

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 5						
3 COMMITTEE NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF		OFFICE USE ONLY RECEIVED JUL 15 2015 BURNET COUNTY ELECTIONS <small>Date Hand-delivered or Postmarked</small> <table border="1"> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount	Date Processed		Date Imaged	
Receipt #	Amount								
Date Processed									
Date Imaged									
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE								
5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST - MI - NICKNAME LAST SUFFIX	JIM LOTT MR								
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 111 CR127A KINGLAND, TX 78639								
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE (SEE ABOVE)	RECEIVED JUL 15 2015 BURNET COUNTY ELECTIONS							
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 956-9129								
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination								
10 PERIOD COVERED	Month Day Year Month Day Year 05 / 08 / 2015 THROUGH 07 / 15 / 2015								
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special							
GO TO PAGE 2									

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/8/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RONDA HOSTETTER	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3211 CO. RD. 200 BURNET, TX 78611		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) ED. OF HILL COUNTRY ADVOCACY CNT.		10 Employer (See Instructions)	
Date 5/13/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS OR JANET BOHANAN	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2433 WEST FM 243 BERTRAM, TX. 78605		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) COURT CLERK		Employer (See Instructions) BURNET CO.	
Date 6/13/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLYDE WATERS	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code UNKNOWN		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 7/8/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM LUTHER SR	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code UNKNOWN		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 7/6/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YVONNE EVANS	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 204 ALEXANDER AVE BURNET, TX 78611		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	

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

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/26/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CODY HENSON	7 Amount of contribution (\$) 300.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 410 BUCHANNAN DR BURNET, TX 78611		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) ATTORNEY		10 Employer (See Instructions) SELF	
Date 5/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUSAN HENSON	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 811 N. WATER ST. BURNET, TX 78611		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) DENTIST		Employer (See Instructions) SELF	
Date 6/9/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JERRY & VICKIE BOSTICK	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 329 MEADOWLAKES DR MARBLE FALLS, TX 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 6/16/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEG MOORE	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 311 YELLOW RIBBON TRAIL BURNET 78611		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME CITIZENS FOR CALVIN BOYN FOR SHERIFF	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5-7-15	5 Payee name WELLS FARGO
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6 Amount (\$) 36.59	7 Payee address; City; State; Zip Code 939 RR 1431 KINGLAND, TX 78639
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) STAMP	(b) Description (If travel outside of Texas, complete Schedule T) ENDORSEMENT STAMP <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-7-15	Payee name WELLS FARGO
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Amount (\$) 31.21	Payee address; City; State; Zip Code 939 - RR 1431 KINGLANDS TX 78639
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CHECKS	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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