

# 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)

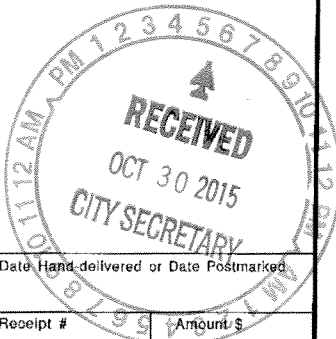
**2** Total pages filed: **21**

**3** CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR **Mr.** FIRST **Jonathan** MI **F.B.**  
NICKNAME LAST SUFFIX  
**Hansen**

**OFFICE USE ONLY**

Date Received



Date Hand-delivered or Date Postmarked

Receipt # **599** Amount \$

Date Processed

Date Imaged

**4** CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**5151 Richmond Avenue #196  
Houston, TX 77056**

Change of Address

**5** CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( **713** ) **659-9613**

**6** CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR **Mr.** FIRST **Jonathan** MI **F.B.**  
NICKNAME LAST SUFFIX  
**Hansen**

**7** CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**219 Plaza Del Sol Park, Houston, TX 77020**

**8** CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( **713** ) **659-9613**

**9** REPORT TYPE

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

**10** PERIOD  
COVERED

Month Day Year Month Day Year  
**07 / 01 / 2015** THROUGH **10 / 29 / 2015**

**11** ELECTION

ELECTION DATE  
Month Day Year **11 / 03 / 2015**

ELECTION TYPE  
 Primary  Runoff  Other Description  
 General  Special

**12** OFFICE

OFFICE HELD (if any)

**13** OFFICE SOUGHT (if known)

**Houston City Council  
At-Large Position 4**

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

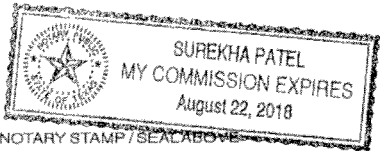
**14 C/OH NAME** Jonathan Hansen **15 Filer ID (Ethics Commission Filers)**

**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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,645.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$5,171.67
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 473.33
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

**18 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.



AFFIX NOTARY STAMP / SEAL ABOVE

J. Hansen  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Candidate, this the 30th day of OCTOBER, 2015, to certify which, witness my hand and seal of office.

Surekha Patel Signature of officer administering oath  
SUREKHA PATEL 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

**Jonathan Hansen**

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <b>\$5,645.00</b>
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <b>0.00</b>
3.	<input checked="" type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <b>0.00</b>
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ <b>0.00</b>
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>\$5,171.67</b>
6.	<input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <b>0.00</b>
7.	<input checked="" type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>0.00</b>
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <b>0.00</b>
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <b>0.00</b>
10.	<input checked="" type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <b>0.00</b>
11.	<input checked="" type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>0.00</b>
12.	<input checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <b>0.00</b>

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **1 of 6**

**2** FILER NAME  
**Jonathan Hansen**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**07/07/15**

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Quintero, Greg**

**7** Amount of contribution (\$)  
**\$100.00**

**6** Contributor address; City; State; Zip Code  
**1520 Blodgett Street, Houston, TX 77004**

**8** Principal occupation / Job title (See Instructions)  
**Architect**

**9** Employer (See Instructions)  
**Gensler**

Date  
**07/16/15**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Barbee, David**

Amount of contribution (\$)  
**\$250.00**

Contributor address; City; State; Zip Code  
**6027 South Rice Avenue, Bellaire, TX 77401**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)  
**N/A**

Date  
**08/06/15**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Wagner, Frederick**

Amount of contribution (\$)  
**\$100.00**

Contributor address; City; State; Zip Code  
**9839 Vogue Ln., Houston, TX 77080**

Principal occupation / Job title (See Instructions)  
**Attorney and Mediator**

Employer (See Instructions)  
**Law Office of Frederick J. Wagner**

Date  
**08/26/15**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Pavalock, Ann**

Amount of contribution (\$)  
**\$25.00**

Contributor address; City; State; Zip Code  
**12719 Oakfield Dr., Cypress, TX 77429**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)  
**N/A**

**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: 2 of 6

2 FILER NAME

**Jonathan Hansen**

3 Filer ID (Ethics Commission Filers)

4 Date

8/26/15

5 Full name of contributor

**Soliz, Itze**

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City; State; Zip Code

**901 Richmond Avenue #200, Houston, TX 77006**

7 Amount of contribution (\$)

**\$25.00**

8 Principal occupation / Job title (See Instructions)

**Attorney**

9 Employer (See Instructions)

**Self-employed**

Date

8/26/15

Full name of contributor

**Wagner, Frederick J.**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

**9839 Vogue Lane, Houston, TX 77080**

Amount of contribution (\$)

**\$50.00**

Principal occupation / Job title (See Instructions)

**Attorney and Mediator**

Employer (See Instructions)

**Law Office of Frederick J. Wagner**

Date

8/26/15

Full name of contributor

**Lampe, Charlotte**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

**11110 North Eldridge Parkway, Houston, TX 77065**

Amount of contribution (\$)

**\$500.00**

Principal occupation / Job title (See Instructions)

**Interior Designer**

Employer (See Instructions)

**Charlotte L. Lampe Interiors**

Date

8/26/15

Full name of contributor

**Busby, Christopher**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

**3611 Stanford Street #16, Houston, TX 77006**

Amount of contribution (\$)

**\$25.00**

Principal occupation / Job title (See Instructions)

**Professional Educator**

Employer (See Instructions)

**Houston ISD**

**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 of 6**

2 FILER NAME  
**Jonathan Hansen**

3 Filer ID (Ethics Commission Filers)

4 Date  
**8/26/15**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Foshee, Jon-Michael**

7 Amount of contribution (\$)  
**\$175.00**

6 Contributor address; City; State; Zip Code  
**2908 Meadow Lane, El Campo, TX 77437**

8 Principal occupation / Job title (See Instructions)  
**Screenwriter**

9 Employer (See Instructions)  
**Self-employed**

Date  
**8/26/15**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Roberts, Marco Antonio and Michael Alberts**

Amount of contribution (\$)  
**\$50.00**

Contributor address; City; State; Zip Code  
**522 Leverkusen Street, Houston, TX 77007**

Principal occupation / Job title (See Instructions)  
**Systems Consultant**

Employer (See Instructions)  
**ADP**

Date  
**8/26/15**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Petersen, Ronald**

Amount of contribution (\$)  
**\$120.00**

Contributor address; City; State; Zip Code  
**12800 Briar Forest Drive, Houston, TX 77077**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**8/26/15**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Quintero, Greg**

Amount of contribution (\$)  
**\$100.00**

Contributor address; City; State; Zip Code  
**1520 Blodgett Street, Houston, TX 77004**

Principal occupation / Job title (See Instructions)  
**Architect**

Employer (See Instructions)  
**Gensler**

**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: **4 of 6**

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date  
**08/26/15**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Rampp, Brad**

7 Amount of contribution (\$)  
**\$25.00**

6 Contributor address; City; State; Zip Code  
**7676 Phoenix Dr. #1102, Houston, TX 77030**

8 Principal occupation / Job title (See Instructions)  
**Professional Educator**

9 Employer (See Instructions)  
**Pasadena ISD**

Date  
**08/26/15**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Hansen, Daniel**

Amount of contribution (\$)  
**\$100.00**

Contributor address; City; State; Zip Code  
**2118 Forest Oaks, Houston, TX 77017**

Principal occupation / Job title (See Instructions)  
**Engineer**

Employer (See Instructions)  
**NRG**

Date  
**08/26/15**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Bernstein, Matthew**

Amount of contribution (\$)  
**\$50.00**

Contributor address; City; State; Zip Code  
**4751 Aftonshire Dr. #4, Houston, TX 77027**

Principal occupation / Job title (See Instructions)  
**N/A**

Employer (See Instructions)  
**N/A**

Date  
**09/08/15**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Elder, Ramsay**

Amount of contribution (\$)  
**\$50.00**

Contributor address; City; State; Zip Code  
**2817 Tangley Rd, Houston, TX 77005**

