



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

**FORM SPAC  
COVER SHEET PG 2**

12 COMMITTEE NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF ACCOUNT # (Ethics Commission Filers)

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> SUPPORT - (Candidate or Measure)  <input type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME  <u>CALVIN BOYD</u>
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)  <u>BURNET COUNTY SHERIFF</u>
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year <u>03 / 01 / 2016</u>  DESCRIPTION

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4674.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 121.14
	4. TOTAL POLITICAL EXPENDITURES	\$ 6498.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5151.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

15 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.

James R. Lott  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JAMES R. LOTT, this the 19 day of February, 2016, to certify which, witness my hand and seal of office.

Debbie Ann Gilliam  
Signature of officer administering oath

DEBBIE ANN GILLIAM  
Printed name of officer administering oath

Notary Public, State of Texas  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: <b>4</b>
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2 FILER NAME <b>CITIZENS FOR CALVIN BOYD FOR SHERIFF</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>2/1/16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JAMES LOTT</b>	7 Amount of contribution (\$) <b>\$150.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>111 CR 127A KINGSLAND TX. 78639</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) <b>RETIRED</b>	10 Employer (See Instructions)
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Date <b>2/1/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>CARY JOHNSON</b>	Amount of contribution (\$) <b>\$200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3234 CR 340 BURNET, TX. 78611</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) <b>BANKER</b>	Employer (See Instructions)
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Date <b>2/1/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>EAGLE EYE RANCH, LP</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1025 MARTY WAY AUSTIN, TX. 78735</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>	Employer (See Instructions)
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Date <b>2/1/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>CHARLEY CASTLEBERRY</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5350 CR340 BURNET, TX. 78611</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) <b>BUILDER</b>	Employer (See Instructions)
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Date <b>2/1/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>KENNETH &amp; JEAN ANDERSON</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. BOX 8189 HORSE SHOE BAY, TX 78657</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) <b>RETIRED</b>	Employer (See Instructions)
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**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: <b>4</b>	
2 FILER NAME <b>CITIZENS FOR CALVIN BOYD FOR SHERIFF</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>2/1/16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>SHELL &amp; ASSOCIATES, ATTORNEYS CRIMINAL LAW ACCOUNT</b>	7 Amount of contribution (\$) <b>\$ 200.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>ATTORNEYS</b>		10 Employer (See Instructions)	
Date <b>2/1/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MARIE MILNER</b>	Amount of contribution (\$) <b>\$ 1000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. BOX 1546 BURNET, TX. 78611</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)	
Date <b>2/1/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>WILLIAM R. DAVIE</b>	Amount of contribution (\$) <b>\$ 500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>310 LARK DR. LAFAYETTE, LA. 70508</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/9/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ROBERT &amp; DONNA KLAEGER</b>	Amount of contribution (\$) <b>\$ 200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>115 MAIN ST. MARBLE FALLS, TX. 78654</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>PROFESSOR</b>		Employer (See Instructions)	
Date <b>2/9/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>WILLIAM &amp; STEPHENIE FOWLER</b>	Amount of contribution (\$) <b>\$ 100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>155 W. CASTLE SHOALS DR. GRANITE SHOALS, TX. 78654</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>4</b>	
2 FILER NAME <b>CITIZENS FOR CALVIN BOYD FOR SHERIFF</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>2/9/16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>WILLIAM T. EARNEST JR</b>	7 Amount of contribution (\$) <b>\$ 100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1117 MAJESTIC HILLS DR. BLVD SPICEWOOD, TX. 78669-3088</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		10 Employer (See Instructions)	
Date <b>2/9/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JERRY &amp; VICKIE BOSTICK</b>	Amount of contribution (\$) <b>\$ 100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>329 MEADOWLAKES DR. MARBLE FALLS, TX. 78634</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)	
Date <b>2/10/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JIM LOTT</b>	Amount of contribution (\$) <b>\$ 324.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>111 CR127 A KINGSLAND TX. 78639</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)	
Date <b>2/10/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>KEITH &amp; JACQUE GERTH</b>	Amount of contribution (\$) <b>\$ 100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>303 MILLCREEK RD. KINGSLAND TX. 78639</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>CAPT. TX PARKS &amp; WILDLIFE</b>		Employer (See Instructions)	
Date <b>2/10/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>DUSTIN &amp; TRACE KNIGHT</b>	Amount of contribution (\$) <b>\$ 100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>204 FLOWING SPRINGS TRL. SPICEWOOD, TX. 78669-8461</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>SELF EMP RESTURANT</b>		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4

2 FILER NAME

CITIZENS FOR CALVIN BOYD FOR SHERIFF

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/12/16

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

DANA JANE MARTIN  
DBA FRIENDSHIP HOMES & HANGERS

6 Contributor address, City, State, Zip Code

205 COUNTRY ~~WALKERS~~ ROAD  
SPICEWOOD, TX. 78669

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/17/16

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

DENTON H. WILLS JR

Contributor address, City, State, Zip Code

221 HILLTOP STREET  
KINGS LAND TX. 78639

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

LAW ENFORCEMENT

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Contributor address, City, State, Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Contributor address, City, State, Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Contributor address, City, State, Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>5</b>	<b>2</b> FILER NAME <b>CITIZENS FOR CALVIN BOYD FOR SHERIFF</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2-1-2016</b>	<b>5</b> Payee name <b>VICTORY PUBLISHING</b>	
<b>6</b> Amount (\$) <b>\$624.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>CORPUS CHRISTY TEXAS P.O. BOX 10 MARBLE, FALLS TX 78654</b>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)  <b>ADVERTISING</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit COH Candidate / Officeholder name _____ Office sought _____ Office held _____	
<b>Date</b> <b>2-1-2016</b>	<b>Payee name</b> <b>OFFICE DEPOT</b>	
<b>Amount (\$)</b> <b>\$59.53</b>	<b>Payee address; City; State; Zip Code</b> <b>1311 NORMAN MILL RD MARBLE FALLS, TX 78654</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)  <b>PRINTING EXPENSE</b>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit COH</b> Candidate / Officeholder name _____ Office sought _____ Office held _____	
<b>Date</b> <b>2-1-2016</b>	<b>Payee name</b> <b>SUPER CHEAP SIGNS</b>	
<b>Amount (\$)</b> <b>\$262.67</b>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)  <b>ADVERTISING SIGNS</b>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit COH</b> Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED







# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>	2 FILER NAME <b>CITIZENS FOR CALVIN BOYO FOR SHERIFF</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2-12-2016</b>	5 Payee name <b>THE HIGHLANDER NEWSPAPER</b>	
6 Amount (\$) <b>\$690.00</b>	7 Payee address; City; State; Zip Code <b>304 GATEWAY LOOP MARBLE FALLS, TX. 78654</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <b>ONLY</b> if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2-12-2016</b>	Payee name <b>THE HIGHLANDER NEWSPAPER</b>		
Amount (\$) <b>\$225.00</b>	Payee address; City; State; Zip Code <b>304 GATEWAY LOOP MARBLE FALLS, TX. 78654</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <b>ONLY</b> if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2-16-2016</b>	Payee name <b>CROWNOVER FEED STORE</b>		
Amount (\$) <b>\$52.99</b>	Payee address; City; State; Zip Code <b>1810 HWY 1431 WEST MARBLE FALLS, TX 78654</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <b>ONLY</b> if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

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1 Total pages Schedule F1: <b>5</b>	2 FILER NAME <b>CITIZENS FOR CALVIN BOYD FOR SHERIFF</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2-17-16</b>	5 Payee name <b>LAMPASAS DISPATCH RECORD</b>	
6 Amount (\$) <b>\$ 147.75</b>	7 Payee address; City; State; Zip Code <b>415 S. LIVE OAK LAMPASAS, TX. 76550</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate / Officeholder name		
Office sought		
Office held		

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