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 / OFFICEHOLDER NAME	MS/MRS/MR) FIRST	Allen	OFFICE USE ONLY Date Received	
	NICKNAME LAST AMSler	SUFFIX	WALL 2012	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	P.O. BOX 648 Hemps	STATE: ZIPCODE STEND, TENAS 77445	Date Hand-delivered or Postmarked Receipt # Amount	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (936) 931-5356	EXTENSION	Date Processed	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST CONNE NICKNAME LAST Am5/er	MI SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#; 26472 White Pine	CITY; STATE; Drive Hemps	itemp, Tx 77445	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 826-4866	EXTENSION		
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) Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day // / 27 /	Year // 2	
11 ELECTION	Month ELECTION DATE Month Day Year Primary	Runoff	General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Waller Co Precia	Punty Commission et #1	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Joh	N Allen	Amsler	5 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADING THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDING AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TI	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
	9	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
	150	COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 700.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL	4. TOTAL POLITICAL EXPENDITURES \$ 1131.54			
CONTRIBUTION BALANCE	5. TOTAL P	\$ 416.34			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$ 750.00		
18 AFFIDAVIT		8			
			perjury, that the accompanying report information required to be reported by		
		me under Title 15, Election Code	normation required to be reported by		
		() of a G ()			
		Signature of Candi	idate or Officeholder		
AFFIX NOTARY STAM	P / SEAL ABOVE	V	y -		
Sworn to and subs	scribed before	me, by the said Jan Allen Am	slev, this the		
day	of OCH	to certify which, witness my	y hand and seal of office.		
Klubs		KELLI TAYLOR LUETGE			
Signature of officer adm	nistering oath	Pirite I Rame of officery pipils State of Texas My Commission Expires 03-29-2015	Title of officer administering oath		
www.ethics.state.tx.us		Secret Belle	Revised 09/28/2011		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 1	
2 FILER NAME	T. A. A. A. A.		3 ACCOUNT # (E	thics Commission Filers)	
	John Allen Amsler		ž.		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution	
0/0 //-	Republican Party of WA	Her County	contribution (\$)	description (if applicable)	
412813012	Rypublicans Party of WA 6 Contributor address; City; State; Zip Code P.O. Box 1502	/	500.00		
	Broomshire TexAS 7742.	3	(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	9	
Date	Full name of contributor		Amount of	In-kind contribution	
10/1/2012	Eleanor Tilgham Contributor address; City; State; Zip Code 40687 FM 2979		contribution (\$)	description (if applicable)	
10/11/2012	40687 FM 2979		200.00		
	HempstenD, Tx 77445		Of toward autoids	of Towns assemble Cobadula T	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
	Betired/Shelf				
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code				
			(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I		or rexus, complete constant 1)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
			contribution (\$)	description (ii applicable)	
	Contributor address; City; State; Zip Code				
<u> </u>		F10 /O		of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code		(,,		
			(If travel outside of	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

PLED	GED CONTRIBUTIONS	A	(312) 403-3000	SCHEDULE B
T	ne Instruction Guide explains how to complete this	form.	1 Total pages Sche	dule B:
2 FILER NAM	John Allen Ander		3 ACCOUNT # (Et	hics Commission Filers)
4 TO	TAL OF UNITEMIZED PLEDGES:		\$ \$	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#: 7 Pledgor address; City; State; Zip Code		8 Amount of pledge (\$)	9 In-kind description (if applicable)
			(If travel outside o	f Texas, complete Schedule T)
10 Principal oc	cupation / Job title (See Instructions)	11 Employer (See In	nstructions)	
Date	Full name of pledgor out-of-state PAC(ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Principal oc	cupation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
				f Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
			(If travel outside of	f Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
			(If travel outside o	f Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See In		, , , , , , , , , , , , , , , , , , , ,
14	ATTACH ADDITIONAL COPIES O			requirements

Texas Ethics Commis	ssion P.O. Box 12070 Austin,	Texas 78711-2070 (512) 48	3-5800 (TDD 1-800-735 - 2989			
LOANS	N/A		SCHEDULE E			
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule E:					
2 FILER NAME	2 FILER NAME John Hillen Amster 3 ACCOL					
4 TOTA	AL OF UNITEMIZED LOANS:	\$ \$ \$ \$ \$ \$	\$			
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:) 9 Loan Amount (\$)			
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	10 Interest rate			
Y N			11 Maturity date			
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)				
14 Description of Col	lateral	15 Check if personal funds were d	eposited into political account			
16 GUARANTOR INFORMATION 18 Guarantor address; City; State; Zip Code 19 Amount Guaranteed (\$ table t						
20 Principal Occupat	Lion (See Instructions)	21 Employer (See Instructions)				
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)			
Is lender a financial Institution?	Lender address; City; State; 2	Zip Code	Interest rate			
Y N			Maturity date			
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions)				
Description of Coll	ateral	Check if personal funds were de	posited into political account			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
not applicable	Guarantor address; City; S	State; Zip Code				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (See Instructions)

Principal Occupation (See Instructions)

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

SCHEDULE ${f F}$

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guid	Legal Services Solicitation/Fundraising Expense Travel In District Composition Food/Beverage Expense Travel Out Of District		Contributions/Donation Candidate/Officeho OTHER (enter a cate	ment & Related Expense
1 Total pages Schedule F:	2 FILER NAME JOHN Allen	Amsler	-	3 ACCOUNT#	(Ethics Commission Filers)
4 Date 9/28/12	5 Payee name / Hotline P)			
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code			
\$43.88	1116 Austin Hempstend		5		
8 PURPOSE	(a) Category (See categories listed at the to			(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Advertising				
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	9	Office sough	ht	Office held
Date /28/12	Payee name Hometown H	Aroware			
Amount (\$)	Payee address; City; S	tate; Zip Code			
#20.68	Huy159 Hempsteno,	Tx 1744	5		н
PURPOSE	Category (See categories listed at the to			(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	SIGNS-Advertisin	9			,
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	ht	Office held
Date 10/1/18	Payee name US Post Of	fice			
Amount (\$)	Payee address; City; Si	tate; Zip Code			
\$18.00	Hempstend, T	Tx 17449	5		
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	POSTAGE				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	3	Office sough	ht	Office held
Date /0/3/12	Payee name /+omefenn /+ Payee address; City; Si	ArDWARE			
Amount (\$)	7.2	tate; Zip Code			,
4,33	Huy 159 Hemostino	Tx 77445			
PURPOSE	Category (See categories listed at the to		Description	(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	sign Stailes-Adver	fising			
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	nt	Office held
	ATTACH ADDITIONAL (COPIES OF THIS S	CHEDULE AS	NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

SCHEDULE ${f F}$

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Con Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re	ing Expense ct ntal Expense	Loan Repayment/Reimbursement Transportation Equipment & Related E Contributions/Donations Made By Candidate/Officeholder/Political Cc OTHER (enter a category not listed al	mmittee
1 Total pages Schedule F:	2 FILER NAME JOHN Alle			3 ACCOUNT # (Ethics Commissi	ion Filers)
4 Date /0/4/12	5 Payee name Hotline Pre			1	
6 Amount (\$) #63.88	7 Payee address; City; State 1116 Austin Hempstead,	_	5		
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)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	t Office held	
Date 10 -9-12	Payee name News Citize				-
Amount (\$) #392,50	Payee address; City; Star 350 Business Hempstead, Te				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Advertising	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	t Office held	
Date /0-12-12	Payee name Hotline Pres	5.5			
Amount (\$) #63,88	Payee address; City; State 1116 Austin Hempsteno, Ty	street	-		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	-	Office sought	t Office held	
Date 10-14-12	Payee name CitizENS Against	the LANG	SF.11		
Amount (\$) #/00.00	Payee address; City; State P.O., BOX 871 Hempstend, Tx	77445			
PURPOSE OF EXPENDITURE	Category (Sée categories listed at the top of the Contribution Dry	of this schedule)	Description ((If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought	t Office held	
	ATTACH ADDITIONAL CO	OPIES OF THIS SO	CHEDULE AS I	NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ising Expense	Contributions/Donati Candidate/Office	oment & Related Expense
	The Instruction Guide	explains how to	complete this for		
1 Total pages Schedule F:	2 FILER NAME JOHN Alley	Amsler		3 ACCOUNT #	# (Ethics Commission Filers)
4 Date /0/17/17	Office Dep	ot			
6 Amount (\$) #56.04	P.O. BOX 14	te; Zip Code 424 FM 7377	1 2920		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top Printing Expense	of this schedule)	(b) Description	(If travel outside of Texas	, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	t	Office held
Date 10/19/12	Payee name Hotline Pres	S			
Amount (\$) #63.88	Payee address; City; Sta 1116 Austin Sta Hempstead Tx	te; Zip Code eet 77445			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Advertising Ex		Description	(If travel outside of Texas	, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	t	Office held
Date /0/19/12	Payee name Hempstens Chan	iber of	Commerc	ee.	
Amount (\$)* # 70.00	Payee address; City; State 910 11th Stre 11empstead,		45		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top			(If travel outside of Texas,	complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	-	Office sough	t	Office held
Date 10/25/12	Payee name Hometown H	faroware	<u>'</u>		
Amount (\$) #5,52	Payee address; City; State 14w9159 14empstemb, Te	te; Zip Code	45		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Sign Cypense - Advanta		Description	(If travel outside of Texas,	complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH		Office sought	t	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS S	SCHEDULE AS I	NEEDED	

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(TDD 1-800-735-2989)

POLITICAL EXPENDITURES

P.O. Box 12070

		ATTACH ADDITIONAL COPIES OF THIS S	
ηί Office held	Office sough	Candidate / Officeholder name	Complete ONLY if direct expenditure to benefit C/OH
*		Havertising	AO SYPENDITURE
(If travel outside of Texas, complete Schedule T)	Description	Category (See categories listed at the top of this schedule)	3sograuq 20
		HILD HUSTIN STIECT THE MASTIN STIECT PROCESSING TO STIECT PROCESSING STANS	mount (\$)
		Payee name	C1/16/01
bleri eoffice bleri	Office sough	Candidate / Officeholder name	omplete <u>ONLY</u> if direct expenditure to benefit C/OH
		Existend/ mathered	ог Зяитияе
(If travel outside of Texas, complete Schedule T)		Category (See categories listed at the top of this schedule)	PURPOSE
	Si	Payee address; City; State; Zip Code	20'Sh #
7	syling	Henre Chambu of C	C1/26/8/
office held	Office sough	Candidate / Officeholder name	omplete <u>ONLY</u> if direct spenditure to benefit C/OH
(if travel outside of Texas, complete Schedule T)	Description	Category See categories listed at the top of this schedule)	SOARUA OF BAUTIQNEAX
	SH	Payee address: City; State; Zip Code Payee address: City; State; Zip Code	19/hfg
		Prookshire Prothers	e1/5e/01
office held	Office sough	Candidate / Officeholder name	omplete <u>ONLY</u> if direct spenditure to benefit C/OH
		19018 (Elings) = SNS) = (Elings)	OF SYPENDITURE
(if travel outside of Texas, complete Schedule T)		Hempstern of the top of this schedule)	1-111
		3 066 pama (100 100)	78 A/
		Payee address; City; State; Zip Code	e1/5e/0,
3 ACCOUNT # (Ethics Commission Filer	ed e	FILER NAME ATTEN HOUSING	ofal pages Schedule F: 2
·m.	onplete this fo	The Instruction Guide explains how to o	
Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committed Candidate/Officeholder/Political Committed	sing Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Prood/Beverage Expense Travel In District Polling Expense Travel Out Of District Printling Expense Office Overhead/R	Advertising Expense Consulting Expense Consulting Expense

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Solicitation/Fundrice Food/Beverage Expense Polling Expense Printing Expense Gift/Awards/Memorials Expense Salaries/Wages/C Solicitation/Fundrice Travel In District Travel Out Of Dis Office Overhead/	contract Labor Loar aising Expense Tran Constrict C	n Repayment/Reimbursement asportation Equipment & Related Expense tributions/Donations Made By Candidate/Officeholder/Political Committee IER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME John Allen Amsle	C. C.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/20/12	5 Payee name WAIMART		
6 Amount (\$) #41,04	7 Payee address; City; State; Zip Code 625 Highway 240 E HEMPSTEAD, TX 77445		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If trav	vel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	rel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	rel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	rel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Gift/Aw Accounting/Banking Legal S

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

Food/Beverage Expense
Polling Expense
Printing Expense

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

Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement

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

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	John Allen Amster	3 ACCOUNT # (Ethics Commission Filers)			
4 Date	5 Payee name				
6 Amount (\$) Reimbursement from political contributions	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
Date	Payee name				
Amount (\$) Reimbursement from political contributions	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED			

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co		Repayment/Reimbursement	
Accounting/Banking	Legal Services Solicitation/Fundra		portation Equipment & Related Expense	
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist		butions/Donations Made By ndidate/Officeholder/Political Committee	
Fees	Printing Expense Office Overhead/R		R (enter a category not listed above)	
	The Instruction Guide explains how to		(enter a category not listed above)	
1 Total pages Schedule H:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
1)/4	John Allen Amste		, , , , , , , , , , , , , , , , , , , ,	
4 Date	5 Business name			
6 Amount (\$)	7 Business address; City; State; Zip Code			
• • • • • • • • • • • • • • • • • • • •	2.5, 5.6, 5.6, 5.6			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel	outside of Texas, complete Schedule T)	
OF EXPENDITURE				
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/O		omee coug.n		
D .				
Date	Business name			
Amount (\$)	Business address; City; State; Zip Code			
Amount (\$)	Business address, Oity, State, Zip Code			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel	outside of Texas, complete Schedule T)	
OF EXPENDITURE				
	0	0#	Office held	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office field	
Date	Business name			
Amount (\$)	Business address; City; State; Zip Code			
	Catagory (Constanting listed at the transfalling sale adults)	Description (If travel	enteide of Tours associate Cabadula TV	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (intraver	outside of Texas, complete Schedule T)	
EXPENDITURE				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/O	н			
Data	Business name			
Date	Dusiness Haine			
A				
Amount (\$)	Business address; City; State; Zip Code			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel	outside of Texas, complete Schedule T)	
OF				
EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
experiorure to benefit C/O				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME John Allen Ams	3 ACCOUNT # (Ethics Commission Filers)			
4 Date	5 Payee name	,			
6 Amount (\$)	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Sche			edule K:	
2 FILER NAME	hics Commission Filers)			
4 Date	5 Name of person from whom amount is received		8 Amount (\$)	
	7 Purpose for which amount is received			
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State; Zip Code			
	Purpose for which amount is received			
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State; Zip Code			
	Purpose for which amount is received			
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State; Zip Code			
	Purpose for which amount is received			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS						
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:					
2 FILER NAME JOHN Allen Amsler	3 ACCOUNT # (Ethics Commission Filers)					
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expenditure reported on:						
Schedule A Schedule B Schedule C Sched	dule D Schedule F Schedule G					
Schedule H Schedule N COH-UC COH-T PAC-C PAC-E						
6 Dates of travel 7 Name of person(s) traveling						
8 Departure city or name of departure location						
9 Destination city or name of destination location						
10 Means of transportation						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reported on:						
Schedule A Schedule B Schedule C Sched	dule D Schedule F Schedule G					
Schedule H Schedule N COH-UC COH-T PAC-C PAC-E						
Dates of travel Name of person(s) traveling						
Departure city or name of departure location						
Destination city or name of destination location						
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reported on:						
Schedule A Schedule B Schedule C Sched	dule D Schedule F Schedule G					
Schedule H Schedule N COH-UC COH-	T PAC-C PAC-E					
Dates of travel Name of person(s) traveling						
Departure city or name of departure location						
Destination city or name of destination location						
Means of transportation Purpose of travel (including name of conference, s	seminar, or other event)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

L_						
	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••					
1	C/OH N	NAME	2 ACCOUNT # (Ethics Commission Filers)			
3	SIGN	ATURE				
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.					
		Signatu	re of Candidate / Officeholder			
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder.					
	A.	CAMPAIGN FUNDS				
	Chec	k only one:				
		I do not have unexpended contributions or unexpended interest or income earned from po	olitical contributions.			
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
	В.	ASSETS				
	Check only one:					
	I do not retain assets purchased with political contributions or interest or other income from political contributions.					
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.					
		S	Signature of Candidate			
5	OFFIC	EHOLDER				
	•• Com	plete this section <i>only</i> if you are an officeholder ••				
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.					
		Si	gnature of Officeholder			