNLESS ITEMIZE	s .D
		POLITICAL CC THAN PLEDGES	RIBUTIONS ANS, OR GUARANTEES OF LOANS)	\$ 5,775.00
EXPENDITURE TOTALS	3. TOTALP	OLITICAL EXPEN	URES OF \$100 OR LESS, UNLESS ITEM	IZED \$ -O
	4. TOTAL POLITICAL EXT. IDITURES \$ 39,963.70			
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTR. TIONS MAINTAINED AS OF THE LAST DAY \$ 1297.64			
OUTSTANDING LOAN TOTALS	6 TOTAL PA	RINCIPAL AMOUNT OF THE REPORT	OF ALL OUTSTANDING LOANS AS OF TI ING PERIOD	\$ 6
Notary F Comm.	MICHELLE CANTO Public, State of Tex Expires 12-02-202 ry ID 133471937	es	is true and correct and includes all ir me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by date or Officeholder
Sworn to and subsc	ribed before m	e, by the said		this the
White carrie	YIY /	Xi (ar	_ , to certify which, witness my $ar{m{m{m{m{m{m{m{m{m{m{m{m{m{$	DISPORTCH EV
Signature of officer adminis	stering oath	Printed name	e of officer administering oath	Tille of officer administering path

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715) di -810.... P.L. B. #2070 ibusu földes Committator BENEFILE A Gliddensse althomostela Sugrada Pataress/Wanea/Contrast Lisbot principal leading that Sub-trailign/Penticulsing (Septiment) Transparation Equipment & Autob 1611 La Legal Surviess in Inting Bentson destributerendementara strett eg Gentudendeltinetistis alle Strett Gentuden Re-differentia (Espano) Trend in Elicide Crambin Poper: Polling Engages: Years: Out Of District COMMEN (anter a conseque actilides els CHES Dyonical Renaul Greener Philling Egrana The incimental fall occident have to number this form हि भी क्वांसा है (इन्निक है काले होता केल - dilippiaco - la file--GREG CAPERS SAN JACINTO CO FAIR ASSOCIATION 9-9-22 1020 Bailes Dring Road SHepherd, Tx 77371 100 Club SupporTER Adveritising Expense e del de ene UNITED STATES POSTAL SERVICE 10-27-72 14231 STATE HigHWAY 150 W ColdSpRing Tx 79331 Contestants (See existing as shipped by the transcriptions) HILL PAIN P.O. BOX rees ATTEMENTARY ERNEST BAILES CAMPAIGN 1020 Bales Ad SHepherd, Tx 71331 300,00 Event Expense Campaign Fund MORGAN LUTTRE 11 CAMPAIGN

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Event Expense

CHMPAIGN FUND

#### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Advertising Expense Accounting (Banking Consulting Expense Event Expense Free	Legal Services Solicitation/Fun Food/Beverage Expense Travel In Oletri Polling Expense Travel Out Of I	desirect Labor draising Expense ct . Contributions/Donations Made By Candidata/Officaholder/Political Committee different Expense ct complete this form.
1 Total pages Schedule G:	2 FILER NAME GREG CAPER	3 ACCOUNT # (Binles Commission Flors)
4 Date 8-10-22	SAN JACINTO CHAMB	
S Amount (8) 3 5 0.00  P Rainbarasmant from collical confibrations intended	PD Box 980 Cold Spring	
8 PURPOSE OP EXPENDITURE	(a) Catagory (See categories listed at the top of this echeduse)  Advertistary Expense	WOIF CREEK CAR SHOW
Date	Раусе пате	
Amount (\$)  Reimbusement from positions contributions	Payee address; City; State; Zip Gode	
PURPOSE OF EXPENDITURE	Category (See categorise listed at the top of this schedule)	Description (attravel outside of Thomas, complete (Schedule T)
Date	Payos name	A company of the comp
Amount (\$)  Relationsment from political contributions intended	Payee address; City; State; Zip Code	•
PURPOSE OF EXPENDITURE	Castingory (Bea categories listed at the top of this schedule)	Description (it revelouslée af Texas, complete Schedule T)
Oate	Рауве пяте	
Amount (*)	Payer address; City; State; Zip Code	
political contributions intended	Catagory (See outogories fixted at the top of this softidule)	Description (Climent outside of Texas, complete Schedule 7)

	TE / OFFICEHOLDER	40°C0	FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Tolk pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR) FIRST  R G  R G  NICKNAME  LAST  A P P IX S	MI	OFFICE USE ONLY Date Race 44
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	address /PO BOX: APT/SUITE*; CITY:	STATE: ZIPCODE	Date Handsteeling of Seedman and ADMINIS
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 797-1750	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MHS/GD FIRST  JAY  NICKNAME LIST  CAPERS	MI M SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #:  2001 SHAW Rd. Clev	ela Nal, Tex,	ZIP CODE 17328
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832 - 407 - 4203	EXTENSION	*
REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500	15th day after campaign treasurer appointment (officeholderonly)  Final report (Attach C/OH - FR)
0 PERIOD COVERED	Month Day Year THROUGH	Month Day /	Year 2 2
LECTION	Month Day Year Primary	Runoff Ger	neral Special
OFFICE	SHERIFF OF SAV  JACINIO CO	13 OFFICE SOUGHT (if known)	
	Incivilo 60		
	GO TO PAGE	2	

### **SUPPORT & TOTALS**

### COVER SHEET PG 2

14 C/OH NAME	Pri	Rey CAPERS	15 ACCOUNT# (Ethics Commission Fig. s
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
additional pages	127	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
V 5.3 5 W 5 D F F F F		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,775.00
EXPENDITURE TOTALS	3. TOTALP	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	IZEO \$
×	4. TOTAL	POLITICAL EXPENDITURES	\$ 38,655.70
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES \$ 38,655.76  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2,447.64		
OUTSTANDING LÜAN IÜTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	/
My My	JEANA PILAR MIZEL otary ID #4635201 Commission Expire October 2, 2022	is true and correct and includes all i me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by
AFFIX NOTARY STAMP	Wo say	( ( ( ) ( ) ( ) ( )	-0
Sworn to and subsidered day	of JM-	20 32, to certify which, witness m	this the y hand and seal of office
Signature of officer within	stering oath	Printed naths of officer administering oath	Tille of officer administering oal

Revised 09/28/2011

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I	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.  1 ACCOUNT # (Ethics Commission Fliers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MB/MRS (MR) FIRST MI  OREG M  NICKNAME DAY SUFFIX	Date Rectand A N
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address  5 CANDIDATE/	ADDRESS IPO BOX: APTIBULIE#: CITY: STATE: ZIP CODE  2001 SHAW Rd Clevel Hand Tx 7732	8 Date Han Solivated or Postervision
OFFICEHOLDER PHONE	(281) 797 - 1750	Date Propagant
6 CAMPAIGN TREASURER NAME	MS / MRS (MR)  JAY  MI  MI  MI  MI  MI  MI  MI  MI  MI  M	Date limited
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE;	71328
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  ( )  832 407- 4203	
9 REPORT TYPE	January 15 30th day before election Runoff  July 15 8th day before election Exceeded \$500 limit	15th day after compaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Marith De/ Year THROUGH 1715	Yoar / 2 2
H ELECTION	Month Day Year Primary Runoff	General Special
2 OFFICE	SHERIFFOF SAN SACINIOCO.	1)
	GO TO PAGE 2	

## CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	& IOIAL	S	COVER SHEET PG 2
14 C/OH NAME	GRE	9 CAPERS	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT CANDIDATE / OFFICE	CE OF POLITICAL CONTINENTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL P	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N \$ -0
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5775.00
EXPENDITURE TOTALS	3. TOTAL P	DLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	NIZED \$ -O
**********	4. TOTAL	POLITICAL EXPENDITURES	\$ 38,305.70
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D RTING PERIOD	\$ 2,697.64
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TO OF THE REPORTING PERIOD	HE \$ 0
18 AFFIDAVIT			
F F	EJEANA PILAR MIZE Notary ID #463520 IY Commission Expi October 2, 2022	is true and correct and includes all if me under Title 15, Election Code es	perjury, that the accompanying report information required to be reported by
70000		· · · · · · · · · · · · · · · · · · ·	idate or Officeholder
AFFIX NOTARY STAMP		e, by the said Gree Carons	this the
day	or Della	1. 20 32 , to certify which, witness m	y hand and seal of office
SL		KeycaraMixell	Dolery
alignaturi of allicer admini	stering oath	Printed name of officer administering oath	Title of officer administering of th

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 5(a)

Advertising Expense Accounting/Benking Consulting Expense Event Expense

GIT/Awards/Memorials Expense Legal Services Food/Beverage Expense

P.O. Box 12070

Poling Expense Pdnting Expense Salaries/Wagss/Contract Labor Solicitation/Fundralsing Expanse Travel in District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Ftelmburesment Transportation Equipment & Related Expanse Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schadule G: 4 Date SJC FAIR ASSOCIATION
7 Payee address: City: State: Zp Code 8-10-21 & Amount (V) POBOX 804 Coldspring, Tx 1733/ Adveries of the Control of the Contr PURPOSE OF EXPENDITURE PDBox1000 Cold Spring 11x 77331 Description (Attended outside of Texas, complete Schedule T) Impel PinelTie Tack OF Advertising Expense EXPENDITURE Payse name
25000 PROMOTIONS
Payse address: City: State: Zip Code 12-8-21 Amount (\$) 803 EAST HOUSTON ClevelAnd, Tx 27327 325.00 Plainbureament from political contributions intended Description (If travel outside of Texas, complete Schedule T) Catagory (See categories listed at the top of this schudule) PURPOSE Re-Elect Pens OF EXPENDITURE Advertising DHIS Payes runns Payse address: City; State; Zip Code Amount (8) Reimburgement from political contributions intended Description (if travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this solisidule) PURPOSE OF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	TE / OFFICEHOLDER N FINANCE REPORT	(COP)	FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MB) FIRST  GREG  MICKNAME LAST	MI // SUFFIX	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / PO BOX: APT / SUITE#: CMY	STATE; ZIPCODE  1, 1x 17328	On C
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 797-1750	EXTENSION	Delo Processor
6 CAMPAIGN TREASURER NAME	MS/MRS/MR) FIRST  JAY  NICKNAME LAST  CAPERS	MI M SUFFIX	Date
CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #:  2001 SHAWRD Cleve/AND	CITY: STATE:  1 x 11328	ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (\$32) 407-420 3	EXTENSION	
REPORT TYPE	January 15 30th day before election	Runoff  Exceeded \$500 [Imit	15th day after campaign treasurer appointment (officaholder only)  Final report (Attach C/OH - FR)
PERIOD COVERED	Voniti Day Year  1 / 13 / 21 THROUGH	Menth Day 7 / 15 /	Yea- 2/
ELECTION	ELECTION DATE ELECTION TYPE		
	Month Day Year Primary	Runott Gen	eral Special
OFFICE	SHERIFF OF SANJAGATO  CO.	3 OFFICE SOUGHT (fiknown)	
1	GO TO PAGE 2	2	

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

# CANDIDATE / OFFICEHOLDER REPORT

		CENCLUES SEFOKI:	FORM C/OH
SUPPORT	& TOTAL	S	COVER SHEET PG 2
14 C/OH NAME	GREG (	ADERS	5 ACCOUNT # (Ethics Commission Filers
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS EXCIS FOR NOT	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE EMOUDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDI JES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TO	DATE'S OR DEFICEROUSER'S KNOW! ENCE OF
	GOMMITTEE TYPE	COMMUTEE HAME	
	GENERAL		
	SPECIFIC	COMMITTEE ACORESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMUTTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1 TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 DR LESS (OTHER THAN S), LOANS, OR GUARANTEES OF LOANS), UNILERS ITEMIZED	\$ -O
	Z TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5775.00
EXPENDITURE   TOTALS	3. TOTALP	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	ED S &
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 36,393.20
CONTRIBUTION BALANCE	5 TOTAL PO OF REPO	DUTICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY RTING PERIOD	\$ 4285.14
OUTSTANDING   LOAN TOTALS	TOTAL PR	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE ZOF THE REPORTING PERIOD	\$ 0
8 AFFIDAVIT	-	Swear or affirm under useable skip.	The state of the s
( ( ( A ) A )	EJEANA PILAR MIZEL Notary ID #4635201 y Commission Expire October 2, 2022	L mo under little 15, Election Code.	ormation required to be reported by
AFFIX NOTARY STAMP		e, by the said Cree Capers	this the

### SCHEDULE G

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advantaing Expense

Giff/Awards/Manualals Expense

P.O. Box 12070

Salariso/Wages/Contract Labor Solicitation/Fundralating Expense

Loan Repayment/Releaburacent Transportation Equipment & Related Experise

Accounting Expense  Event Expense  Food	Food/Beverege Expense Travel In District Consultation/Densition Medic By Candidate/Officeholder/Political Connuits  Printing Expense Office Overhead/Rental Expense OTHER (enter a category not liniari above)	27.5
	The instruction Guide explains how to complete this form.	
1 Total pages Schadule G:	2 FILER NAME CREG CAPERS	lars)
4 Date 4-15-21	Coldspring Sevier Center  T Payee address: City: State: Zip Code	
200.00 Relaburament from political contributions	POBOX 145 Coldspring TX 17331	
8 PURPOSE OF EXPENDITURE	(a) Category (Bookstroader Handlet the son of this rectodule)  (b) Description (Illinois outside of Texas, complete Behadulet T)  EVENT EXPENSE  DINNER FOR SENIOR	
3-11-21	Payse address City; Ente; Zip Code	-
Savicatifit (S)  5 00  Helmbersement from publical contributions biterdent	2001 SHAW Rd ClevelHnd, Tx 17328	
PURPOSE OF EXPENDITURE	Accounting / Banking Description (Howard outstand Town Complete Schedules)	
Date	Payes name	
Amount (3)	Payon address: City; State; Zip Code	
Reinburgentist from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See existence distorted the log of the schedule)  Description (dissection and term, complete schedule)	
Date	Payee name	
Amount (\$)  Reliablingment from political confidualities	Payee address: City; State; Zip Cods	
Interested	Category (See categories lixtratiat the top of this schadule)  Description (if travel outside of Taxas, complete Schadule T)	
PURPOSE	Philippillaria. Jones medificities income on an article of an extremental philipping in a second state of the second state of	1



Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

	TE / OFFICEHOLDER IN FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The G/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Controlesion Fiere)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDEF NAME	MS/MRS/MR) FIRST REG NICKNAME CAPERS	MI J'A SUFFIX	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS /POBOX: APT/SUITE#; CITY,	STATE: ZIPCODE 1) NO TEXAS 77328	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 797-1750	EXTENSION	Receipt 3: Amount
CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  JAY  MICKNAME  LAST  CAPERS	MI // Suppix	Date Imaged 7, L21
CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE): APT / SUITE #:  2001 SHAW Rd Cleve	CITY: STATE	21P CODE 11328
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( ) 832 - 407-4203	EXTENSION	
REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Atlach C/OH - FR)
PERIOD COVERED	Молья Оту Yeer ТНROUGH	Month Day	Y091 2021
ELECTION	Month Day Year ELECTION TYPE  Primary	Runoff (	Seneral Special
OFFICE	SHERIFF OF SAN JACINTO CO.	13 OFFICE SOUGHT (ft known)	
	GOTOPAGE	2	

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTAL S

FORM C/OH

GUPFORI	Ot I CHIPCL	v <sub>20</sub>	COVER SHEET PG Z
14 C/OH NAME	GREG	CADERS	15 ACCOUNT # (Ethics Commission Filers
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES A HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAL ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY	NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER MAME	V.
Land State of the		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL P PLEOGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	IN S
OK K K K K K K K K K K K		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5175.00
EXPENDITURE TOTALS	3. TOTAL P	DLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	AIZED \$ 6
* ****	4. TOTAL I	OLITICAL EXPENDITURES	\$ 36,188,20
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	LITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D RTING PERIOD	\$ 4480.14
OUTSTANDING LOAN TOTALS	6. TOTAL PF LAST DAY	INCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T OF THE REPORTING PERIOD	* 6
REJEANA	PILAR MIZELL	I swear, or affirm, under penalty of is true and correct and includes all me under Title 15. Election Code.	perjury, that the accompanying report information required to be reported by
My Comm Octobe	D #4635201 Ission Expires er 2, 2022	Signature of Cand	idate or Officeholder
Sworn to and subsc	ribed before m	e, by the said Cree Cepe	
Gignature of office adminis	derling oath	Printerchame of officer administering path	Title of officer administering faith

1	TE / OFFICEHOLDER ON FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Films)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME  4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME CAPERS  ADDRESS / POBOX: APT/SUITE#: CITY.	STATE, ZIP CODE	Data Received
change of address	2001 SHAW 14 (1982)	AND, 1X 11368	V2 / 5 / 8
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 797-1750	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/GR FRST  JAY  NICKNAME  CAPERS	MI M 8UPFIX	Date Imaged
CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APTISUITE#.  2001 SHAWRD Cleve /A	city: STATE:	zip code 11328
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832 - 407 - 4203	EXTENSION	
REPORT TYPE	July 15 Bth day before election	Runoff  Exceeded \$500   Ilmit	15th day after campaign Ireasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
PERIOD COVERED	Month Day Year THROUGH	Month Day 7 / 15	Year / 2020
ELECTION	Month Day Your Primery	Runoff	General Special
OFFICE	SHERIFFOF SANJACIND	13 OFFICE SOUGHT (# known)	
	Co.		
	GOTOPAGE	2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTAL S

FORM C/OH
COVER SHEET PG 2

John Okt	a TOTAL	.5	COVER SHEET PG 2
	Breg (	CAPERS	15 ACCOUNT# (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI CHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS REFORMATION ONLY IS	IDATE'S OR OFFICEROLDER'S KNOW FOOE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
estanional balles		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
***************************************	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5775.00
EXPENDITURE TOTALS	3. TOTAL PO	DLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	ZED \$
CONTRIBUTION	4. TOTAL F	OLITICAL EXPENDITURES	\$ 36,188,20
CONTRIBUTION BALANCE	5 TOTAL PO OF REPO	LITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAT RTING PERIOD	\$ 4480.14
OUTSTANDING LOAN TOTALS	6. TOTAL PR LAST DAY	INCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OF THE REPORTING PERIOD	\$ 0
A n Notary P Comm.	E ANN BARNES ublic, State of Text Expires 04-20-202 y ID 126959667	I swear, or affirm, under penalty of pe is true and correct and includes all inf me under Title 15, Election Code.	erjury, that the accompanying report formation required to be reported by
AFFIX NOTARY STAMP		Signature of Candida	ate or Officeholder
	of Sully	20	hand and seal of office.
Signature of officer adminis	tering oath	Printed name of officer administering oath	Title of officer administering oath

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

(TDD 1-800-735-2989)

### EXPENDITURE CATEGORIES FOR BOX 5(a) Loan Repayment/Relmbureament Gift/Awards/Memorials Expanse Salaries/Wages/Contract Labor Advertising Expense Transportation Equipment & Related Expansa Solicitation/Fundralsing Expanse Accounting/Banking Consulting Expense Legal Services Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel In District Food/Baverage Expense Travel Out Of District Politing Expense · Event Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense Printing Expense The instruction Guide amplains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 PILER NAME 1 Total pages Schedule G: 3-10-2020 City; State; Zip Code 7 Payse address; 8 Amount (8)

cc	Reimburnement from political contributions intended	14231 Hwy 150W ColdSpring 197331		
	S PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schodules)  Advertisin (Figure outside of Taxes, complete Schodule T)  STAMP 5		
20	J - 30 - 2020	SMART RESOLUTION		
٠. د د	Armount (0)  7/6,99  Political contributions intended	3801 PBA SLITE 600 Boole's end PAIM BRACK F1 33410		
	PURPOSE OF EXPENDITURE	Castegory (See categories listed at the top of this achadule)  Pascriptions (If insued outsides of Texas, complete Schedules)  Adult Final Complete Schedules (If insued outsides of Texas, complete Schedules T)		
	1-4-19	SAN JACINTO COINTY CHAMBON OF CONWERCE COUSERING		
20	Armount (8)    D 0 , O    Reinstancement from political contributions untunded	Payse address; City; State; Zip Code PD Box 980 Cold Spring, Tex 22331		
	PURPOSE OP EXPENDITURE	Catagory (See catagories listed at the top of the extendulo)  Advertising Expense Public SPEF on SIUTRE		
	5-11-18	Payee name  St. N. Jacin To Colfforing Chamber of Commerce  Payee address; City; State; Zip Code		
	Amount (3) 2.50,00 Reimbureement from political contributions intended	POBOX 980 ColdSpring Tex 17331		
	PURPOSE OF EXPENDITURE	Adversity of Expense Wolf Creek Chr Stlow		
ľ		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

	Austin, lexa	s /8/11-20/0 (512)4	63-5800 (TDD 1-800-735-29
CANDIDA	TE / OFFICEHOLDER	COPY	FORM C/OH COVER SHEET PG 1
The C/OH Instruction	n Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDE NAME	MS/MRS/MRS (MR)  FIRST  FIRST  REG  NICKNAME  CAPERS	M M	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / PO BOX; APT/SUITE 4; CITY	THIRT LINGUE	Date tand-detrement of Sestmented
6 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (28/) 797-1750	EXTENSION	Onto Pricessed
6 CAMPAIGN TREASURER NAME	NICHNAME LAST	MI M SUFFIX	Onle imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APTISUITE#	city: STATE	71328
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832) 407- 4203	EXTENSION	g/
REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
PERIOD COVERED	World Day Year THROUGH	Month Day	Year
10	Annth Day Year Primary  3 / 5 / 2020	Runoff Ger	neral Special
OFFICE	SHERIFF OF SAN JACINTO Co.	13 OFFICE SOUGHT (if known)	
	GO TO PAG	E2	

<b>CANDIDATE / OFFICEHOLDER</b>	REPORT:
SUPPORT & TOTALS	

FORM C/OH

SUPPORT	& TOTAL	S	COVER SHEET PG 2
14 C/OH NAME	GRE9	CAPERS 1	15 ACCOUNT# (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI CHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
			0
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	,
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 0
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5775.00
EXPENDITURE TOTALS	3. TOTAL P	ZED \$ A	
7 7 7 3 3 3 3 3 3 3 3 3 3 3 3 3 3	4. TOTALI	POLITICAL EXPENDITURES	\$ 35,066.21
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$ 4280.14
OUTSTANDING LOAN TOTALS	8. TOTAL PE	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	E \$ 0
18 AFFIDAVIT		I sweer, or affirm, under penalty of point is true and correct and includes all in the under Title 15, Election Code.	
		Signature of Candid	late or Officeholder
AFFIX NOTARY STAMP		e, by the said Chea Cape	CS, this the
day	of OLD	, to certify which, witness my	hand and seal of office.
Olynatyre of olition admini	stering oath	Printed name of officer administering oath	Title of officer administering cells
	REJEANA	PILAR MYZELL	9

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

Accordance Const. Event Fees 1 Total pag 4 Date 2 - 2	4.2	Gir/Awards/Memorials Expense Salaries/Waga Legal Services Scilicitation/Fur Food/Beverage Expense Travel In Dietr Polling Expense Travel Out Of Printing Expense The Instruction Guide explains how  2 FILER NAME  CRYG M. CAPERS  8 Payes name  SAMS C/V B  7 Payes address: City: State; Zip Code	ndrais ndrais nict Distri ad/Re	ntract Labor Lo sing Expense Yn Co lot ental Expense O1	an Repayment/Relimbursentent ensportation Equipment & Related Expense entributions/Donations Made By Candidats/Officeirolder/Political Committee PHSR (enter a category not listed above)  3 ACCOUNT # (Ethics Commission Filers)
Refer	bursement from cal contributions ded	1960 Humble 1x			
	rpose of Noiture	(m) Gategory (See categories listed at the top of this schedule)  EVENT EXPENSE			reveil outside of Texas, complete Schodule Ty  ### C17 EET
In the same of the	1-2020	Payee name U.S. PosTOFFIC	e		
	5 - 5 5 bursentent from out contributions	Payee address; City; State; Zip Gode 1213 E. HivgTow ST	C		
	rpose Of Nditure	Category (New cotagories listed at the top of the schedule)  AdveriTi's Ting Expense			A MP S
Date 2	5-2020	The Sign PRINTERS LL	C		
Robin	36.36 alreament from all contributions	908 W. Lewis Con	RO		
	POSE OF IDMURE	Catagory (the catagories total at the top at this schedule)  AdveriTisTing Expense		Description (With	svel outside of Texas, complete Schedule T)
Date		Раусе пяте			
	10.2020	OFFICE DepoT  Paves address: City; State; Zip Code			
Relmb	21,59 urwamant from al contributions	Payee address: City: State; Zip Code  HUN [SU/]/E	? <sub>/</sub> /		· · · · · · · · · · · · · · · · · · ·
	POSE OF IDITURE	Category (see categories listed at the top of the activities)  Adversilisting Expresse		and the second second	evel autilde of Texas, consplete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		FFICEHOLDER NCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	G <b>uide</b> explains	s how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	INS I HRS M	FIRST P	MI	OFFICE USE ONLY
OFFICEHOLDER NAME		UREG	M	Date Receives
	NICKNAME	CAPERS	SUFFIX	
4 CANDIDATE / CFFICEHOLDER	ADDRESS / F		CITY: STATE: ZIP CODE	
MAILING ADDRESS	2001	SHANRD Clev	eland Tx 77328	
Change of Address	AREA CODE	PHONE NUMBER	EXTENSION	
5 CANDIDATE/ OFFICEHOLDER PHONE	(28/		EXTENSION	Date Hanz-delivered or Date Posiniarkea
6 CAMPAIGN	MS/ ISS/A		t II	Receipt # Amount \$
TREASURER NAME		JAY	17	Date Processed
To since	NICKNAME	CHPPRS	SUPFIX	Date imaged
7 CAMPAIGN	STREET ADD	RESS (NO PO BOX PLEASE): APT / SI	UITE #; CITY:	STATE: ZIP CODE
TREASURER				10770
ADDRESS (Residence or Business)	2001	SHAWRD (	Cleveland, I	X 7/328
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	(832)	407 - 43	103	
9 REPORT TYPE	January	15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	1,	lonth Day Year	Month	Day Year
COVERED	2	5 / 24	THROUGH 2	26/24
11 ELECTION		ON DATE  Dish Vegr Primary	ELECTION TYPE Runoff Other	
	Month	5.7	Description	
	3	5 2 y General	Special	
12 OFFICE	OFFICE HELD	(If any)	13 OFFICE SOUGHT (if known	)
	SHPRI	FFOF SANJACINTO C	.0.	
14 NOTICE FROM POLITICAL	THE CANDIDATE	I OFFICEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CANI	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATES OR DIFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE			2.5.00
Additional Pages	GENERA	COMMITTEE ADDRESS		
	SPECIFI	C COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
	1	GO TO	PAGE 2	

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PARTY OF PERMISSION

Revised 11/15/2022

		DFFICEHOLDER NANCE REPORT	FORM C/OH COVER SHEET PG 2
15 C/OH NAME	в	Red CAPERS	6 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)	s D
	2,	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 34.825.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	5
	4.	TOTAL POLITICAL EXPENDITURES	\$ 4/2 584.24
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I OF REPORTING PERIOD	DAY \$ 4965.09
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE S Q
		Signature of Candi	date or Officeholder
1) Affidavit	in the control of the	JANE COOKSEY otary Public, State of Texas comm. Expires 11-13-2024 Notary ID 132781596	
211	before m	this the 21	day of February
Enature of officer administer		Printed name of officer administering oath	Title of officer administering oath
2) Unsworn Declaration	on	OR- WINDOWS	
Ny name isNy address is		and my date of birth is	
xecuted in		(street) (city) (state  County. State of on the day of (month)	, ( +) (oddn(,y)
		Signature of Candidate	/Officeholder (Declarant)
orms provided by Texas Eth	ics Comn	mission www.ethics.state.tx.us	Revised 11/15/2022

	SUE	тот	ALS	- C/OH		FORM C/OH SHEET PG 3
19	FILER	HAME	GR	eg CAPERS	20 Filer ID (Ethics C	ommission Filers)
21	SCHED NAME (	LLE SUB OF SCHEE	TOTALS		-	SUBTOTAL AMOUNT
1.		SCHE	OULE AT	MONETARY POLITICAL CONTRIBUTIONS		\$ 100.00
2		SCHE	ULE A2	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		s o
3		SCHEE	ULE B. F	EDGED CONTRIBUTIONS		s of
4		SCHEE	OULE E: L	DANS	_	s 0
5.		SCHED	ULE F1	POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$ 5046.80
ä,		SCHED	ULE F2	INPAID INCURRED OBLIGATIONS		s o
7		SCHED	ULE F3:	PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	s ø
â		SCHED	ULE F4:	EXPENDITURES MADE BY CREDIT CARD		s 0
9.		SCHED	ULE G F	OLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	s A
10.		SCHEDI	ULE H: P	YMENT MADE FROM POLITICAL CONTRIBUTIONS TO A 8	BUSINESS OF C/OH	s o
11.		SCHED	JLE I: NO	N-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	s 0
2.		SCHED	ULEK: II	TEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION OF ILER	ONS RETURNED	s -0

# NON-MONETARY (IN-KIND) POLITICAL

CONTRIBUTIONS	SCHEDULE A2
If the requested information is not applicable, <b>Dσ NOT</b> in	clude 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 CONT	FRIBUTIONS §
5 Date  5 Date  6 Full name of contributor out-of-state PAC (1D#	
10 Principal occupation / Job tile (FOR NON-JUDICIAL) (See Instruction RETIRED LAW ENFORCEIXENT	ns) 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 Dept-of-state PAC (ID#  Gontributor address: City: Stat	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instruction	Check if travel outside of Texas, Complete Schedule T.  Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's crincipal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law film (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 O	F THIS SCHEDULE AS NEEDED ction guide for additional reporting requirements.
emp provided by Tay California	

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A CONTRACTOR OF CONTRACTOR

Revised 11/15/2022

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

If the requested info	rmation is not applicable, DO NO	I include this page in the rep	ort.
	EXPENDITURE CAT	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting Stantare Consulting Expense Contributions/Donations Made By Conditional Tales/Officerology/Policial Cred/Carl Payment		Office Overnead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation ("quipment & Related Expense Travel In Distinct Travel Out Or Ensure: Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME BARG CA	PERS	Filer ID (Ethics Commission Filers)
4 Date 2 - 6 - 2 4	LAKC Side Buil	ding Supply ColdSon.	y 1x 17331
\$ 19.37	7 Payee address PD Box 429	ColdSpRing	State Zip Code  1 x 11331
· · · · · · · · · · · · · · · · · · ·	(a) Callegory (Sea Calegories listed at the too of		
PURPOSE OF EXPENDITURE	Advers Tisny Exp	ense Zip II	RLT
	(C) Check if travel builtide of Texas Comple	re Schedule T	The Gill Central der Torma despensa
9 Complete ONLY II direct expenditure to benefit CION	Candidate / Officeholder name	Office sought	Office held
Date	Payce name		
2-14-24	The UPS S	TORE #4211	
Amount (S)	Payee address:	City;	State, Zip Code
4915.49	502 W Mon 1	90 MERY ST. Wil	1's TX 77378
1	Callegory : See Categories listed at the top of the	Description	
PURPOSE OF EXPENDITURE	Adversting Ex	Pense: CAMPAI	NAILERS
<u>_</u>	Check nativel outside of Texas. Compile	e Schedule 3 Check o Austri	the emitted on the expense
Complete ONLY if direct expenditure to be self; C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payes name		
2.24-25	HaberTs Cajun	Food Co	
Amount (S)	Payee address:	City:	State: Zip Code
911200	12461 STATE HW	1156 ColdSpRin	g Tx 17331
	Category (See Categories listed at the loo of th	is schedule: Description	
PURPOSE OF EXPENDITURE	EVERT EXPENSE	Food F	x per se
4	Check if wavel outside of Texas, Complete	e Schedule : Check if Austin	Tit officenologi imng extense
Complete CINLY i direct	Candidate / Officeholder name	Office sought	Office held

	E / OFFICEHOLDER FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME  APPERS	MI JVJ SUFFIX	Date Recover
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	address 1 PO BOX: APT I SUITE #:	CITY: STATE: ZIPCODE	EIV  3 2 6 2024  INTO CC  ADMINIS
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (28/) 797-1750	EXTENSION	Date Hand-collected of Date Portput Letter
6 CAMPAIGN TREASURER NAME	NICKNAME LAST	MI // SUFFIX	Date Processed  Date Imaged
	CAPPRS		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT /		X 1732 8
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832) 407 - 4	EXTENSION 203	
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Bih day before e	Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year  2 5 7 24	THROUGH 2	Day Year 26 / 24
11 ELECTION	ELECTION DATE  Month Day Year Primary  General	Description	
12 OFFICE	SHERIFFOF SANJACINTO	Co. 13 OFFICE SOUGHT (if know.	n)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTION THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITUR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQ	S ACCEPTED OR POLITICAL EXPENDITURES IN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
, ,	COMMITTEE TYPE   COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TR	READURER NAME	
	COMMITTEE CAMPAIGN T	REASURER ADDRESS	
	GO TO	PAGE 2	

### CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 2** 15 C/OH NAME 16 Filer ID (Ethros Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES. LOANS, OR GUARANTEES OF LOANS, OR TOTALS CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE **TOTALS TOTAL POLITICAL EXPENDITURES** 4. CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 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 Tille 15. Election Code. Signature of Candidate or Officeholder Please complete either option below: JANE COOKSEY Notary Public, State of Texas (1) Affidavit Comm. Expires 11-13-2024 Notary ID 132781596 NOTARY STAMP/SEAL Sworn to and subscribed before me by to certify which, witness my hand and seal of office. Communication Supervisor mature of officer administering oath Printed name of officer administering cath (2) Unsworn Declaration My name is \_ \_\_\_\_\_\_, and my date of birth is My address is (street) (cily) (zip code) (country) County. State of \_\_\_\_\_ on the \_\_\_ (month) (year) Signature of Candidate/Officeholder (Declarant)

Forms provided by Texas Ethics Commission

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Revised 11/15/2022

#### SUBTOTALS - C/OH FORM C/OH COVER SHEET PG 3 19 FILER NAME 20 Filer ID (Ethics Commission Filers) GREG CAPERS 21 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 100,00 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS S 3 SCHEDULE B: PLEDGED CONTRIBUTIONS S 4 SCHEDULE E: LOANS \$ 5 SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 5046.86 6 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7 SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE F4. EXPENDITURES MADE BY CREDIT CARD

TO FILER

SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

# 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 for	1 Total pages Sched	1 Total pages Schedule A2:		
2 FILER NAI	GREG CAPERS		3 Filer ID (Ethics Commission Filers)		
TOTAL	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
2/25/24	13166 LAZYLANE Will'S TEXAS	Zip Code	8 Amount of Contribution \$ \$\frac{4}{100.00}\$  Check if travel outside	9 In-kind contribution description  description  de of Texas. Complete Schedule	
D Principal oc ReTi	recupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)	
2 Contributor	's principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUI	DICIAL) (See Instructions)	
4 Contributor	's employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)	
if contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor out-of-state PAC IID#	Zip Code	Amount of Contribution S	In-kind contribution description	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	<b></b> Employe	Check if travel outside	e of Texas, Complete Schedule L)(See Instructions)	
Contributor's	s principal occupation (FOR JUDICIAL)	Contribut	lor's job tille (FOR JUD	DICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	e (if any) (FOR JUDICIAL)	
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		· · · · · · · · · · · · · · · · · · ·		

# 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	R BOX 8(a)		
AdvaGusing Expense Accounting/Banking Consulting Expense Consulting Expense Contributions/Donations Made By Contiduate/Officeholder/Politica CrostCa/dPayment	Fees Office Overhea Food/Beverage Expense Polling Expens / Gift/Awards/Memorals Expense Printing Expens	d/Rental Expense Transportation e Travel In District Travel Out Control d/Contract Labor Other (enter		
1 Total pages Schedule F1	2 FILER NAME A	3 Filer ID	(Ethics Commission Filers)	
	GREG LAPERS			
2 - 6 - 24 6 Amount (S)	5 Payee name LAKC Side Building Supp 7 Payee address	ly ColdSpning 1	17331 ate Zip Code	
\$19.37	PO BOX 429 Colds	ipking Tx	19331	
8	(a) Category (See Categories listed at the top of this schedule) (b)	) Description		
PURPOSE OF EXPENDITURE	Advers Tisng Expense	Zip Tires		
	(G)   Check it involves de of Terras Complete Schedule 7	Check if Austin (1) officehol		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Dale	Payce name			
		#		
2-14-24	The UPS STORE	4211		
Amount (S)	Payee address	City; St	ale, Zip Code	
4915,49	502 W Montgomery		[x 17378	
	Category (See Categories listed at the top of the scheenles	Description		
PURPOSE OF EXPENDITURE	Adversting Expense	CAMPAIGN	MAI/ERS	
	Check divavel butsine of Texas Complete Statement	Cherck of Austra Th. ethicking	силлипр ехренае	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
2.24-25	Haberis Cajur Food Co			
Amount (S)	Payee address.	City St	ate: Zip Code	
\$112.00	12461 STATE HWY 156	Cold Spring	(x 19331	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	EverT Expense	Food Exper	ns e	
	Check diseased outside of Texas Complete Schedule (	Check if Austin T4 officehol	lder firing expense	
Complete QNLY if direct	Candidate / Officeholder name	Office sought	Office held	