CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comr	mission Filers)	2 Total pages filed:	OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/OP Dwigh	HERST MI HERST SUFFIX	Date Received 2 3 4 5 6 3		
4 ORIGINAL REPORT TYPE	January 15 July 15 30th day before election 8th day before election	appointment (officeholder only)	Date Harts delivered or Date Postmarked Receipt # Amount \$		
5 ORIGINAL PERIOD COVERED	Month Day	Year Month Day Year 15 THROUGH 20 15	Date Imaged		
6 EXPLANATION OF CO	Two F	1 expenditures am Leet pg 2 omitted	ounts om, Hed		
7 AFFIDAVIT		I swear, or affirm, under penalty of perjury report is true and correct.	y, that this corrected		
		Check ONLY if applicable:			
		Semiannual reports: I swear, or affirm, made in good faith and without an intensent the information contained in the rep	it to mislead or to misrepre-		
Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.					
		(
AFFIX NOTARY STAM	MP / SEAL ABOVE	signature of Candidate of	officeholder		
Sworn to and subscribed	d before me, by the said	this the	day of		
20, to certify v	vhich, witness my hand an	d seal of office.			
Signature of officer adm	ninistering oath	Printed name of officer administering oath	Title of officer administering oath		
Rer		Any Part Of The Campaign Finance R	deport Form		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Corrected FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how to complete	e this form.	1 Filer ID (Ethics Co	rmnission Fliers)	2 Total pages file	34
3 CANDIDATE / OFFICEHOLDER	XIX/XIXSX MR F	RST Dwight		MI E.	OFFICE	USE ONLY
NAME	NICKNAME L	^{AST} Jefferson		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	22455		on, Texas 7722	zi¤ соск 7		
Change of Address	A A A A A A A A A A A A A A A A A A A					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE. PHONE A (832) 308-8250		EXTENSIO)N	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN	MSX NOW / MR F	IRST	<u> </u>	MI	Receipt #	Amount S
TREASURER NAME	David			SUFFIX	Date Processed	
	NICKNAME Black	AST		SULLIV	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX P			STATE	ZIP CODE	
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N (713) 539-9035	iUMBER	EXTENSIC	N		
9 REPORT TYPE	January 15	30th day before ele	ction Run	ρĦ	15th day at treasurer a (Officeholds	
	July 16	8th day before elect	Exce	eded \$500 limit	400000	1 (Attach C/OH + FR)
10 PERIOD COVERED	Month Day	Year		Month	Day Year	
	1/1/	2015	THROUGH	6 /	30 / 201	5
11 ELECTION	ELECTION DATE		portion (F	ELECTION TYPE		
	Month Day Year	Pomery	Runoff	Other Description		
	11 / 3 / 2015	X General	Special	anima manimi Militara kan mina kan min		
12 OFFICE	OFFICE HELD (If any)		13 OFFICES	OUGHT (if known		ogogiani a a a lista la Limmer (IIII. Line Line la Alanda (Line Line Line la Alanda (Line Line Line Line Line Line Line Line
			Housto	on City Co	ntroller	
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Dwight E. Jeffe			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 OF OFFICEHOLDER'S NAVIOUS THE CANDIDATE OF OFFICEHOLDER'S KNOWLEDGE OR CONSENT. GANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
genancy	Vocability particular and the second	COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages	The second secon	COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	L POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER T- ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM	#AN \$ 150.00		
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,597.26		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 749.90		
	4. TOTAL POLITICAL EXPENDITURES \$ 9,255.93				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 5,521.18 OF REPORTING PERIOD				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,860.00				
18 AFFIDAVIT I swear, ovalfirm, under penalty of perjury, had the accompanying report is true and correct and includes all information required to be reported by me under Title 15 Velection Code.					
	SMERALDA L. VENTI IY COMMISSION EXPIF August 12, 2015	IES:	indidate or Officeholder		
AFFIX NOTARY STAI	MP/SEALABOVE	1000			
Sworn to and subset	cribed before me,	to certify which, witness my hand and seal of office	this the 15Th		
Emuaida	a Lventu		ura Notary Public		
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering cath		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Dwight E. Jeffe	erson		15 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICE					
	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
	TO LIE CONTRACTOR CONT	COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages	manded and an analysis of the following states of the	COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	ian \$ 150.00			
	2. TOTAL	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,597.26			
TOTALE		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 749.90			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 9,255.93			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY of REPORTING PERIOD \$ 5,521.18					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,860.00					
(0)	5555555555	true and correct and includes all in	perjury, that the accompanying report is formation required to be reported by me			
	SMERALDA L. VENTI IY COMMISSION EXPIF August 12, 2015	JRA ES:	ndidate or Officeholder			
AFFIX NOTARY STAM		Truicht 18 (Cercor) ITT			
Sworn to and subso	cribed before me,	to certify which, witness my hand and seal of office	t, this the S			
tomalac	a Lventu	le Esmeralda LVenti	ura Notary Public			
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath			

