

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>  <b>4</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI <b>Mr.</b> <b>Jon</b> <b>H.</b> NICKNAME                      LAST                      SUFFIX <p style="text-align:center;"><b>Siegel</b></p>	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX,      APT / SUITE #,      CITY,      STATE,      ZIP CODE <p style="text-align:right;"><b>21</b></p>	Date Received Date Hand-delivered or Postmarked Receipt # Date Processed Date Imaged	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	MS / MRS / MR      FIRST      MI <b>Mrs.</b> <b>Suzie</b> <b>D.</b> NICKNAME                      LAST                      SUFFIX <p style="text-align:center;"><b>Siegel</b></p>	BY: _____ FRANK PHILLIPS ELECTIONS ADMINISTRATOR 2016 JAN 29 AM 10:14 TARRANT COUNTY FILED	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI <b>Mrs.</b> <b>Suzie</b> <b>D.</b> NICKNAME                      LAST                      SUFFIX <p style="text-align:center;"><b>Siegel</b></p>		
<b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #,      CITY,      STATE,      ZIP CODE		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <b>01 / 01 / 2016</b> <b>01 / 21 / 2016</b>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <b>03 / 01 / 2016</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>Tarrant County Constable Precinct 6</b>	OFFICE SOUGHT (if known) <b>Tarrant County Constable Precinct 6</b>	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

<b>14 C/OH NAME</b> <b>Jon H Siegel</b>	<b>15 ACCOUNT #</b> (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	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.	
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
	BY: _____ FRANK PHILLIPS ELECTIONS ADMINISTRATOR 2016 JAN 28 AM 10:14 TARRANT COUNTY FILED	

<b>17 CONTRIBUTION TOTALS</b>	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)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,235.88
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 71,203.22
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 55,000.00

**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.

\_\_\_\_\_  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jon H. Siegel, this the 27 day of January, 20 16, to certify which, witness my hand and seal of office.

	<u>Cheryl Tyler</u>	<u>Notary</u>
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

# POLITICAL EXPENDITURES

# 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	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.

FILED  
 TARRANT COUNTY  
 2016 JAN 28 AM 10:14  
 CLERK OF COURTS  
 TARRANT COUNTY  
 ADMINISTRATOR

<b>1</b> Total pages Schedule F: <b>1</b>	<b>2</b> FILER NAME <b>Jon H. Siegel</b>	<b>3</b> ACCOUNT # (Ethics Commission File #)
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<b>4</b> Date <b>01/08/16</b>	<b>5</b> Payee name <b>TCGOP</b>
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<b>6</b> Amount (\$) <b>425.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>2405 Gravel Road, Fort Worth, Texas 76118</b>
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Fee</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Candidate Fair</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01/08/16</b>	Payee name <b>Murphy Nasica</b>
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Amount (\$) <b>2110.88</b>	Payee address; City; State; Zip Code <b>815A Brazos Street #304, Austin, Texas 78701</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising</b>	Description (If travel outside of Texas, complete Schedule T) <b>Literature</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01/08/16</b>	Payee name <b>Murphy Nasica</b>
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Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>815A Brazos Street #304, Austin, Texas 78701</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fee</b>	Description (If travel outside of Texas, complete Schedule T) <b>Consulting Expense</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01/11/16</b>	Payee name <b>Southwest Republican Club</b>
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Amount (\$) <b>200.00</b>	Payee address; City; State; Zip Code <b>The Bobby Cox Building 761094055 International Plaza, Fort Worth, Texas 76109</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contribution</b>	Description (If travel outside of Texas, complete Schedule T) <b>Christmas Party Sponsor</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**SCHEDULE K**

2016 JAN 28 AM 10:15

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: **1**

2 FILER NAME  
**Jon Siegel**

FILED  
TARRANT COUNTY  
FRANK PHILLIPS  
ELECTIONS ADMINISTRATOR

3 ACCOUNT # (Ethics Commission Filers)

BY: \_\_\_\_\_

4 Date <b>01/01/16 - 01/21/16</b>	5 Name of person from whom amount is received <b>Frost Bank</b>	8 Amount (\$) <b>.68</b>
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received <b>Interest Accrued</b>	

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**