Principal occupation / Job title (See Instructions)  
**Accountant**

Employer (See Instructions)  
**Self-employed**

**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: 5 of 6

2 FILER NAME

**Jonathan Hansen**

3 Filer ID (Ethics Commission Filers)

4 Date

09/01/15

5 Full name of contributor

**LAN-PAC**

out-of-state PAC (ID#: **00015582**)

7 Amount of contribution (\$)

**\$250.00**

6 Contributor address; City; State; Zip Code

**2925 Briarpark Dr., 4th Fl., Houston, TX 77042**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/21/15

Full name of contributor

**Heathcock, Glenn**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$50.00**

Contributor address; City; State; Zip Code

**6102 Magnolia St., Katy, TX 77493**

Principal occupation / Job title (See Instructions)

**N/A**

Employer (See Instructions)

**N/A**

Date

9/22/15

Full name of contributor

**Hayes, Daniel**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$1,000.00**

Contributor address; City; State; Zip Code

**1704 5th Street, Bay City, TX 77414**

Principal occupation / Job title (See Instructions)

**Attorney**

Employer (See Instructions)

**Hayes & Pendergraft**

Date

10/06/15

Full name of contributor

**Lowe, Jim and Gail**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$100.00**

Contributor address; City; State; Zip Code

**11 Chris Avenue, Lampasas, TX 76550**

Principal occupation / Job title (See Instructions)

**Publishers**

Employer (See Instructions)

**Lampasas Dispatch-Record**

**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: **6 of 6**

2 FILER NAME  
**Jonathan Hansen**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10/12/2015**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Grimes, Windi**

7 Amount of contribution (\$)  
**\$2,500.00**

6 Contributor address; City; State; Zip Code  
**3310 W Main St, Houston, TX 77098**

8 Principal occupation / Job title (See Instructions)  
**Retired**

9 Employer (See Instructions)  
**N/A**

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# LOANS

# SCHEDULE E

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

<b>1</b> Total pages Schedule F1: 1 of 1	<b>2</b> FILER NAME <b>Jonathan Hansen</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/16/2015	<b>5</b> Payee name <b>UZ Marketing</b>	
<b>6</b> Amount (\$) <b>\$1,927.72</b>	<b>7</b> Payee address; City; State; Zip Code <b>6401 Bingle Rd Ste 116, Houston, TX 77092</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Expense</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 C/OH	Candidate / Officeholder name <b>Jonathan Hansen for Houston City Council At-Large Position 4</b>	Office sought <b>Office held</b>
Date <b>10/22/15</b>	Payee name <b>Democracy Engine, LLC</b>	
Amount (\$) <b>\$93.95</b>	Payee address; City; State; Zip Code <b>2125 14th St NW, Washington, DC 20009</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Jonathan Hansen for Houston City Council At-Large Position 4</b>	Office sought <b>Office held</b>
Date <b>10/25/2015</b>	Payee name <b>Facebook, Inc.</b>	
Amount (\$) <b>\$3,150.00</b>	Payee address; City; State; Zip Code <b>1 Hacker Way, Menlo Park, CA 94025</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Jonathan Hansen for Houston City Council At-Large Position 4</b>	Office sought <b>Office held</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solidation/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 F2:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date	<b>6</b> Payee name
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<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
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<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<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>11</b> Complete <u>ONLY</u> 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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<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
----------------------------	------------------------------------	--

<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

Complete <u>ONLY</u> 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

**PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F3:

**2** FILER NAME

**3** Filer ID (Ethics Commission Filers)

**4** Date

**5** Name of person from whom investment is purchased

**6** Address of person from whom investment is purchased; City; State; Zip Code

**7** Description of investment

**8** Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date	<b>6</b> Payee name	
<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code	
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<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>11</b> 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	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name
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<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) 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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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> 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

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

**SCHEDULE H**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Business name
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<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<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 C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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<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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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<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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name
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<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)
---	---	---

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule K:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Name of person from whom amount is received  ..... <b>6</b> Address of person from whom amount is received; City; State; Zip Code  <b>7</b> Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	<b>8</b> Amount (\$)
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	Amount (\$)
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	Amount (\$)
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	Amount (\$)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

6 Dates of travel

7 Name of person(s) travelling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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