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: 4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR (circled)   FIRST: Joseph   MI:

NICKNAME: LAST: Emmett   SUFFIX:

OFFICE USE ONLY

Date Received: HW 1/13/16

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1304 Ave. O
Huntsville TX 77340

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE (936)   PHONE NUMBER 295 7555   EXTENSION NA

Date Hand-delivered or Date Postmarked: HW 1/13/16

Receipt #   Amount $

Date Processed: 1/13/16

Date Imaged: 1/13/16

6 CAMPAIGN TREASURER NAME

MS / MRS / MR   FIRST: NANCY   MI:

NICKNAME: LAST: Jaramillo   SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

671 I 45   Huntsville TX 77320

8 CAMPAIGN TREASURER PHONE

AREA CODE (936)   PHONE NUMBER 295 4461   EXTENSION

9 REPORT TYPE

☒ January 15
☐ July 15
☐ 30th day before election
☐ 8th day before election
☐ Runoff
☐ Exceeded $500 limit
☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month 7 / Day 1 / Year 15   THROUGH   Month 12 / Day 31 / Year 15

11 ELECTION

ELECTION DATE
Month / Day / Year

ELECTION TYPE
☐ Primary   ☐ Runoff   ☐ Other Description
☐ General   ☐ Special

12 OFFICE

OFFICE HELD (if any): City Councilman

13 OFFICE SOUGHT (if known): City Councilman WARD 1

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CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

| 14 C/OH NAME *Joseph Emmett*	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
☐ Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	$ — 0 —
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 12.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 12.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 476.12
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ — 0 —

18 AFFIDAVIT

LEE WOODWARD
Notary Public
STATE OF TEXAS
My Comm. Exp. Feb. 19, 2017
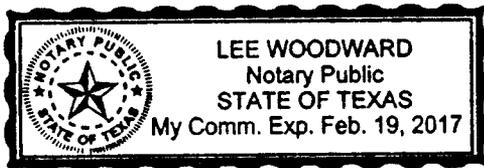
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Joseph Emmett

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Joseph Emmett*, this the 13th

day of *January*, 20 16, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Lee Woodward Printed name of officer administering oath | City Secretary Title of officer administering oath

SUBTOTALS - C/OH

19 FILER NAME

Joseph Emmett

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 0
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0
4.	☐ SCHEDULE E: LOANS	$ 0
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 12⁰⁰
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 0
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0

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 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Joseph Emmett	

4 Date	5 Payee name
1-13-16	First Financial Bank

6 Amount ($)

7 Payee address;   City; State; Zip Code

335 SH 75 North   Huntsville Tx 77320

8

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Accounting/Banking

(b) Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Paper Statements

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name

Amount ($)

Payee address;   City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name

Amount ($)

Payee address;   City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED