

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> MRS / MR	FIRST Jo	MI L
	NICKNAME	LAST HAUSSMANN	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	5516 SPRINGFORD CIR FT WORTH, TX 76244		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817)	938-1900	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> MR	FIRST Jim	MI
	NICKNAME	LAST MILORD	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE
	7702 BEAVERHEAD RD FORT WORTH, TX 76137		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817)	479-4654	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	02 / 20 / 14		02 / 31 / 14
11 ELECTION	Month Day Year	ELECTION DATE	ELECTION TYPE
	05 / 10 / 14		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	NA	PLACE 5 KIDS SCHOOL BOARDS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

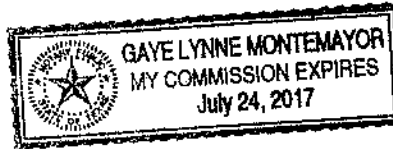
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

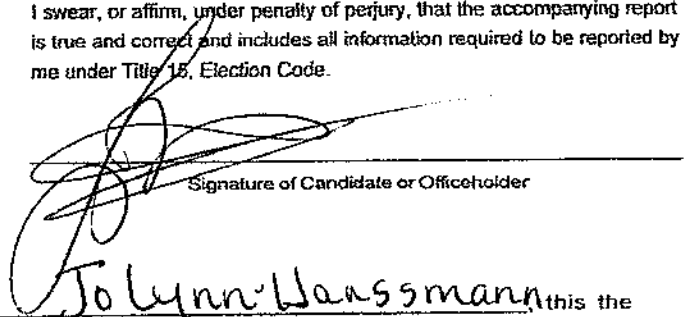
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED	\$ 795
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 895 ✓
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 490.82
	4. TOTAL POLITICAL EXPENDITURES	\$ 490.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 447.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

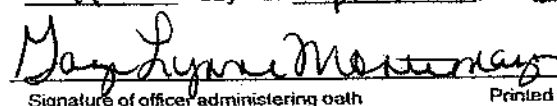


AFFIX NOTARY STAMP / SEAL ABOVE

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.


 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jo Lynn Haussmann this the 11 day of April, 2014, to certify which, witness my hand and seal of office.


Gaye Lynne Montemayor
Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

PLEGGED CONTRIBUTIONS

SCHEDULE B

The instruction Guide explains how to complete this form.

1 Total pages Schedule B: 2

2 FILER/NAME: JO LYNK HAUSMANN

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: \$ 0

5 Date <u>2-26-14</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#) <u>EILEEN MILLER</u>	8 Amount of pledge (\$) <u>\$100</u>	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code <u>605 ELANE ST KELLER, TX 76248</u>	(If travel outside of Texas, complete Schedule T)	

10 Principal occupation / Job title (See Instructions): SELF-EMPLOYED RENTAL PROP.

11 Employer (See Instructions): SELF

Date <u>2-26-14</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#) <u>JAMES MILORD</u>	Amount of pledge (\$) <u>\$25</u>	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code <u>1762 BEAVER HEAD RD FORT WORTH, TX 76137</u>	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions): RETIRED

Date <u>3-19-14</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#) <u>JAMES MILORD</u>	Amount of pledge (\$) <u>\$25</u>	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code <u>1726 BEAVER HEAD RD FORT WORTH, TX 76137</u>	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions): RETIRED

Date <u>3-2-14</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#) <u>ROGER L WINSTON</u>	Amount of pledge (\$) <u>\$25</u>	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code <u>PO BOX 641 GRAPEVINE, TX 76099</u>	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions): REAL ESTATE APPRAISER

Employer (See Instructions): SELF

Date <u>3-27-14</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#) <u>TOM McMBANS</u>	Amount of pledge (\$) <u>\$100</u>	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code <u>8104 ISLAND CT FORT WORTH, TX 76137</u>	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions): RETIRED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE **B**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME JOLYN KAUSSMANN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-31-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) YVETTE DEOTTE	7 Amount of contribution (\$) \$50-	8 In-kind contribution description (if applicable)
5 Contributor address; City; State; Zip Code 112 KEYSTONE DR SOUTH LAKE, TX 76092		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) OFFICE MANAGER		10 Employer (See Instructions) DEOTTE	
Date 2-27-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MIKE MCCOY	Amount of contribution (\$) \$50-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 505 CHISHOLM CT COLLEYVILLE, TX 76034		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) LAURA OAKLEY	Amount of contribution (\$) \$20-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1121 Lake Ridge 1121 Lake Ridge Shepherd, TX 76051		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PHOTOGRAPHER		Employer (See Instructions) SELF	
Date 3-28-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) GIOVANNI CARRIBLIONE (CAMPAIGN)	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1352 Timber Tr South Lake, TX 76092		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) REPRESENTATIVE		Employer (See Instructions) STATE OF TEXAS	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5		2 FILE NAME JOLYNN HAUSSMANN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-14-14		5 Payee name STAPLES / JOLYNN HAUSSMANN			
6 Amount (\$) \$ 40		7 Payee address City: State: Zip Code 5576 SPRING FORD CTR #1416 FT WORTH, TX 76244			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
		Advertising Expenses (Print Business Cards)		Advertising Expenses (Print Business Cards)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
		Jolynn Haussmann		PL 5 KISS School Board	
Date 3-18-14		Payee name TNB Eats			
Amount (\$) \$ 1383		Payee address: City: State: Zip Code 201 Town Center Ln #101 Keller, TX 76201			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		Event Expense		KBC	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
		Jolynn Haussmann		PL 5 KISS School Board	
Date 3/28/14		Payee name Party City			
Amount (\$) \$ 70⁰²		Payee address: City: State: Zip Code 7620 Denton Hwy #616 Watauga, TX 76148			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		Advertising Expenses		Decorations for Lions Club Carnival	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
		Jolynn Haussmann		PL 5 KISS School Board	
Date 3/27/14		Payee name Jacobell			
Amount (\$) \$ 701		Payee address: City: State: Zip Code 4500 Western City Blvd Dalton City, TX 76137			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		Event Expense		Deck n Shack with Life Line	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
		Jolynn Haussmann		PL 5 KISS School Board	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME John Hummer	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/25/14	5 Payee name No Trills, Phill	
6 Amount (\$) \$1161	7 Payee address; City; State; Zip Code 801 S. Main #109 Keller, Tx 76248	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Boiling Point Tea Party Meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Hummer	Office sought / Office held Pls KISD School Board
Date 3/28/14	Payee name Staples	
Amount (\$) \$482	Payee address; City; State; Zip Code 1004 Keller Hwy Keller, Tx	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Meeting with Lis
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Hummer	Office sought / Office held Pls KISD School Board
Date 3/28/14	Payee name Staples	
Amount (\$) \$3029	Payee address; City; State; Zip Code 8000 Denton Hwy Wortham, Tx 76148	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expenses	Description (If travel outside of Texas, complete Schedule T) Business Cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Hummer	Office sought / Office held Pls KISD School Board
Date 3/10/14	Payee name Staples	
Amount (\$) \$5735	Payee address; City; State; Zip Code 8000 Denton Hwy Wortham, Tx 76148	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Business Cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Hummer	Office sought / Office held Pls KISD School Board

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME JO LYNN HAUSSMANN	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/3/14	5 Payee name WIX	
6 Amount (\$) \$40.75	7 Payee address; City; State; Zip Code 40 Normal, Leander, TX Tel Area - 940 6701101	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) WEBSITE & EMAIL ADDRESS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JO LYNN HAUSSMANN	Office sought PL5 KISD SCHOOL BOARD
Date 3/10/14	Payee name STAPLES	
Amount (\$) \$30.29	Payee address; City; State; Zip Code 8000 Denton Hwy Watauga, TX 76148	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSES	Description (If travel outside of Texas, complete Schedule T) BUSINESS CARDS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JO LYNN HAUSSMANN	Office sought PL5 KISD SCHOOL BOARD
Date 3/14/14	Payee name STAPLES	
Amount (\$) \$32.47	Payee address; City; State; Zip Code 8000 DENTON HWY WATAUGA, TX 76148	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSES	Description (If travel outside of Texas, complete Schedule T) BUSINESS CARDS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JO LYNN HAUSSMANN	Office sought PL5 KISD SCHOOL BOARD
Date 3/21/14	Payee name KELLER BUSINESS CONNECTIONS	
Amount (\$) \$20	Payee address; City; State; Zip Code 12345 Woodland Springs Ln Fort Worth, TX 76244	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) MONTHLY LUNCHEON
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JO LYNN HAUSSMANN	Office sought PL5 KISD SCHOOL BOARD

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME John Williamson	3 ACCOUNT # (Ethics Commission Filer)
4 Date 3/31/14	5 Payee name Facebook	
6 Amount (\$) 30.43	7 Payee address 156 University Ave Raleigh, NC 27601	City, State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Facebook Ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Williamson	Office sought / Office held PLS KISD School Board
Date 3/31/14	Payee name Facebook	
Amount (\$) \$30.43	Payee address: 156 University Ave Raleigh, NC 27601	City, State, Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Facebook Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Williamson	Office sought / Office held PLS KISD School Board
Date 3/31/14	Payee name Rally.org	
Amount (\$) \$12.92	Payee address: 144 2nd St. 1st Floor San Francisco CA 94105	City, State, Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for Donation Processing
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Williamson	Office sought / Office held PLS KISD School Board
Date	Payee name	
Amount (\$)	Payee address:	City, State, Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Williamson	Office sought / Office held PLS KISD School Board

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME John Shurman	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/31/14	5 Payee name VISTA Bank	
6 Amount (\$) \$296	7 Payee address; City; State; Zip Code 95 Hayden Ave Shrewsbury, MA 02421	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expenses	(b) Description (If travel outside of Texas, complete Schedule T) Business Cards
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Shurman	Office sought / Office held PLS KISD School Board
Date 3/27/14	Payee name Brew 'n Blues	
Amount (\$) \$660	Payee address; City; State; Zip Code 8911 N. Tarrant Pkwy Keller, Tx 76248	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expenses	Description (If travel outside of Texas, complete Schedule T) Meeting with Jane Koos
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Shurman	Office sought / Office held PLS KISD School Board
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel Expense	Description (If travel outside of Texas, complete Schedule T) Super Club Carnival Decorations
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Shurman	Office sought / Office held PLS KISD School Board
Date 3/20/14	Payee name Aldi	
Amount (\$) \$647	Payee address; City; State; Zip Code 5428 N. Tarrant Pkwy Ft Worth, Tx 76137	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Cooper Plates
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Shurman	Office sought / Office held PLS KISD School Board

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1 2 FILER NAME: Jo Lynn Hausman 3 ACCOUNT # (Ethics Commission Filers)

4 Date: 3/14/14 5 Payee name: Jo Lynn Hausman

6 Amount (\$): \$40 7 Payee address: 5516 Springford Cir #1416 City: Irving State: TX Zip Code: 76244

Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE: Printing Expense (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) Accidentally used my personal debit card to pay Staples

Date: Payee name:

Amount (\$): Payee address: City: State: Zip Code

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Date: Payee name:

Amount (\$): Payee address: City: State: Zip Code

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Date: Payee name:

Amount (\$): Payee address: City: State: Zip Code

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED