SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

| | | SOVER SHEET PG 1 |
|---|--|---|
| The SPAC Instruction Gui | ide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: |
| 3 COMMITTEE NAME | | OFFICE USE ONLY |
| CITIZENSI | FOR CALVIN BOYD FOR SHERIFF | RECEIVED |
| 4 COMMITTEE - ADDRESS change of address 5 CAMPAIGN TREASURER NAME | ADDRESS / PO BOX: APT / SUITE #: CITY; STATE; ZIP CODE MS / MRS / MR FIRST MI - JIM NICKNAME LAST SUFFIX LOTT MR | JUL 1 5 2015 BURNET COUNTY Date Hand-deinvereurd Postmarked Receipt # Amount Date Processed Date Imaged |
| 6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #: CITY: STATE; III CRIZTA KINGLAND, TX 78639 | ZIP CODE |
| 7 CAMPAIGN TREASURER'S MAILING ADDRESS Change of address | (SEE ABOUE) | JUL 15 2015 JRNET COUNTY |
| 8 CAMPAIGN TREASURER PHONE | (375) 956-9(29 | ELECTIONS |
| 9 REPORTTYPE | January 15 30th day before election Sth day before election Runoff | Exceeded \$500 limit Dissolution (attach PAC-DR) 10th day after campaign treasurer termination |
| 10 PERIOD COVÉRED | Month Day Year 705 / 08/ 2015 THROUGH | Month Day Year 07 /15 / 2015 |
| 11 ELECTION | ELECTION DATE Month Day Year Primary Runoff | General Special |
| | GO TO PAGE 2 | |

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 CITIZ | ENS FOR CALUIN BOYD F | OR SHERIF | | hics Commission Filers) |
| 4 Date 5/8/ | 5 Full name of contributor out-of-state PAC (ID#: | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 715 | 6 Contributor address; City: State: Zip Code 3211 CO. RD. 200 BURNE | T TV 70. 11 | 100.00 | |
| | Du eine | 11 16 18611 | (If travel outside of | of Texas, complete Schedule T) |
| | pation/Job title (See Instructions) OF HILL COUNTRY ADDOCACY CNT. | 0 Employer (See In | <u>`-</u> | |
| 5/ ₁₃ / | Full name of contributor out-of-state PAC (ID# CHRIS OR JANET BOHANAN | | - Amount of contribution (\$) | - In-kind contribution description (if applicable) |
| 15 | 2433 WEST FM 243 | • | 500.00 | |
| Principal occu | BERTRAM, TX. 78605 pation / Job title (See Instructions) | Employer (See In: | | of Texas, complete Schedule T) |
| | CLERK | BURNET | | |
| Date 4/17/ | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 113/ | Contributor address; City; State; Zip Code | | \$200.00 | |
| | 4N K NOWN | | (If travel outside | of Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions) RETIRED | Employer (See In | structions) | |
| 7/ ₁₂ / | Full name of contributor out-of-state PAC (ID# JIM LUTHER SR | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 10/15 | Contributor address; City; State; Zip Code | | 500-00 | <u> </u> |
| | Of 10 10 to both | | (If travel outside | of Texas, complete Schedule T) |
| Principal occu | upation / Job title (See Instructions) | Employer (See Ir | nstructions) | |
| 7/ _/ | Full name of contributor out-of-state PAC (ID#: |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| /15 | Contributor address; City: State; Zip Code | | 50.00 | } |
| | BURNET, TX 78611 | | (If travel outside | of Texas, complete Schedule T) |
| Principal occ | upation / Job title (See Instructions) RETIRED | Employer (See Ir | nstructions) | |
| | | | , | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

| The Instruction Guide explains how to complete this form. | | form. | 1 Total pages Schedule A: | |
|---|---|---------------------|-----------------------------|---|
| FILER NAME | | | 3 ACCOUNT # (E | thics Commission Filers) |
| | NS FOR CALUIN BOYD FOR | SHERIFF | 3 A000001 # (E | anes commission rucis, |
| Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of | 8 In-kind contribution |
| 5/ | CODY HENSON - | | contribution (\$) | description (if applicable) |
| 126/ | 6 Contributor address; City; State; Zip Code | | 300.00 | - |
| 115 | 410 BUCHANNAN DR | | - | - |
| 70 | BURNET TX 78611 | - | (If travel outside o | of Texas, complete Schedule T) |
| | ation / Job title (See Instructions) | 10 Employer (See In | | |
| - Date - | Full name of contributor out-of-state PAC (ID# |)- | - Amount of | - In-kind contribution |
| 5/271 | SUSAN HENSON | | contribution (\$) | description (if applicable) |
| /15 | Contributor address: City; State: Zip Code 8/1/ N. WATER ST. | | 200.00 | |
| | BURNET, TR 78611 | | (If traval outside (| of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See In | | in lexas, complete schedule 1) |
| DEN | 17187 | SELF | | |
| Date | Full name of contributor ut-of-state PAC (ID#: | | Amount of | In-kind contribution |
| 6/91 | JERRY & VICKIE BOSTICK | | contribution (\$) | description (if applicable |
| 1/15 | Contributor address; City; State; Zip Code 329 MEADOWLAKES DR | | 200,00 | |
| | MARBLE FALLS, TX 78 | 651 | (If travel outside | of Texas, complete Schedule T) |
| | pation / Job title (See Instructions) | Employer (See In | <u> </u> | |
| | | | | T |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable |
| //6/ | Contributor address; City; State; Zip Code | | 1250,00 | |
| /15 | 311 YELLOW RIBBON TRAIL | _ | 1230100 | |
| • | BURNET 78611 | | (If travel outside | of Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions) RETIREO | Employer (See In | 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 | | de house | |
| Dringingles | protion (Joh title (See Instructions) | F | | of Texas, complete Schedule T |
| Principal occu | apation / Job title (See Instructions) | Employer (See I | nstructions) | |
| | | | | |