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Dwight E, Jefferson	Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,653.49
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,943.67
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 1,860.00
5	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	s \$ 9,255.93
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ons \$
8	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH \$
10.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS \$
11.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
manoral antimotic jaro.		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 1 of 7 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Dwight E. Jefferson 7 Amount of contribution (\$) 4 Date 5 Full name of contributor ___ oul-of-state PAC (ID# ___ Muhammad Aziz \$1,500.00 5/4/2015 City; State; Žip Code 6 Contributor address; Houston, Texas 77002 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Abraham Watkins Nichols Sorrells Agosto & Friend Attorney out-of-state PAC (ID#_ Full name of contributor Amount of contribution (\$) Date Andrews & Kurth LLP PAC \$1,000.00 5/5/2015 Contributor address; City; State; Zip Code Houston, Texas 77002 Employer (See Instructions) Principal occupation / Job title (See Instructions) Political Action Committee Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Darryl Freling \$100.00 7/2/2015 City; State; Zip Code Contributor address; Dallas, Texas 75209 Employer (See Instructions) Principal occupation / Job title (See Instructions) Med Properties Holdings, LLC Real Estate Private Equity Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#__ Charles Schwartz \$100.00 7/2/2015 Contributor address; City; State; Zip Gode Houston, Texas 77002 Employer (See Instructions) Principal occupation / Job title (See Instructions) Skadden Arps LLP Attorney 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 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 2 of 7 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Dwight E. Jefferson 7 Amount of contribution (\$) 4 Date 5 Full name of contributor ui-of-state PAC (ID#:__ Jarett Dillard \$100.00 6/19/2015 6 Contributor address; City; State; Zip Code Houston, Texas 77004 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Law Student/Law Clerk Coats Rose Yale Ryman & Lee PC Full name of contributor Out-of-state PAC (ID#___ Amount of contribution (\$) Patrick Hughes \$250.00 6/19/2015 City; State; Zip Code Contributor address; The Woodlands, Texas 77301 Employer (See Instructions) Principal occupation / Job title (See Instructions) Haynes & Boone LLP Attorney Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Date Virginia Hodge 6/11/2015 \$150.00 City; State; Zip Code Contributor address; Housotn, Texas 77024 Employer (See Instructions) Principal occupation / Job title (See Instructions) UBS Financial Advisor Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#____ Elijah Gooden \$200.00 6/10/2015 City; State; Zip Code Contributor address; Pearland, Texas 77581 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney

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 At 3 of				
2 FILER NAME Dwight E. Jeff	erson		3 Filer ID (Ethics Commission Filers)	
4 Date 5/19/2015	Rick Ingraham 6 Contributor address, City, State	·	7 Amount of contribution (\$) \$100.00	
	Austin, Texas 787	46		
8 Principal occu Healthcare Cons	pation / Job title (See Instructions) sultant	9 Employer (See Instruc Self	tions)	
Date	Full name of contributor out-of-state_PAC	(ID#:	Amount of contribution (\$)	
5/13/2015	Tom McNutt Contributor address; City; State	; Zip Code	\$250.00	
осохидения	Conroe, Texs 77301	dulinta de conserva		
Principat occup Undertaker	ation / Job (itle (See Instructions)	Employer (See Instruct McNutt Funeral Home	ions)	
Date 4/28/2015	Full name of contributor	(ID#)	Amount of contribution (\$) \$100.00	
	Contributor address; City, State , Manvel, Texas 77578	; Zip Code		
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Instruct Grosz & Associates, P.C		
Date 4/27/2015	Alan Baum	(ID#); Zip Code	Amount of contribution (\$) \$50.00	
Principal occup Ophthalmologist	ation / Job title (See Instructions)	Employer (See Instruct Texas Eye Institute	ions)	
	ATTACH ADDITIONAL COPIES OF	· · · · · · · · · · · · · · · · · · ·		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 02/27/2015

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Dwight E. Jefferson 7 Amount of contribution (\$) 4 Date 5 Full name of contributor ___ out-of-state PAC (ID#:__ Glenn Blackwood 4/21/2015 \$100.00 City; State; Zip Code 6 Contributor address; Palm Beach Gardens, Florida 33410 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Self Insurance Broker Full name of contributor out-of-state PAC (ID#__ Date Amount of contribution (\$) Morgan Copeland 4/19/2015 \$250.00 City; State; Zip Code Contributor address; Houston, Texas 77019 Employer (See Instructions) Principal occupation / Job title (See Instructions) Schick & Copeland Attorney Full name of contributor __ out-of-state PAC (IO#:____ Amount of contribution (\$) Date Rob Todd \$1,000.00 4/16/2015 City; State; Zip Code Contributor address; Houston, Texas 77002 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amplified Solutions Executive Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:___ Timothy Rothberg 4/1/2015 \$250.00 Contributor address; City; State: Zip Code Pearland, Texas 77584 Employer (See Instructions) Principal occupation / Job title (See Instructions) Coats Rose Yale Ryman & Lee, P.C. Attorney

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 complet	te this form.	1 Total pages Schedule A1. 5 of 7
2 FILER NAME Dwight E. Jeff	erson		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/2015	5 Full name of contributorout-of-st A. Robert Fischer	ste PAC (ID#)	7 Amount of contribution (\$) \$500.00
		State: Zip Code Čexas 78703	
8 Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instruction Jackson Lewis P.C.	otions)
Date 3/28/2015	Patty and Allen Watson	state; Zip Code	Amount of contribution (\$) \$1,000.00
Principal occup Engineer	ation / Job title (See Instructions)	Employer (See Instruc Retired	tions)
Date 6/18/2015	Full name of contributor out-of-sta Don Jackson Contributor address; City; Houston, Te	•	Amount of contribution (\$) \$103.49
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Instruc Ware Jackson	ations)
Date 6/17/2015	Kurt Lyn Contributor address; City;	State; Zip Code	Amount of contribution (\$) \$250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc Lam Lyn Philip	tions)
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see	e instruction guide for additional	reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 6 of 7 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Dwight E. Jefferson 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:__ David Black \$500.00 6/16/2015 6 Contributor address; City; State; Zip Code Housotn, Texas 77056 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Urban Craft Homes Builder Full name of contributor ____ out-of-state PAC (ID#_____ Date Amount of contribution (\$) Cheryl Dotson \$500.00 6/16/2015 City; State; Zip Code Contributor address; Missouri City, Texas 77459 Principal occupation / Job title (See Instructions) Employer (See Instructions) Accountant Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) Date James W. Robinson \$50.00 6/16/2015 City; State; Zip Code Contributor address; Houston, Texas 77002 Employer (See Instructions) Principal occupation / Job title (See Instructions) Harris County Deputy Director of Special Projects Full name of contributor Amount of contribution (\$) Date aut-of-state PAC (ID#___ Mavis Kelsey \$250.00 6/15/2015 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 7 of 7 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Dwight E. Jefferson 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#____ Laura Ingle \$50.00 6/15/2015 City; State; Zip Code 6 Contributor address; Houston, Texas 77027 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Attorney Amount of contribution (\$) Date Ryan Colburn 6/13/2015 \$250.00 Contributor address; City; State; Zip Code Houston, Texas 77027 Employer (See Instructions) Principal occupation / Job title (See Instructions) Regions Bank Banker Full name of contributor Dui-of-state PAC (ID#:____ Date Amount of contribution (\$) City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) Out-of-state PAC (ID#:____ Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (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

Th	ne Instruction Guide explains how to complete this form	Π,	1 Total pages Schedule A2:
2 FILER NAM	E Dwight E. Jefferson		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$
5 Date 6/18/2015 10 Principal occ	6 Full name of contributor out-of-state PAC (ID#	5	8 Amount of South Expense \$ 2,943.67 Event Expense Check if travel outside of Texas, complete Schedule Toler (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	n 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	de	Amount of In-kind contribution Contribution \$ description Check if travel outside of Texas, complete Schedule T
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL) (See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDI	ULE AS NEEDED
If	contributor is out-of-state PAC, please see instruction		

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME \$ 4 TOTAL OF UNITEMIZED PLEDGES 9 In-kind contribution Amount out-of-state PAC (ID#: 8 5 Date 6 Full name of pledgor of Pledge \$ description State; Zip Code 7 Pledgor address; City; Check if travel outside of Texas, complete Schedule T 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) In-kind contribution Amount Date Full name of pledgor out-of-state PAC (ID#, of Pledge \$ description State; Zip Code City: Pledgor address: Check if travel outside of Texas, complete Schedule Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Date Out-of-state PAC (ID#_ Full name of pledgor Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas, complete Schedule T Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of ___ out-of-state PAC (ID#_ Full name of pledgor Date description Pledge \$ City; State; Zip Code Pledgor address; ___Check if travel outside of Texas complete Schedule T Employer (See Instructions) Principal occupation / Job title (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 comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME Dwig	ht E. Jefferson		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$1,860.00
5 Date of loan 3/26/2015	7 Name of lender ☐ out-of-state Dwight E. Jefferson	PAC (ID#:}	9 Loan Amount (\$) \$60.00
6 Is lender a financial Institution?	8 Lender address: City; Post Office Box 22455, Housto	State; Zip Code n. Texas 77227	10 interest rate -0-
XX N		.,	11 Maturity date 3/1/2016
12 Principal occupation Attorney	on / Job title (See Instructions)	13 Employer (See Instructions) Coats Rose Yale Ryman	& Lee, P.C.
14 Description of Coll X none	ateral	15 Check if personal funds were account (See Instructions)	e deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicablePrincipal Occupat		State; Zip Code 21 Employer (See Instructions)	
		,	
Date of loan 3/27/2015	Name of lender ☐ out-of-state Dwight E. Jefferson	PAC (ID#:)	Loan Amount (\$) \$800,00
Is lender a financial		State; Zip Code	Interest rate -0-
Institution?	Post Office Box 22455, Houst	on, Texas 77227	Maturity date 3/1/2016
, ,	on / Job title (See Instructions)	Employer (See Instructions)	0.1. D.C.
Attorney Description of Call	ateral	Coats Rose Yale Ryma Check if personal funds were	<u></u>
🗓 none		account (See Instructions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
C70-75	Guarantor address, City;	State; Zip Code	
☐ not applicable Principal Occupati	on (See Instructions)	Employer (See Instructions)	
if I	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS N	

LOANS			SCHEDULE E
The	Instruction Guide explains how to co	omplete this form.	1 Total pages Schedule E: 2 of 2
2 FILER NAME Dw	ight E. Jefferson		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$1,860.00
5 Date of loan 3/25/2015	7 Name of lenderout-of-s Dwight E. Jefferson	state PAC (ID#)	9 Loan Amount (\$) \$60.00
6 Is lender a financial Institution?	8 Lender address; City; Post Office Box 22455, Hou	State; Zip Code	10 Interest rate
X N	Fost Office Box 22433, Floor	iston, Texas 77227	11 Maturity date 3/1/2016
12 Principal occupati Attorney	on / Job title (See Instructions)	13 Employer (See Instructions) Coats Rose Yale Ryman	& Lee, P.C.
14 Description of Col	ateral	15 Check if personal funds were account (See instructions)	e deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
X not applicable 20 Principal Occupa		State, Zip Code 21 Employer (See Instructions)	
20 milicipal Occupa	tion (see homotony)	2. Employer (dee mandendia)	
Date of loan	Name of lender out-of-s	state PAC (ID#:)	Loan Amount (\$)
is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Call	lateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
·	Guarantor address; City;	State; Zip Code	- The second sec
not applicable Principal Occupat	ion (See Instructions)	Employer (See instructions)	
	ATTACH ADDITIONAL lender is out-of-state PAC, please se	. COPIES OF THIS SCHEDULE AS N	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District

Candidate/Officeholder/Politica	al Committee Legal Services Salaries A The Instruction Guide explains how to	Vages/Contract Labor complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Page 1 of 12	Dwight Jefferson			
4 Date	5 Payee name			
3/30/2015	Worldwide Crowdfund Corp.			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$800.00	1001 Texas Avenue, Suite 1400, Hous	ton, Texas 77002	2	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel	outside of Texas complete Schedule T	
OF	Consulting Expense	Check if Austin	TX. officeholder living expense	
EXPENDITURE				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ot	Candidate / Officeholder name f	Office sought	Office held	
Date	Payee name			
4/8/2015	Ft. Bend County Ministers Coalition			
Amount (\$)	Payee address; City; State; Zip Code			
\$300.00	c/o Dr. Richard Booker, Little Zion, 13	3230 Battle Rd., K	Cendelton, Texas 77451	
	Category (See categories listed at the top of this schedule)	Description		
PURPOSE	Gift/Award/Memorial Expense Check if travel outside of Texas, complete Schedule T			
OF EXPENDITURE	Check if Austin, TX, officeholder living expense			
EXPENDITURE				
	Candidate / Officeholder name	Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Oince sought	Office field	
Date	Payee name	у при		
4/11/2015	Copy It			
7/11/2013	Сору п			
Amount (\$)	Payee address, City: State; Zip Code			
\$75.00	10531 South Post Oak, Houston, Texas	77035		
7	Category (See categories listed at the top of this schedule)	Description		
PURPOSE		Check if Iravel	oulside of Texas, complete Schedule T	
OF EXPENDITURE	Printing Expense	Check if Austin.	TX, officeholder living expense	
CAPERUITURE	,	NA PARAMETER STATE		
THE COLUMN TO TH		antino antino de		
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 NEE	DED	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Capitidats/Officebolder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Confract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (rester a category not listed above)

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Polific		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Candidate Circus folders Circus		ns how to complete this form.	
1 Total pages Schedule F1: Page 2 of 12	2 FILER NAME Dwight E. Jefferson		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	uda usasa kadi kiska da kiska mika usak kondunya 1864 di birandar rimah kali 1984 da biran 1964 da biran da mi	
4/9/2015	Street Media		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$100.00	2656 South Loop West, Hous	ton, Texas 77054	
8	(a) Category (See categories listed at the top of this	schedule) (b) Description	
PURPOSE	Printing Expense	Check if tra-	vel outside of Texas, complete Schedule T
OF EXPENDITURE	7.11	Check if Au	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/9/2015	Worldwide Crowdfund Corp.		
Amount (\$)	Payee address; City; State;	Zip Code	
\$1,000.00	1001 Texas Avenue, Suite 140	0, Houston, Texas 7700	02
	Category (See calegones listed at the top of this	I (
PURPOSE	uge year		vel outside of Texas, complete Schedule T
OF EXPENDITURE	Consulting Expense	Check if Aus	ilin. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
4/10/2015	Gold Cloud LLC		
Amount (\$)	Payee address; City; State;	Zip Code	
\$60.00	AAA yyyddiadaadaanaa		
hausan alah alama da minangan penangan penangan banan aban indinciber ban Gil Ali Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-A	Category (See calegories listed at the top of this	schedule) Description	
PURPOSE OF EXPENDITURE	Solicitation/Fundraising Expens		rel outside of Texas, complete Schedule T stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS N	EEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor

Solicitation/Fundraising Expense Fransportation 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:			3 Filer ID (Ethics Commission Filers)
3 of 12	Dwight E. Jefferson	onnolmos, e procumentumiqui ocula desirumi di commencente e l'il mello eli deletibili deletibili del	
4 Date	5 Payee name		
4/16/2015	Copy It		
6 Amount (\$)	7 Payee address; City; State; Zip Code	2.5	
\$30.00	10531 S. Post Oak, Houston, Texas 770	33	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE	Printing Expense	[l autside of Texas complete Schedule T
OF EXPENDITURE	8	L Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Or	Candidate / Officeholder name	Office sought	Office held
	Payee name		
Date 4/22/2015	South Union Church of Christ		
4/22/2015	South Official Charles of Christ		
Amount (\$)	Payee address; City; State; Zip Code	oo oo aanaa ka ka oo	
\$500.00	7427 Ardmore Street, Houston, TX 770	54	
,	, , ,		
garer (a) - m,	Category (See categories listed at the top of this schedule)	Description	
PURPOSE	Gifts/Awards/Memorial Expense		outside of Texas, complete Schedule 1
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense
	**************************************	violos-piviár mutaba	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	4		
	Payee name		
Date			
5/4/2015	Heidi Powell		
Amount (\$)	Payee address: City; State; Zip Code		
#100 00	2300 Lazy Hollow, Apt. 341-D, Housto	on, Texas 77063	
\$100.00	, , , , , , , , , , , , , , , , , , , ,		
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel	outside of Texas, complete Schedule T
OF EXPENDITURE	Advertising Expense	Check if Austir	n, TX, officeholder living expense
		Vo.n.information	
Complete CMIV if direct	Candidate / Officeholder name	Cffice sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OF			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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)

4 of 12 4 Date 5/5/2015	Dwight E. Jefferson 5 Payee name Houston Chronicle	3	Filer 1D (Ethics Commission Filers)
5/5/2015 6 Amount (\$) 7			
- Control of the Cont			
\$750.00	7 Payee address; City; State; Zip Code		
and the state of t	Post Office Box 80075, Prescott, Arizon	na 86304-8075	
PURPOSE	a) Category (See categories issed at the top of this schedule) Advertising Expense		side of Texas complete Schedule T X officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 5/6/2015	Payee name Copy It		
Amount (\$) \$108.24	Payee address; City; State; Zip Code 10531 South Post Oak Houston, Texas	77035	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense		side of Texas, complete Schedule T (, officenolder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 5/7/2015	Payee name James Cardona		
Amount (\$) \$1,500.00	Payee address, City, State; Zip Code 5216 Leeland Street, Houston, Tesas 7	7023	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising Expense	Participal	side of Texas, complete Schedule T C, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Cantificate/Officeborde/Political Committee

Event Expense Fees Food/Beverage Expense Grift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Other (enter a category not listed above)

Candidate/Officehoider/Political Committee Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1 2 FILER NAME Dwight E. Jefferson 5 of 12 4 Date 5/15/2015 5 Payee name Worldwide Crowdfund Corp. 7 Payee address; City; State; Zip Code 6 Amount (\$) 1001 Texas Avenue, Suite 1400, Houston, Texas 77002 \$500.00 (a) Category (See categories listed at the top of this schedule) 8 Check if travel outside of Texas, complete Schedule T PURPOSE Consulting Expense Check if Austin TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date 5/29/2015 Worldwide Crowdfund Corp. City: State; Zip Code Payee address; Amount (\$) \$600.00 1001 Texas Avenue, Suite 1400, Houston, Texas 77002 Category (See calegories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule T PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Consulting Expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 6/3/2015 Worldwide Crowdfund Corp. Amount (\$) City; State; Zip Code 1001 Texas Avenue, Suite 1400, Houston, Texas 77002 \$400.00 Category (See categories listed at the top of this schedule) Description __ Check if iravel outside of Texas, complete Schedule T PURPOSE OF ___ Check if Austin, TX, officeholder living expense EXPENDITURE Consulting Expense Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

Corrected F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District Gift/Awards/Memorials Expense Printing Exponse Salanes/Wages/Contract Labor Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1 Dwight E. Jefferson 6 of 12 5 Payee name 4 Date Worldwide Crowdfund Corp. 6/8/2015 7 Payee address; City; State; Zip Code 6 Amount (\$) 1001 Texas Avenue, Suite 1400, Houston, Texas 77002 \$100.00 (a) Category (See categories listed at the top of this schedule) 8 Check if travel outside of Texas, complete Schedule 1 PURPOSE Consulting Expenses Check If Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 6/5/2015 Fontis Solutions City; State; Zip Code Payee address: Amount (\$) \$400.00 60 Bunsen Irvine, California 92618 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Advertising Expenses Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Worldwide Crowdfund Corp. 6/17/2015 City; State; Zip Code Payee address; Amount (\$) 1001 Texas Avenue, Suite 1400, Houston, Texas 77002 \$650.00 Category (See categories listed at the top of this schedule) Description ___ Check if travel outside of Texas, complete Schedule T PURPOSE Consulting Expense Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

Corrected 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 Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Carried Charles	The instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1. 7 of 12	2 FILER NAME Dwight E. Jefferson		3 Filer ID (Ethics Commission Filers)
4 Date 6/18/2015	5 Payee name Heidi Powell		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$400.00	2300 Lazy Hollow, Apt. 341-D, Hous	ston, Texas 77063	
8	(a) Category (See calegories listed at the top of this schedule)	(b) Description	outside of Texas, complete Schedule T
PURPOSE			n TX, officeholder living expense
OF EXPENDITURE	Event Expenses		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/19/2015	Fontis Solutions		
Amount (\$)	Payee address; City; State: Zip Code		
\$482.69	60 Bunsen, Irvine, California 92618		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expenses		i outside of Texas, complete Schedule T n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/23/2015	Worldwide Crowdfund Corp.		
Amount (\$)	Payee address; City; State; Zip Code		
\$300.00	1001 Tesas Avenue, Suite 1400, House	ston, Texas 77002	2
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE	Constitute Francisco		d outside of Texas, complete Schedule T
OF EXPENDITURE	Consulting Expenses	Check it Austi	in, TX, afficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED

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 d	complete this form.	
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
8 of 12	Dwight E. Jefferson		
4 Date	5 Payee name		
3/28/2015	Piryx Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$79.30	Piryx.com		
egissen meniminen sekinda kalanda kala B	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if trave	i outside of Texas, complete Schedule T
OF EXPENDITURE	Fundraising	Check if Austi	in, TX, officeholder flying expense
		one-tandous services	
9 Complete ONLY if direct expenditure to benefit C/Of	L Candidate / Officeholder name ∃	Office sought	Office held
Date	Payee name	annen commente la completa (100) de constituit de la cons	
3/29/2015	Piryx Inc.		
	т пул піс.		
Amount (\$)	Payee address; City; State; Zip Code	aanaan aanaa gaannin oo suuriilis salista ameessa suureen suureen kohen	
\$39.65	Piryx.com		
φυ Σ, Ου			
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel	outside of Texas, complete Schedule T
OF EXPENDITURE	Fundraising	Check if Austi	n, TX, officeholder living expense
EAPENDITURE		&Volumento-AAR	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	rf		
Date A/1/2015	Payee name		
4/1/2015	Piryx Inc.		
Amount (\$)	Payee address: City; State: Zip Code	annun annun an annun an eine an de	
\$20.25	Piryx.com		
\$20.25	r nya.com		
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE	Vanishing	Check if Irave	lioutside of Texas, complete Schedule T
OF EXPENDITURE	Fundraising	Check if Austi	n, TX, officeholder living expense
EAPENDITURE	1 dividionis	Mathamore AMA	
	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/Ot		willen manager	Samuel Control
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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 Git/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/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 c	emplete this form.
1 Total pages Schedule F1: 9 of 12	2 FILER NAME Dwight E. Jefferson	3 Filer ID (Ethics Commission Filers)
4 Date 4/16/2015	5 Payee name Piryx Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$79.30	Piryx.com	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fundraising	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin TX. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4/19/2015	Piryx Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$20.25	Piryx.com	
general valvaria sama udu valga ga an destina terra su compresso de la proposició de la productiva de la pro	Category (See categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas, complete Schedule T
OF EXPENDITURE	Fundraising	Check If Austin. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ot	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4/21/2015	Piryx Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$8.20	Piryx.com	
PURPOSE	Category (See categories listed at the top of this schedule)	Description Check II travel outside of Texas, complete Schedule T
OF EXPENDITURE	Fundraising	Check if Auslin, 1X, 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

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 Salanes/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 10 of 12	2 FILER NAME Dwight E. Jefferson	3 Filer ID (Ethics Commission Filers	5)
4 Date 4/27/2014	5 Payee name Piryx Inc.		
6 Amount (\$)	7 Payee address, City: State; Zip Code		
\$4.10	Piryx.com		
8	(a) Category (See calegories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fundraising	Check if Austin TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payec name		Antonia
4/28/2015	Piryx Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$8.20	Piryx.com		
(CHANCE) (AND AND AND AND AND AND AND AND AND AND	Category (See categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas, complete Schedule T	
OF EXPENDITURE	Fundraising	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name f	Office sought Office held	
Date	Payee name		inalitimated inte
5/8/2015	Piryx Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$20.25	Piryx.com		
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF	To a decision	Check if travel outside of Texas, complete Schedule T	
EXPENDITURE	Fundraising	L 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	
Addition to the second	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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: 2 FILER NAME

1 Total pages Schedule F1: 11 of 12	2 FILER NAME Dwight E. Jefferson	3 Filer ID (Ethics Commission	n Filers)
5/19/2015	5 Payee name Piryx Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$8.20	Piryx.com		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fundraising	(b) Description Check if travel outside of Texas, complete Schedule Check if Austin, TX, officeholder fiving expense	T
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		untalidaten keralan oras kinnen kennen erke komunen oras er
6/10/2015	Piryx Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$16.40	Piryx.com		
PURPOSE OF EXPENDITURE	Category (See calegories listed at the top of this schedule) Fundraising	Description Check if travel outside of Texas, complete Schedule Check if Austlin, TX, officeholder Hving expense	T
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	ı
	Payee name		
6/11/2015	Piryx Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$12.15	piryx.com		
PURPOSE	Category (See calegories listed at the top of this schedule)	Description Check if Iravel outside of Texas, complete Schedule	T
OF EXPENDITURE	Fundraising	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office hel	d
National Association (Control of the Control of the	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense
Salanes/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form-1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 12 of 12 Dwight E. Jefferson 4 Date 5 Payee name 6/19/2015 Piryx Inc. 6 Amount (\$) 7 Payee address; City; State; Zip Code Piryx.com \$20.25 (a) Category (See categories listed at the top of this schedule) 8 Check if travel outside of Texas, complete Schedule T PURPOSE Check if Austin, TX, officeholder living expense Fundraising EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 6/19/2015 Piryx Inc. Payee address: Amount (\$) City; State; Zip Code Piryx.com \$8.20 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** OF EXPENDITURE Check If Austin, TX, officeholder living expense Fundraising Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 6/29/2015 Piryx Inc. Payee address; City: State; Zip Code Amount (\$) Piryx.com \$8.20 Category (See categories listed at the top of this achedule) Check if travel outside of Texas, complete Schedule T **PURPOSE** OF EXPENDITURE Fundraiding Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District
Other (enter a category not listed above) Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 6 Payee name 5 Date 7 Amount (\$) 8 Payee address; City; State; Zip Code 9 TYPE OF Non-Political Political EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description 10 Check if travel outside of Texas complete Schedule T PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Office held 11 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date Amount (\$) City; State; Zip Code Payee address; TYPE OF Non-Political Political EXPENDITURE Description Category (See categories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule T PURPOSE Check if Austin. TX, officeholder living expense OF EXPENDITURE Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Th	ne 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; Cit	y; 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			
	Description of investment			
	Amount of investment (\$)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED		

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transponation 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 G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4	Date	5 Payee name		
6	Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code		
8	PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the lop of this schedule)		ide of Texas, complete Schedule T , officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/t	Candidate / Officeholder name UH	Office sought	Office held
	Date	Payee name		
	Amount (\$) Reimbursement from political contributions intended	Payes address; City; State; Zip Code		
langujukaji keri ser	PURPOSE OF EXPENDITURE	Category (See categories fisted at the rop of this schedule)		ide of Texas, compiete Schedula T , officeholder fiving expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	Date	Payee name	nangadai na ida dagangan managan da mada gangan nagagan da	
de militare e l'	Amount (\$) Reimbursement from political contributions intended	Payee address: City; State; Zip Code		
	PURPOSE OF EXPENDITURE	Category (See calegories listed at the top of this schedule)		ide of Texas, complete Schedule Y , officeholder living expense
	Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
**************		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	ED .

PAYMENT 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

Event Expense
Fees
Food/Beverage Expense
Oift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H 2 FILER NAME 4 Date 5 Business name City; State; Zip Code 6 Amount (\$) 7 Business address; 8 (a) Category (See categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas, complete Schedule T OF Check if Austin. 1X, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Business name Business address; City: State; Zip Code Amount (\$) Category (See categories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule T PURPOSE OF ___ Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Business name Business address: City; State; Zip Code Amount (\$) Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder fiving expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE !

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required)	instructions regar	ding type of information
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See	instructions regar	ding type of information
Date	Payee name	oo oo aa a	uurata kata ka	
Amount (S)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	ding type of information
Date	Payee name	Association (and the second communication (and the second company) and the second communication (and the second communication	ann	
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required)	instructions regar	ding type of information
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

[
The	1 Total pages Schedule K.		
2 FILER NAME 3 Filer ID (Ethics C			Filers)
4 Date	5 Name of person from whom amount is received	8 Amo	ount (\$)
	6 Address of person from whom amount is received; City: State;	Zip Code	
	7 Purpose for which amount is received Check if p	olitical contribution returned to	filer
Date	Name of person from whom amount is received	Amo	ount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if p	olitical contribution returned to	filer
Date	Name of person from whom amount is received	Ama	ount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if p	olitical contribution returned to	filer
Date	Name of person from whom amount is received	Am	ount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if p	olitical contribution returned to t	filer
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 C	2 Schedule D Schedule F1		
Schedule F2 Schedule G Schedule H Schedule Co	OH-UC Schedule B-SS		
Dates of travel 7 Name of person(s) traveling			
8 Departure city or name of departure location			
9 Destination city or name of destination location			
10 Means of transportation	ce, 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 C	2 Schedule D Schedule F1		
Schedule F2 Schedule G Schedule H Schedule C	OH-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 conferen	nce, 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 C	2 Schedule D Schedule F1		
Schedule F2 Schedule G Schedule H Schedule Co	OH-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)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••	
C/O	NAME 2 Filer ID (Ethics Commission Filers)
SIGI	NATURE
ing a	not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designat- report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign ibutions or make any campaign expenditures without a campaign treasurer appointment on file.
	Signature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER omplete A & B below only if you are not an officeholder. ••
A.	CAMPAIGN FUNDS
Ch	eċk only one:
L	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
Bana anchon	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
₿.	ASSETS
Ch	eck only one:
V	I do not retain assets purchased with political contributions or interest or other income from political contributions.
	I do retain assets purchased with political contributions or interest or other income from political contributions. Lunderstand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
Alternatural anni anni anni anni anni anni anni an	Signature of Candidate
	CEHOLDER omplete this section only if you are an officeholder
- Controlled	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
	Signature of Officeholder