CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	1 ACCOUNT#	2 Total pages filed:
The C/OH Instruction G	uide explains how to complete this form. (Ethics Commission Filers)	16
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME LAST SUFFIX ANSIER CITY: STATE: ZIP CODE	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	ADDRESS / POBOX: APT/SUITE#; CITY; STATE; ZIP CODE P.O. BOX 648 Hempstero, Tx 77445 AREA CODE PHONE NUMBER EXTENSION (936) 931-5356 MS/MRS/MR FIRST LAST NICKNAME LAST SUFFIX	Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged Amount Date Manual Date Processed
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; CITY; STATE; 26472 White Pine Drive Her	npsteno, TX77445
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 826-4866	
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 (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH 12/31	Year / 2012
11 ELECTION	Month ELECTION DATE Day Year Primary Runoff	General Special
12 OFFICE	OFFICEHELD (If any) WAller County CommissionER Pet # 1	wn)
	GO TO PAGE 2	

Austin, Texas 78711-2070

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

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	hn A. An	sler	15 ACCOUNT # (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	EXE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAIOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANIONS AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR			
	COMMITTEE TYPE	COMMITTEE NAME				
	SPECIFIC	COMMITTEE ADDRESS				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				
auditional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	N \$ -0-			
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 820.00			
EXPENDITURE TOTALS	3. TOTAL F	MIZED \$				
	4. TOTAL	4. TOTAL POLITICAL EXPENDITURES \$ 1151.03				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 5/6.85					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 750.00					
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						
5.5 THINGS TO		me, by the said 50hm A. Ams	, this the			
1111V	Sworn to and subscribed before me, by the said, this the, this the, this the, this the, to certify which, witness my hand and seal of office.					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME	John A. Hinsler		3 ACCOUNT # (Et	hics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
00E (FREEERO)	Republican Party of Wall 6 Contributor address; City; State; Zip Code P.O. Box 1502	er County	\$500.00	description (a approximation)
	Brookshire, TX 77423	3	(If travel outside o	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	entropy of the state of the sta
	Hand Club		1	
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
16/1/2012	Eleanor Tilgham Contributor address; City; State; Zip Code 40687 FM Z979		\$200.00	
	Hempstead, Ty 774	45	(If travel outside 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	In-kind contribution description (if applicable)
	CAPT Glen HARDWICK Contributor address; City; State; Zip Code 9501 Monroe ROAP		contribution (\$)	
	Houston, Tx 77075		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Ami A	viation Consultant		T	I
Date ///14/2012	30203 011111111111		Amount of contribution (\$) #/00.00	In-kind contribution description (if applicable)
	Magnolia, Tx 77355		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
	Full name of contributor out-of-state PAC (ID#_)	Amount of	In-kind contribution
Date	Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
Principal occu	upation / Job title (See Instructions)	Employer (See		
Fillicipal occi				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Texas Ethics Commission

	PLEDGEI	D CONTRIBUTIONS		SCHEDULE B	
	The Ins	truction Guide explains how to complete this	form.	1 Total pages Sche	dule B:
2	FILER NAME	John A. Amster		3 ACCOUNT # (Et	hics Commission Filers)
4	TOTAL	OF UNITEMIZED PLEDGES:	\$ \$\display\$	⇒ ⇒	\$
5	Date 6	Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7	Pledgor address; City; State; Zip Code			
			11 Employer (See I		of Texas, complete Schedule T)
10	Principal occupati	on / Job title (See Instructions)	11 Employer (See I		
	Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code	. , . ,		
					of Texas, complete Schedule T)
	Principal occupati	ion / 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)
		Pledgor address; City; State; Zip Code			
					of Texas, complete Schedule T)
	Principal occupat	ion / Job title (See Instructions)	Employer (See I	Instructions)	
	Date	Full name of pledgor ut-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code		•	
	Principal occupat	ion / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
_	Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code		•	
					of Texas, complete Schedule T)
	Principal occupat	tion / Job title (See Instructions)	Employer (See	Instructions)	
	If con	ATTACH ADDITIONAL COPIES atributor is out-of-state PAC, please see inst	OF THIS SCHEDUL	EAS NEEDED dditional reporting	requirements.

Austin, Texas 78711-2070

P.O. Box 12070

LOANS				SCHEDULE E
The	Instruction Guide explains how to comple	ete this form.	6	ges Schedule E:
2 FILER NAME	John A. Amsler		3 ACCOUN	NT # (Ethics Commission Filers)
4 TOTA	L 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; Z	Zip Code		10 Interest rate
Y N				11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)		
44 Description of Col	lateral	15 Check if personal funds were	e deposited	into political account
14 Description of Col	aterai	П		
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable				
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender [out-of-state PAC (ID#:		Loan Amount (\$)
Is lender a financial	Lender address; City; State;	Zip Code		Interest rate
Institution?				Maturity date
10 17900	ion / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	lateral	Check if personal funds were	e deposited	into political account
GUARANTOR	Name of guarantor			Amount Guaranteed (\$)
INFORMATION not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupa	tion (See Instructions)	Employer (See Instructions)		
If ler	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NE ruction guide for additional re	EDED porting re	quirements.

SCHEDULE ${f F}$

(TDD 1-800-735-2989)

	EXPENDITURE			D
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		an Repayment/Reimbursement
Accounting/Banking	Legal Services			ansportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		ontributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of Distr		THER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/R		
	The Instruction Guide	explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
lotal pages schedule F.	John A. Amsl	er		
4 Date	5 Payee name			
#9-9-28-12	Hotline Press	•		
6 Amount (\$)		ate; Zip Code		
4	1116 Hustin	Street		
A63.88	17. 9			
TIG 2.88	Hempsteno,	7x 774	45	
	(a) Category (See categories listed at the to	o of this schedule)	(b) Description (If t	travel outside of Texas, complete Schedule T)
8 PURPOSE OF	- 1 1		,,	
EXPENDITURE	Advertising Eyp	ur se		Office held
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office field
expenditure to benefit C/C	PH .			
Date	Payee name			
4-28-12	Hometown HAri	DWARE		
, ,	Payee address; City; Si	ate; Zip Code		
Amount (\$)	, ayes address,			
0010	Hwy 159	1/2 2	cl Ti	77.61
20.68	1769131	Hemps	STUMD IT	11993
		f this askedule)	Description (If	travel outside of Texas, complete Schedule T)
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (ii	traver outside of Toxas, compress
OF	Advertising			
EXPENDITURE			Office cought	Office held
Complete ONLY if direct	Candidate / Officeholder name	:	Office sought	Ciliae ileia
expenditure to benefit C/C	DH			
Date	Payee name	· //		
10/1/2012	US Postal S	errice		
Amount (\$)	Payee address; City; Si	ate; Zip Code		
Amount (\$)		,		
164 53	la	notion	TX 7744	
18.00	HEM	PSTEAD,	12 /144	3
		of this pahadula)	Description (If	f travel outside of Texas, complete Schedule T)
PURPOSE	Category (See categories listed at the to		2220.,5.12.17 (
OF EXPENDITURE	Other-mail corres	spragence		
Complete ONLY if direct	Candidate / Officeholder name	Э	Office sought	Office held
expenditure to benefit C/0	OH			
Схропакаго то дополи				
Date	Payee name			
10/2/12	Payee name Home town HA Payee address; City; S	rouine		
1010112	170me town TH	total Zim Code		
Amount (\$)				
	11	: //.	1 - 1	77445
1122	14W4 159	Hemp	Steap, Tx	1144 2
4.33		· ·	,	
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description (I	ftravel outside of Texas, complete Schedule T)
OF	4 /			
EXPENDITURE	Candidate / Officeholder name	VS		
0 11 00000	Candidate / Officeholder name	e	Office sought	Office held
Complete ONLY if direct expenditure to benefit C				
expenditure to beliefit of				IEEDED.
	ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULE AS N	IEENEN
1				

		GORIES FOR BOX 8(a	1)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicit Food/Beverage Expense Trave Polling Expense Trave Printing Expense Office	es/Wages/Contract Labor lation/Fundraising Expense I In District I Out Of District 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 expla	ins how to complete this f	
1 Total pages Schedule F:	John A. AN	15/4	3 ACCOUNT # (Ethics Commission Filers)
4 Date /0/4/12	5 Payee namey /totline Pres	S	
6 Amount (\$) # 63,88	7 Payee address; City; State; 2 ///6 Austin Str	ip Code Let × 77445	
8 PURPOSE	(a) Category (See categories listed at the top of this s	chedule) (b) Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising		05-1-1-1
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou	ght Office held
Date 10-9-12	News CitizEN		
Amount (\$)	Payee address; City; State;		
# 392.50	350 Business 7 Hempstead, TX	77445	
PURPOSE	Category (See categories listed at the top of this s	chedule) Description	n (if travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	ght Office held
Date /0/12/12	Payee name Hotline Press	Zin Code	
# 63.88	Payee address; City; State; 2 1116 Austin Street Hempstern Tx	17445	Town and the Calorials Ti
PURPOSE	Category (See categories listed at the top of this:	schedule) Description	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising		Office held
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	ght Office held
Date 10 - 14 - 12	Payee name CALH		
10-14-12 Amount (\$)	Payee address; City; State;	Zip Code	
\$ 100.00	P.O. Box 871 /4		
PURPOSE	Category (See categories listed at the top of this		on (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Donation / tunoraises	Office sou	ght Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/			8
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE A	S NEEDED

Texas Ethics Commission

	EXPENDITURE C	ATEGORIES F		
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Con Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re	ing Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
Fees	The Instruction Guide e			
1 Total pages Schedule F:	2 FILER NAME	nsle	•	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/17/2012	5 Payee name Office Depo	ot		
6 Amount (\$)	7 Payee address; City; State			
\$56.04	14424 FM Tomball,	7477 TX77	377	Cabaddo T
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expine	*	,3	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	t Office held
Date /0/19/12	Payee name //otline Press		Ŷ	
Amount (\$)		e; Zip Code	¥	
\$63.88	Hempsteap T	Street IX 7744	5	The state of Turns complete Schools (a.T.)
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	t Office held
Date /0/1/2012	Payee name Hempsteno Char		onmuc	
Amount (\$) \$70.00	Payee address; City; State G10 11th Street Hemostrap, Tx-	77445		•
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expanse	1		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	t Office held
Date	Payee name	,		
10/25/12	Hometown H Payee address; City; State	AT DWATE		•
45,59	Payee address; City; State Hwy I Hempsten	59 77	iu C	
	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Advertising - Signs	1	2000,000	Y
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name		Office sough	t Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULE AS	NEEDED

Texas Ethics Commission

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wag Legal Services Solicitation/Fi Food/Beverage Expense Travel In Dis Polling Expense Travel Out O	es/Contract Labor undraising Expense trict (f District	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	w to complete this form	m.
1 Total pages Schedule F:	2 FILER NAME JOHN A. AMSLEY		3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/25/12	Dollar General		
\$ 14.34	7 Payee address; City; State; Zip Code 560 Hwy 290 E Hempsterp, Tx 774		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Sign-Advalising Expression	1 1	f travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 10/05/12	Brookshire Brothers		
Amount (\$) ## 44.69	Payee address; City; State; Zip Cod 300 Hwy 290 E Hemostero, Tx		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Bevernse Poll Walch	Description (f travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date // /25/12	Payee name	0 -	
Amount (\$)	Payee address; City; State; Zip Code	Commule	
\$45.00	910 11th Street Hempsteno Tx 77445		
PURPOSE OF	Category (See categories listed at the top of this schedule)		travel outside of Texas, complete Schedule T)
EXPENDITURE	Donaton/Funpraises		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date /0/26/12	Payee name Hotline Press Payee address; City; State; Zip Code		
Amount (\$) \$63.88	Payee address; City; State; Zip Code 1116 Austin Street Hempstead, Tx 77448		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising		travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS N	EEDED

P.O. Box 12070

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wage Legal Services Solicitation/Fur Food/Beverage Expense Travel In Distr Polling Expense Travel Out Of Printing Expense Office Overher	es/Contract Labor Loa Indraising Expense Tra rict Con District End/Rental Expense OT	an Repayment/Reimbursement ansportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee 'HER (enter a category not listed above)
	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule F:	John A. Amsler		3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/24/12	5 Payee name Walmart		
#41.04	7 Payee address; City; State; Zip Code 625 Highway 290 Hempstend, Tx7	17445	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing-Expuse	(b) Description (If tra	avel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date /1/5/12	Payee name Hardware 9 Payee address; City; State; Zip Code	+ Service	Inc.
Amount (\$) \$19.49	Payee address; City; State; Zip Code 719 12 th Street Hempstenp Tx 774	45	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) 5:50 Eypense	Description (If tra	avel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	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 tra	avel 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	ivel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	IS SCHEDULE AS NEE	DED

(TDD 1-800-735-2989)

SCHEDULE G

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 Legal Services

Food/Beverage Expense Polling Expense Printing Expense

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

Office Overhead/Rental Expense

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

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
NA	John A. Amster	
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
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		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from		-
political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		
	Payee name	
Date	rayee name	
Amount (\$)	Payee address; City; State; Zip Code	
Amount (4)	r ayee dualess,	
Reimbursement from political contributions		
intended		Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (interested as to the property)
EXPENDITURE		
Date	Payee name	
Date	,	
Amount (\$)	Payee address; City; State; Zip Code	
Amount (#)		
Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE **H**

	EXPENDITURE	CATEGORIES FOR	BOX 8(a)	D
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract		n Repayment/Reimbursement nsportation Equipment & Related Expense
Accounting/Banking	Legal Services	Solicitation/Fundraising E Travel In District	0	tributions/Donations Made By
Consulting Expense	Food/Beverage Expense	Travel Out Of District	(Candidate/Officeholder/Political Committee
Event Expense	Polling Expense Printing Expense	Office Overhead/Rental	Expense OTH	HER (enter a category not listed above)
Fees	The Instruction Guide			
				3 ACCOUNT # (Ethics Commission Filers)
1 Total pages Schedule H:	JOHN A. Amst	er		
4 Date	5 Business name			
6 Amount (\$)	7 Business address; City; Sta	ate; Zip Code		
	(a) Category (See categories listed at the top	o of this schedule) (b)	Description (Iftra	avel outside of Texas, complete Schedule T)
8 PURPOSE OF EXPENDITURE	(a) Category (ose categories interest and			
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City; Sta	ate; Zip Code		
7.11.12.11. (4)				
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (If tr	ravel outside of Texas, complete Schedule T)
OF				
EXPENDITURE			Office sought	Office held
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought	
Date	Business name			
Amount (\$)	Business address; City; St	ate; Zip Code		
PURPOSE OF	Category (See categories listed at the to	op of this schedule)	Description (If t	travel outside of Texas, complete Schedule T)
EXPENDITURE	Candidate / Officeholder name		Office sought	Office held
Complete ONLY if direct expenditure to benefit Co				
Date	Business name			
Amount (\$)	Business address; City; S	tate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
Complete ONLY if direct	Candidate / Officeholder name	e	Office sought	Office held
expenditure to benefit C	ATTACH ADDITIONAL	COPIES OF THIS SCI	HEDULE AS N	EEDED
1	Allanine			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

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 OTHER (enter a category not listed above)

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee

	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule I:	John A. Amster	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	U/A	
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)			
4 Date	5 Name of person from whom amount is received		8 Amount (\$)	
	6 Address of person from whom amount is received; City; State; Zip Cod	e		
	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 Coo			
	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 Co	de		
	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 Co			
	Purpose for which amount is received		1	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED		

Texas Ethics Commission IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule D Schedule F Schedule G Schedule C Schedule B Schedule A PAC-E PAC-C Schedule N COH-UC сон-т Schedule H 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule F Schedule G Schedule D Schedule C Schedule B Schedule A PAC-E PAC-C COH-UC СОН-Т Schedule N Schedule H Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule F Schedule G Schedule C Schedule D Schedule B Schedule A PAC-E PAC-C СОН-ИС СОН-Т Schedule H Schedule N Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Austin, Texas 78711-2070

(512) 463-5800

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

P.O. Box 12070

FORM C/OH - FR

	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	IAME	2 ACCOUNT # (Ethics Commission Filers)			
3	SIGNA	TURE				
	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.					
	Signature of Candidate / Officeholder					
4	FILER WHO IS NOT AN OFFICEHOLDER •• Complete A & B below <i>only</i> if you are not an officeholder. ••					
	A. CAMPAIGN FUNDS					
	Chec	conly 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		EHOLDER Dete this section only if you are an officeholder ••				
		I am aware that I remain subject to filing requirements applicable to an officeholder who does it am also aware that I will be required to file reports of unexpended contributions if, after officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	filing the last required report as an			
		Sign	gnature of Officeholder			