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

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

| | EXPENDITURE CATEGORIES I | FOR BOX 8(a) | | |
|---|--|---|--|--|
| Advertising Expense | Gift/Awards/Memorials Salaries/Wages/Contract Labor Loan Renayment/Reimbursement | | | |
| Accounting/Banking | Expense Solicitation/Fundraising Expense Transportation Equipment & Related | | | |
| Consulting Expense | Legal Services Travel In District Expense | | | |
| Event Expense | Polling Expense | Condidate/Officeholdes/Delitical Committee | | |
| Fees | Printing Expense | OTHER (enter a category not listed above) | | |
| | The Instruction Guide explains how to co | omplete this form. | | |
| 1 Total pages Schedule F: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) | | |
| . 1 | CITIZENS FORCACUIN BE | YA FOR SHODIEF | | |
| 4 Date | 5 Payee name | TIG / G G MERCH / . | | |
| 5-7-15 | WELLS FARGO | | | |
| 6 Amount (\$) | 7 Payee address: City: State: Zip Code | <u> </u> | | |
| • Amount (3) | . City, State, Zip Code | | | |
| 36,59 | 930 00 1151 | | | |
| 00101 | 939 RR1431 KINGLAN | | | |
| 8 PURPOSE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) | | |
| OF | , | ENDORSMENTSTAMP | | |
| EXPENDITURE | STAMP | Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct | Candidate / Officeholder name | Office sought Office held | | |
| expenditure to benefit C/C | | Since field | | |
| | | | | |
| Date | Payee name | | | |
| 5-7-15 | WELLSFARGO | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| 0. 0. | | | | |
| 31.21 | 939 - RR1431 KINGLANI | OF TV TOLZ | | |
| | | STY 78639 | | |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) | | |
| OF EXPENDITURE | 4.45 | | | |
| EXPENDITORE | CHECKS' | Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought Office held | | |
| expenditure to benefit C/C | DH | | | |
| Date | Payee name | | | |
| Date | Fayee name | | | |
| | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| | | | | |
| | · | | | |
| DUDDOOF | Category (See categories listed at the top of this | Description (If travel outside of Texas, complete Schedule T) | | |
| PURPOSE OF | schedule) | Description (in travel duiside of rexas, complete scriedule 1) | | |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense | | |
| | Candidate / Officeholder name | | | |
| Complete ONLY if direct expenditure to benefit C/0 | | Office sought Office held | | |
| expenditure to benefit of | 511 | | | |
| Date | Payee name | | | |
| | · | | | |
| Amount (\$) | Payer address: City Chity 7: Coll | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| PURPOSE | Category (See categories listed at the top of this | Description (If travel outside of Texas, complete Schedule T) | | |
| OF | schedule) | | | |
| EXPENDITURE | | Check if Austin. TX, officeholder living expense | | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought Office held | | |
| expenditure to benefit Co | | Chiec held | | |
| | | | | |
| | ATTACH ADDITIONAL CODIES OF THIS | COLEDIU E AO NEEDED | | |

SPECIFIC-PURPOSE COMMITTEE REPORT: **PURPOSE AND TOTALS**

P.O. Box 12070

FORM SPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | ACCOUNT # (Ethics Commission Filers) |
|---|--|--|---|
| CITIZENS FOR | CALUIN BOY | D FOR #SHERIFF | <u> </u> |
| 13 COMMITTEE PURPOSE | | CANDIDATE / OFFICEHOLDER NAME | |
| (Attach lists on plain paper to complete this report if necessary.) | CANDIDATE | - | |
| - | - | | • |
| 8UPPORT - (Candidate or Measure) | OFFICEHOLDER | OFFICE SOUGHT (candidate) / OFFICE HELD (c | officeholder) |
| | | | |
| OPPOSE | • | _ | |
| (Candidate or Measure) | | BALLOT IDENTIFICATION / # Moi | ELECTION DATE nth Day Year |
| ASSIST (Officeholder) | _ MEASURE | DESCRIPTION | |
| | | | |
| 14 CONTRIBUTION - TOTALS | | CONTRIBUTIONS OF \$50 OR LESS (OTHER T , OR GUARANTEES OF LOANS), UNLESS ITEM | |
| EXPENDITURE TOTALS | | CAL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS | \$ 2300.00 |
| | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ | | |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 67.81 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LANG PERIOD | \$ 2232.69 |
| OUTSTANDING LOAN TOTALS | | LAMOUNT OF ALL OUTSTANDING LOANS AS E REPORTING PERIOD | OF THE \$ |
| 15 AFFIDAVIT | | | |
| VELIA DE LOS SANTOS NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 2/12/19 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. January Signature of Campaign Treasurer | | | |
| AFFIX NOTARY STAMP / SE | | \ | . NE |
| | | said <u>James Rexall</u> L | y hand and seal of office. |
| Signature of officer administr | | ל בנוז Sarstus d name of officer administering oath | Notary Public Title of officer administering oath |
| Title of Officer authinistening out | | | |