

# 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: <span style="font-size: 2em; font-family: cursive;">7</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST <span style="font-size: 1.5em; font-family: cursive;">Jo</span> MI <span style="font-size: 1.5em; font-family: cursive;">L</span> NICKNAME LAST SUFFIX <span style="font-size: 1.5em; font-family: cursive;">HAUSSMAN N</span>		<b>OFFICE USE ONLY</b>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.2em; font-family: cursive;">5516 SPRINGFORD CIR #1416 FT WORTH, TX 76244</span>		Date Received  Date Hand-delivered or Postmarked  Receipt #      Amount  Date Processed  Date Imaged
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.2em; font-family: cursive;">(817) 938-1900</span>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <span style="font-size: 1.5em; font-family: cursive;">Jim</span> MI NICKNAME LAST SUFFIX <span style="font-size: 1.5em; font-family: cursive;">MILORD</span>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.2em; font-family: cursive;">7762 BEAVER HEAD RD FT WORTH, TX 76137</span>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.2em; font-family: cursive;">(817) 479-4654</span>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year      THROUGH      Month Day Year <span style="font-size: 1.2em; font-family: cursive;">05 / 02 / 14</span> <span style="font-size: 1.2em; font-family: cursive;">06 / 30 / 14</span>		
11 ELECTION	ELECTION DATE Month Day Year <span style="font-size: 1.2em; font-family: cursive;">05 / 10 / 14</span>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)  <span style="font-size: 2em; font-family: cursive;">NA</span>	13 OFFICE SOUGHT (if known) <span style="font-size: 1.5em; font-family: cursive;">KELLER ISD PLACE 5 SCHOOL BOARD</span>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME JOLYNN HAUSSMANN 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME	<u>NA</u>
	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	\$ <u>25-</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <del>575</del> <u>2215-</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>232<sup>55</sup></u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1305<sup>23</sup></u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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 10, Election Code

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jolynn Haussmann, this the 16 day of July, 20 14, to certify which, witness my hand and seal of office.

[Signature] Graylyne Montemayor Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# 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: <b>4</b>	2 FILER NAME <b>JOLYNN HAUSSMAN</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>5/9/14</b>	5 Payee name <b>Home DEPOT</b>
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6 Amount (\$) <b>\$10<sup>81</sup></b>	7 Payee address; City; State; Zip Code <b>7100 N FWY FT WORTH, TX 76137</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>OTHER</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>CABLE TIES</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5/20/14</b>	Payee name <b>JOHN PAUL'S PRINT SHOP</b>
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Amount (\$) <b>\$652<sup>66</sup></b>	Payee address; City; State; Zip Code <b>2131 RUFESNOW DR #100 KELLER, TX 76248</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADV EXP</b>	Description (If travel outside of Texas, complete Schedule T) <b>SIGNS</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/7-4/22/14</b>	Payee name <b>FACEBOOK ADS TEAM</b>
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Amount (\$) <b>\$420<sup>02</sup></b>	Payee address; City; State; Zip Code <b>156 UNIVERSITY AVE PALO ALTO, CA 94301</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADV EXP</b>	Description (If travel outside of Texas, complete Schedule T) <b>FACEBOOK ADS</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/28-5/28/14</b>	Payee name <b>WIX.COM</b>
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Amount (\$) <b>\$275</b>	Payee address; City; State; Zip Code <b>WWW.WIX.COM</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADV EXP</b>	Description (If travel outside of Texas, complete Schedule T) <b>WEBSITE</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: <b>4</b>	2 FILER NAME <b>JO LYNN HAUSSMANN</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>5/2/14</b>	5 Payee name <b>PARTY CITY</b>	
6 Amount (\$) <b>-\$12.97</b>	7 Payee address: City: State: Zip Code <b>1625 DENTON HWY #606 WATAUGA, TX 76148</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>OTHER</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>I returned unused merchandise</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>5/2/14</b>	Payee name <b>Mc DONALD'S</b>	
Amount (\$) <b>\$2.17</b>	Payee address: City: State: Zip Code <b>989 E. PRICE KELLER KELLER, TX 76248</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FOOD/BEV EXP</b>	Description (If travel outside of Texas, complete Schedule T) <b>Lunch while working polls</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>5/3/14</b>	Payee name <b>PANNA EXPRESS</b>	
Amount (\$) <b>\$7.13</b>	Payee address: City: State: Zip Code <b>DENTON HWY WATAUGA, TX 76148</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FOOD/BEV EXP</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meal expense while working polls</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>5/6/14</b>	Payee name <b>CHICK-FIL-A</b>	
Amount (\$) <b>\$2.26</b>	Payee address: City: State: Zip Code <b>KELLER FSU KELLER, TX</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FOOD/BEV EXP</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meal expense while working polls</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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<br>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: <b>4</b>	2 FILER NAME <b>JOLYNN HAUSSMAN</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>5/10/14</b>	5 Payee name <b>CHICK-FIL-A</b>
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6 Amount (\$) <b>\$982</b>	7 Payee address; City; State; Zip Code <b>KELLER FSU KELLER, TX</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>FOOD/BEV EXP</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>meal expense while working polls</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>5/10/14</b>	Payee name <b>DeVivo Bros Eatery</b>
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Amount (\$) <b>\$1227</b>	Payee address; City; State; Zip Code <b>7505 MAIN ST #105 KELLER, TX 76248</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FOOD/BEV EXP</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meal expense while working polls</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>5/10/14</b>	Payee name <b>Mc DONALD'S</b>
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Amount (\$) <b>\$325</b>	Payee address; City; State; Zip Code <b>989 E. PRICE KELLER, TX 76248</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FOOD/BEV EXP</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meal expense while working polls</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>5/10/14</b>	Payee name <b>DeVivo Bros Eatery</b>
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Amount (\$) <b>\$4330</b>	Payee address; City; State; Zip Code <b>750 S. MAIN ST #105 KELLER, TX 76248</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>Cake for Victory Party</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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 <b>4</b>	2 FILER NAME <b>SOLYNN HAUSSMAN</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>5/30/14</b>	5 Payee name <b>CHASE BANK</b>
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6 Amount \$ <b>\$12-</b>	7 Payee address City State Zip Code <b>PO Box 659754 SAN ANTONIO, TX 78265</b>
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8 PURPOSE OF EXPENDITURE <b>ACCOUNTING/BANKING</b>	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <b>SERVICE FEE</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5/16/14</b>	Payee name <b>RALLY</b>
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Amount \$ <b>\$33-</b>	Payee address City State Zip Code <b>144 2ND ST 1SD FLOOR SAN FRANCISCO, CA 94105</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>OTHER FEES</b>	Description (If travel outside of Texas, complete Schedule T) <b>FEE FOR PROCESSING CONTRIBUTIONS</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5/22/14</b>	Payee name <b>RALLY</b>
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Amount \$ <b>\$235</b>	Payee address City State Zip Code <b>144 2ND ST 1SD FLOOR SAN FRANCISCO, CA 94105</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>OTHER FEES</b>	Description (If travel outside of Texas, complete Schedule T) <b>FEE FOR CONTRIBUTION PROCESSING</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>6/4/14</b>	Payee name <b>JONATHAN STICKLAND</b>
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Amount \$ <b>\$1655</b>	Payee address City State Zip Code <b>1220 G AIRPORT FWY #513 BEDFORD, TX 76022</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>GIFT</b>	Description (If travel outside of Texas, complete Schedule T) <b>DONATION</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

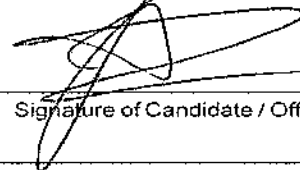
The Instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME  
*LOLYNN HAUSSMANN*

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

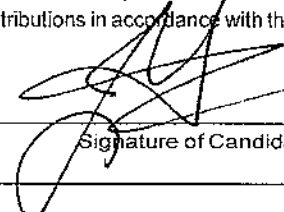
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual 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.

B. ASSETS

Check only one:

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. I understand 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.



Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

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