

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: <div style="text-align: center; font-size: 24px; font-weight: bold;">5</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="display: flex; justify-content: space-between;"> Mr. Jon H. </div> <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-weight: bold; font-size: 18px;">Siegel</div>	<div style="border: 2px solid black; padding: 5px;"> <div style="text-align: center; font-weight: bold; font-size: 14px;">OFFICE USE ONLY</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="font-size: 10px;">Date Received</p> <p style="font-size: 24px; font-weight: bold; transform: rotate(-90deg);">ALM</p> </div> <div style="width: 50%;"> <p style="font-size: 10px;">Date Hand-delivered or Postmarked</p> <p style="font-size: 14px; font-weight: bold;">OCT -6 AM 10:05</p> </div> </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> <p>Receipt #</p> <p>Amount</p> </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> <p>Date Processed</p> <p>Date Imaged</p> </div> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="display: flex; justify-content: space-between;"> Mrs. Suzie D. </div> <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-weight: bold; font-size: 18px;">Siegel</div>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> January 15</div> <div style="width: 25%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 25%;"><input type="checkbox"/> Runoff</div> <div style="width: 25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</div> <div style="width: 25%;"><input type="checkbox"/> July 15</div> <div style="width: 25%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 25%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 25%;"><input type="checkbox"/> Final report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="display: flex; justify-content: space-between; font-weight: bold; font-size: 18px;"> 07 / 01 / 2016 THROUGH 07 / 30 / 2016 </div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="display: flex; justify-content: space-between; font-weight: bold; font-size: 18px;"> 11 / 08 / 2016 </div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE OFFICE HELD (if any) <div style="font-weight: bold; font-size: 18px;">Tarrant County Constable Precinct 6</div>	13 OFFICE SOUGHT (if known) <div style="font-weight: bold; font-size: 18px;">Tarrant County Constable Precinct 6</div>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Jon H Siegel

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

DFW Conservative Voters PAC

COMMITTEE ADDRESS

P.O. Box 173065, Arlington, Texas 76003

COMMITTEE CAMPAIGN TREASURER NAME

Stuart Lane

COMMITTEE CAMPAIGN TREASURER ADDRESS

P.O. Box 173065, Arlington, Texas 76003

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

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

\$

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ **280.00**

CONTRIBUTION
BALANCE

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

\$ **21,800.53**

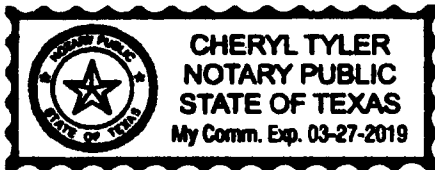
OUTSTANDING
LOAN TOTALS

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

\$ **25,000.00**

18 AFFIDAVIT

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



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jon H. Siegel, this the 5th day of October, 20 16, to certify which, witness my hand and seal of office.

Signature of officer administering oath

CHERYL TYLER

Printed name of officer administering oath

SEC.

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE B
 FILED
 WARRANT COUNTY
 2016 OCT -5 AM 10:05
 BY:

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME Jon H. Siegel	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/27/16	5 Payee name USPS	
6 Amount (\$) 130.00	7 Payee address; City; State; Zip Code 3200 S. Cherry Lane, Fort Worth, Texas 76121	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fee	(b) Description (If travel outside of Texas, complete Schedule T) Annual P.O. Box Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/07/16	Payee name Murphy Nasica	
Amount (\$) 50.00	Payee address; City; State; Zip Code 815A Brazos Street #304, Austin, Texas 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T) Consulting Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/03/16	Payee name Murphy Nasica	
Amount (\$) 50.00	Payee address; City; State; Zip Code 815A Brazos Street #304, Austin, Texas 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T) Consulting Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/06/16	Payee name Murphy Nasica	
Amount (\$) 50.00	Payee address; City; State; Zip Code 815A Brazos Street #304, Austin, Texas 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T) Consulting Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SUBTOTALS - C/OH

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

19 FILER NAME Jon H Siegel		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 25,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 280.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$.57

FILED
 TARRANT COUNTY
 2016 OCT -5 AM 11:06
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR
 BY: _____

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: 1
2 FILER NAME Jon Siegel		3 ACCOUNT # (Ethics Commission Filers)
4 Date 07/01/16 - 07/30/16	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) .57
	6 Address of person from whom amount is received; City; State; Zip Code	
7 Purpose for which amount is received Interest Accrued		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

FILED
 TARRANT COUNTY
 2016 OCT-5 AM 11:06
 FRANK PHILLIPS
 CLERK OF COURTS
 REGISTRAR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED