# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	1 Filer ID (Ethics Con	mmission Filers)	2 Total pages file	d:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  JERON  NICKNAME  BARNETT	MI 1 SUFFIX	OFFICE U	WALLER COPYNI DMINISTRAT
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; POB 2846 PRAIRIE VIEW, TX. 77446  AREA CODE PHONE NUMBER EXTENSION	ZIP CODE	Date Hand-delivered	PM 1:55
PHONE  6 CAMPAIGN TREASURER NAME	(832) 483 8900  MS/MRS/MR FIRST  SAME AS #3  NICKNAME LAST	MI 	Receipt #  Date Processed  Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;  24596 RICHARDS RD  HEMPSTEAD, TX. 77446	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  SAME AS #5	N		
9 REPORT TYPE	January 15 30th day before election Runor  July 15 8th day before election Excee	ff eded \$500 limit	15th day afte treasurer app (Officeholder Final Report	pointment
10 PERIOD COVERED	Month Day Year 7 / 15 / 15 THROUGH	Month	Day Year 15 / 16	
11 ELECTION	BLECTION DATE  Month Day Year Primary Runoff  General Special	Other Description		
12 OFFICE	Of FIGE TIEED (II dily)	OUGHT (if known)	AS # \2	_
GO TO PAGE 2				

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

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME		$\overline{}$	15 ACCOUNT # (Ethics Commission Filers)		
$\supset$	eron	BARNETT			
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	N - A			
B	SPECIFIC				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>8</b> ,250 °°		
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED \$ Ø		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 6,187°°		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  \$ 2,063				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
18 AFFIDAVIT					
JANIE WILLMAN  Notary Public, State of Texas  Comm. Expires 12-18-2019  Notary ID 3130258  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said					
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath					
Signature of officer administering oath  Printed name of officer administering oath  Officer administering oath					

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this form.	1 Total pages Sch	1 Total pages Schedule A:	
2 FILER NAME	<u></u>	3 ACCOUNT # (E	3 ACCOUNT # (Ethics Commission Filers)	
Tony SARLORI				
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of	8 In-kind contribution	
12-3-15		contribution (\$)	description (if applicable)	
160	6 Contributor address; City; State; Zip Code			
		50000		
	100 THE N 11 TO		L	
9 Principal occur	pation / Job title (See Instructions)  10 Employer (See		of Texas, complete Schedule T)	
ENGIN		e mandenons)		
Date	Full name of contributor	) Amount of	In-kind contribution	
	JAVIER INFANTE	contribution (\$)	description (if applicable)	
12-3-15	Contributor address; City; State; Zip Code			
100	,	25000		
	2. 2.11.11	250		
Dringing Local	pation / Job title (See Instructions)  Employer (Se		of Texas, complete Schedule T)	
	NATION / Job title (See Instructions)	e Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of	In-kind contribution	
	JOCK Milos	contribution (\$)	description (if applicable)	
17-3-15	Contributor address; City; State; Zip Code	125 00	ĺ	
16		100		
	16340 PARK TEN HOUSTON, TX			
Discission I			of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions) Employer (Se	e Instructions)		
Date	Full name of contributor  ut-of-state PAC (ID#:	) Amount of	In-kind contribution	
	David Trace	contribution (\$)	description (if applicable)	
17-3-15	Contributor address; City; State; Zip Code			
10		50000		
	2929 BRIANZ DRIC	200		
Dringing! conv	HOUSTON, TY		of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor   out-of-state PAC (ID#:	) Amount of	In-kind contribution	
	3 Pam Dickalt	contribution (\$)	description (if applicable)	
12-3-15	Contributor address; City; State; Zip Code	00		
,-	9990 Richmond Ave	250	1	
	KAty, TX	(If travel outside	of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)  Employer (See		e Instructions)		
togineell				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

#### **POLITICAL EXPENDITURES**

P.O. Box 12070

### SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement			
Accounting/Banking	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense			
Consulting Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By			
Event Expense Fees	Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee			
1 665	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F:				
l Total pages Schedule F.	The second in th			
4 Date	JERON DARNETT			
	5 Payee name			
1-9-16	Elite Change Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
2500 00	315 W. ALABAMA			
2,700	March Tu			
	Houston, TX.			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)  (b) Description (If travel outside of Texas, complete Schedule T)			
EXPENDITURE	CONSULTING EXPENSE			
9 Complete ONLY if direct	Candidate / Office holder name Office sought Office held			
expenditure to benefit C/O				
	JERON BARNETT COUNTY COMM. SAME			
Date	Payee name			
1-7-16	M 15			
Amount (\$)	Payee address; City; State; Zip Code			
11,277.35	1112 AUSTIN ST			
31, 211. 33	Ho- Daland TV			
	Hempstead, TX			
PURPOSE OF	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)			
EXPENDITURE	Advertising Expense			
Complete ONLY if direct	Candidate / Office holder name Office sought Office held			
expenditure to benefit C/O	H Jazza Banasett Combine			
Date	Payee name			
1-12-16	MTS			
Amount (\$)	Payee address; City; State; Zip Code			
1.384.00	IIIZ AUSTIN ST.			
1,001.00				
	HempStead TX.  Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)			
PURPOSE OF	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)			
EXPENDITURE	ADVERTISIALE EXPENSE			
Complete ONLY if direct	Candidate / Office holder name Office sought Office held			
expenditure to benefit C/O	H Jeron Barnett County Comm Same			
D-1-				
Date	Payee name			
1-1-16	IKACTOIC JUPPIY			
Amount (\$)	Payee address; City; State; Zip Code			
010 07				
\$ 7.11.80	WALLED TV			
	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)			
PURPOSE OF	Category (See categories listed at the top of this schedule)			
EXPENDITURE	ADVERTISING EXPENSE			
Complete ONLY if direct	Candidate / Office hold  Office sought  Office held			
expenditure to benefit C/OH  Jeron Barnett County Comm Same				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
AT IACH ADDITIONAL COFIES OF THIS SCHEDULE AS NEEDED				