

**OFFICIAL RECORD**  
**CITY SECRETARY**  
**FT. WORTH, TEX**

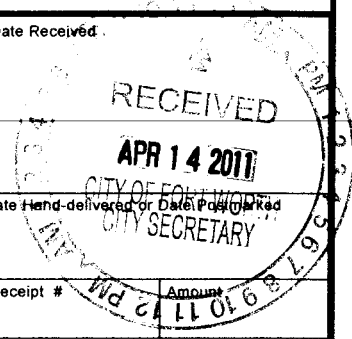
**FORM C/OH**  
**COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
 (Ethics Commission Filers)

2 Total pages filed:

15<sup>JH</sup> 14

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST	SUFFIX			
	Mr.	Jonathan	J.			
		Horton				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	2520 Littlepage St. Fort Worth TX 76107					
<input type="checkbox"/> Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #	Amount	
	(817)	705 6441				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Processed		
	Mr.	Christopher	M.			
	NICKNAME	LAST	SUFFIX	Date Imaged		
	Chris	Slimmer				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	1412 Virginia PL Fort Worth, TX 76107					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(817)	681 4811				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year	
	01	18	2011		04 / 05 <sup>JH</sup> / 2011 04	
11 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
	05	14	2011			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)			
			Fort Worth City Council - District 7			
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.					
	Name					
	Address / PO Box; Apt. / Suite #; City; State; Zip Code					
<input type="checkbox"/> additional pages						

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**15 C/OH NAME** Jonathan Horton **16 ACCOUNT # (Ethics Commission Filers)**

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

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

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

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 144. <sup>51</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4544. <sup>51</sup>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1929. <sup>76</sup>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,816. <sup>63</sup>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**19 AFFIDAVIT**



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15 Election Code.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jonathan Horton, this the 14 day of April, 2011, to certify which, witness my hand and seal of office.

[Signature] Brittany Grimes Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>2</b>	
2 FILER NAME <b>Jonathan Horton</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>1-21-11</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rebecca Brooks</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2520 Littlepage St. Fort Worth, TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>2-7-11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>George and Judy Horton</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>628 Lakeview Dr. Crowley, TX 76036</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Processor / Director</b>		Employer (See Instructions) <b>Central Freight Lines / Texas Health Resources</b>	
Date <b>2-15-11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ryan Pieper</b>	Amount of contribution (\$) <b>\$600.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3240 River Lodge Trail South Apt. 317 Fort Worth, TX 76116</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Server</b>		Employer (See Instructions) <b>Baker Street Pub and Grille</b>	
Date <b>3-7-11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>George and Judy Horton</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>628 Lakeview Dr. Crowley, TX 76036</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Processor / Director</b>		Employer (See Instructions) <b>Central Freight Lines / Texas Health Resources</b>	
Date <b>3-17-11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chris Slimmer</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1412 Virginia Place Fort Worth, TX 76107</b>		(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 CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>2</b>	
2 FILER NAME <b>Jonathan Horton</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3-25-11</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>George and Judy Horton</b>	7 Amount of contribution (\$) <b>\$250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>628 Lakewood Dr. Crawley, TX 76036</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Processor / Director</b>		10 Employer (See Instructions) <b>Central Freight Lines Texas Health Resources</b>	
Date <b>4-1-11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gary Blake</b>	Amount of contribution (\$) <b>\$2,500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1701 River Run Suite 304 Fort Worth, TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>President</b>		Employer (See Instructions) <b>Creative Solutions in Healthcare</b>	
Date <b>4-4-11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nathan McCartney</b>	Amount of contribution (\$) <b>\$200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3000 S Hulen #230 Fort Worth, TX 76109</b>		(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#: _____)	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)	
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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <b>1</b>	
2 FILER NAME <i>Jonathan Horton</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨			\$ <b>0</b>
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  7 Pledgor address;      City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(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.

