

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR. FIRST JEFF MI NICKNAME LAST SUFFIX SELLERS	<div style="border: 1px solid black; padding: 10px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 18px; font-weight: bold; margin-bottom: 10px;">JAN 15 2018</div> <div style="font-size: 16px; font-weight: bold;">Burnet Co Elections</div> <div style="border: 1px solid black; padding: 2px; font-size: 10px;">Date Received</div> <div style="border: 1px solid black; padding: 2px; font-size: 10px;">Date Hand-delivered or Date Postmarked</div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 10px;"> <tr> <td style="width: 50%; padding: 2px;">Receipt #</td> <td style="width: 50%; padding: 2px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged	
Receipt #	Amount \$								
Date Processed									
Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. Box 533 MARBLE FALLS, TX. 78654								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (830) 613-8926								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MRS. TERRI NICKNAME LAST SUFFIX SELLERS								
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE P.O. Box 533 MARBLE FALLS, TX. 78654								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (830) 613 - 8412								
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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)								
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 15 / 2017 THROUGH 01 / 12 / 2018								
11 ELECTION	ELECTION DATE Month Day Year 03 / 06 / 18	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special							
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) JUSTICE OF THE PEACE #3 BURNET COUNTY, TX.							

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

JEFF SELLERS

15 Filer ID (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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 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)

\$ 2,700.00

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 4,880.47

CONTRIBUTION
BALANCE

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

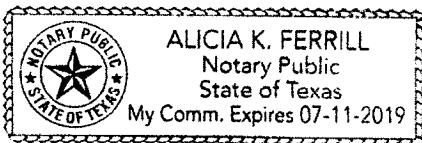
\$ 0

OUTSTANDING
LOAN TOTALS

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

\$ 2775.99

18 AFFIDAVIT



ALICIA K. FERRILL
Notary Public
State of Texas
My Comm. Expires 07-11-2019

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.

Jeff Sellers

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JEFF SELLERS, this the 3 day of Jan, 2018, to certify which, witness my hand and seal of office.

Alicia K. Ferrill

Signature of officer administering oath

Alicia K. Ferrill

Printed name of officer administering oath

Notary

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME JEFF SELLERS		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,700.00
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		\$ 3,100.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 4,880.47
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 281.00
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

JEFF SELLERS

3 Filer ID (Ethics Commission Filers)

4 Date

8-6-17

5 Full name of contributor

NICOLE DILLARD

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address:

City; State; Zip Code

132 Turkey Run, Mesquite, Tx. 78654

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8-16-17

Full name of contributor

TOMMY SOLEM

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address:

City; State; Zip Code

801 CR 403 MARBLE FALLS, TX. 78654

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-14-17

Full name of contributor

A.B. WALIGOS

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,000.00

Contributor address:

City; State; Zip Code

3003 CR 335 BURNET, TX. 78611

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-27-17

Full name of contributor

FRED & LOUI HANISH

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address:

City; State; Zip Code

909 AECAN CIR. MARBLE FALLS, TX 78654

Principal occupation / Job title (See Instructions)

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

JEFF SELLERS

3 Filer ID (Ethics Commission Filers)

4 Date

10-8-17

5 Full name of contributor

PATI; YOUNG

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

350.00

6 Contributor address:

City: State: Zip Code

1606 NORTHWOOD MARBLE FALLS TX 78654

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-28-17

Full name of contributor

PATI; YOUNG

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address:

City: State: Zip Code

1606 NORTHWOOD MARBLE FALLS, TX 78654

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-17-17

Full name of contributor

Bill Huebecke

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address:

City: State: Zip Code

2267 CR 326 BERTAM, TX 78605

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-9-17

Full name of contributor

MICHAEL HOLY

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address:

City: State: Zip Code

311 LEAVING TREE MARBLE FALLS, TX 78654

Principal occupation / Job title (See Instructions)

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3

2 FILER NAME
JEFF SELLES

3 Filer ID (Ethics Commission Filers)

4 Date
10-20-17

5 Full name of contributor out-of-state PAC (ID#: _____)
DAVID & NANCY LYKKEW

7 Amount of contribution (\$)

6 Contributor address: City; State; Zip Code
2409 MOONAN MIL MARSH FOLS, TX. 78664

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10-28-17

Full name of contributor out-of-state PAC (ID#: _____)
DAVID CUSPER

Amount of contribution (\$)

Contributor address: City; State; Zip Code
336 ADAMSON DR. BLAET, TX. 78611

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10-28-17

Full name of contributor out-of-state PAC (ID#: _____)
DEVORAH SELLES

Amount of contribution (\$)

Contributor address: City; State; Zip Code
1201 JEEPWAY ROUND ROCK, TX. 78681

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10-28-17

Full name of contributor out-of-state PAC (ID#: _____)
BELVA SELLES

Amount of contribution (\$)

Contributor address: City; State; Zip Code
312 NEW TREE ROUND ROCK, TX. 78681

100.00

Principal occupation / Job title (See Instructions)

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME JEFF SELLERS		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 7-25-17	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFF SELLERS	9 Loan Amount (\$) 3,100.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code PO Box 533 MARBLE FALLS, TX 78654	10 Interest rate n/a
		11 Maturity date n/a
12 Principal occupation / Job title (See Instructions) Self		13 Employer (See Instructions) Self
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions) n/a		21 Employer (See Instructions) n/a
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE 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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME JEFF SELLEAS	3 Filer ID (Ethics Commission Filers)
4 Date 7-28-17	5 Payee name SIGNS 2 GO	
6 Amount (\$) 2,541.17	7 Payee address: City: State; Zip Code 813 12TH ST. MARBLE FALLS, TX. 78654	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(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 10-17-17	Payee name SIGNS 2 GO	
Amount (\$) 859.51	Payee address; City: State; Zip Code 813 12TH ST. MARBLE FALLS, TX. 78654	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	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 8-5-17	Payee name PER ISSOS VINEYARD	
Amount (\$) 450.00	Payee address; City: State; Zip Code 7214 PARK ROAD 4 W. BURNET, TX. 78611	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	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: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 9-10-17	5 Payee name OVERNIGHT PRINTS	
6 Amount (\$) 54.79	7 Payee address: City: State; Zip Code 7582 LAS VEGAS BLVD. #487 LAS VEGAS, NV. 89103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME JEFF SELLERS	3 Filer ID (Ethics Commission Filers)
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4 Date 7-25-17	5 Payee name DICAYUNE
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6 Amount (\$) 281.00	7 Payee address: City: State: Zip Code A.O. Box 10 MARBLE FALLS, TX. 78654
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Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 JEFF SELLERS	Office sought JUSTICE OF THE PEACE #3	Office held
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Date	Payee name
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Amount (\$)	Payee address: City: State: Zip Code
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check 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
------	------------

Amount (\$)	Payee address: City: State: Zip Code
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(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 ONLY 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