# LOANS

# SCHEDULE E

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

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

# POLITICAL EXPENDITURES

# 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.

<b>1</b> Total pages Schedule F: <b>4</b>	<b>2</b> FILER NAME <b>Jonathan Horton</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>1-27-11</b>	<b>5</b> Payee name <b>Harland Clarke</b>	
<b>6</b> Amount (\$) <b>\$8.34</b>	<b>7</b> Payee address; City; State; Zip Code <b>10931 Laureate Dr. San Antonio, TX 78249</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Accounting / Banking</b>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <b>Checks</b>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b> <b>1-30-11</b>	<b>Payee name</b> <b>Office Depot</b>	
<b>Amount (\$)</b> <b>\$158.31</b>	<b>Payee address; City; State; Zip Code</b> <b>401 Carroll St. Fort Worth, TX 76107</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <b>Advertising Expense/Printing</b>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <b>Flyers</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b> <b>2-12-11</b>	<b>Payee name</b> <b>Target</b>	
<b>Amount (\$)</b> <b>30.14</b>	<b>Payee address; City; State; Zip Code</b> <b>751 Alta Mere Fort Worth, TX 76116</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <b>Other - Office Supplies</b>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <b>Pens, Markers, Paper</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b> <b>2-14-11</b>	<b>Payee name</b> <b>City of Fort Worth</b>	
<b>Amount (\$)</b> <b>\$100.00</b>	<b>Payee address; City; State; Zip Code</b> <b>1000 Throckmorton St. Fort Worth, TX 76102</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <b>Fees</b>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <b>Filing Fee</b>
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 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.

<b>1</b> Total pages Schedule F: <b>4</b>	<b>2</b> FILER NAME <b>Jonathan Horton</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>2-17-11</b>	<b>5</b> Payee name <b>Tarrant County Elections</b>	
<b>6</b> Amount (\$) <b>\$2.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>2700 Premier St. Fort Worth, TX 76111</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <b>Voter List</b>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b> <b>2-20-11</b>	<b>Payee name</b> <b>Office Depot</b>	
<b>Amount (\$)</b> <b>174.03</b>	<b>Payee address; City; State; Zip Code</b> <b>6680 West Freeway Fort Worth, TX 76116</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <b>Printing Expense</b>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <b>Flyers</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b> <b>2-20-11</b>	<b>Payee name</b> <b>Love Shack</b>	
<b>Amount (\$)</b> <b>\$24.58</b>	<b>Payee address; City; State; Zip Code</b> <b>817 Matisse Ste 445 Fort Worth, TX 76107</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <b>Volunteer Lunch</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b> <b>3-9-11</b>	<b>Payee name</b> <b>Campaign Sign Solutions</b>	
<b>Amount (\$)</b> <b>\$580.12</b>	<b>Payee address; City; State; Zip Code</b> <b>404 I-45 South Huntsville, TX 77340</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <b>Printing Expense</b>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <b>Yard Signs</b>
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 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.

<b>1</b> Total pages Schedule F: 4		<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 3-9-11		<b>5</b> Payee name USPS			
<b>6</b> Amount (\$) \$16.51		<b>7</b> Payee address; City; State; Zip Code 3101 W 6th St. Fort Worth, TX 76107			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Other - Postage		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Postage	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-14-11		Payee name USPS			
Amount (\$) \$44.00		Payee address; City; State; Zip Code 201 N Nolan Dr Southlake, TX 76092			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other - Postage		Description (If travel outside of Texas, complete Schedule T) Stamps	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-19-11		Payee name Office Depot			
Amount (\$) \$179.36		Payee address; City; State; Zip Code 6680 West Freeway Fort Worth, TX 76116			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Flyers and Ink	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-3-11		Payee name Office Depot			
Amount (\$) \$35.49		Payee address; City; State; Zip Code 6680 West Freeway Fort Worth, TX 76116			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Letterhead	
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 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	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.

<b>1</b> Total pages Schedule G:  1	<b>2</b> FILER NAME  Jonathan Horton	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date  1-18-11	<b>5</b> Payee name  Yahoo! Inc.	
<b>6</b> Amount (\$) \$123.36  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 701 First Ave Sunnyvale, CA 94089	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)  Advertising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)  web Hosting
Date  1-18-11	Payee name  USPS	
Amount (\$) \$32.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3101 W. 6th St. Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Fees	Description (If travel outside of Texas, complete Schedule T)  P.O. Box
Date  1-20-11	Payee name  Office Depot	
Amount (\$) 14.06  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 401 Carroll St. Fort Worth, TX 76107	
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
Date  1-20-11	Payee name  Office Depot	
Amount (\$) 32.46  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 401 Carroll St. Fort Worth, TX 76107	
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE H

### 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.

<b>1</b> Total pages Schedule H: <i>1</i>	<b>2</b> FILER NAME <i>Jonathan Horton</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### 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.

<b>1</b> Total pages Schedule I:  1	<b>2</b> FILER NAME  Jonathan Horton	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CREDITS (optional)**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME

*Jonathan Horton*

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payor name ..... 6 Payor address; City; State; Zip Code	8 Amount (\$)
	7 Reason for credit	
	Payor name ..... Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name ..... Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name ..... Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name ..... Payor address; City; State; Zip Code	
	Reason for credit	

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

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>
2 FILER NAME <i>Jonathan Horton</i>		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 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	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
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**