Y CAN		OFFICEH INANCE R			FORM C/O COVER SHEET PG
The C/OH	Instruction Guide	explains how to con	nplete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDII OFFICE NAME	DATE / MS / M	lr. L	enathan Dentan	MI J. SUFFIX	OFFICE USE ONLY Date Received RECEIVED
MAILIN ADDRE	HOLDER 25	ess /PO BOX; APT/SUI 20 Littlepage	St. Fortu	STATE; ZIP CODE	APR 1.4 2011
5 CANDIE OFFICE PHONE	HOLDER / S.		NUMBER 5441	EXTENSION	Receipt # Amount 6
6 CAMPA TREASI NAME	JRER NICKN	lr Ch	instopher Ast Limmer	MI M. SUFFIX	Date Imaged
7 CAMPA TREAS ADDRE (Residence	URER ESS e or Business)		of Forthe	city; state; 7616	ZIP CODE 57
8 CAMPA TREASU PHONE		7) 681 48		EXTENSION	
9 REPOR		٠ نوب	th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVER		Day Year	THROUGH	Month C	S 2011
11 ELECTIO	Month	ELECTION DATE Day Year / 14 / 2011	ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	OFFICE	EHELD (if any)		13 OFFICE SOUGHT (IF K	nown) City Council-District
14 NOTICE OF DIRE CAMPAI EXPEND BY OTH INDIVID	CCT DIRECT CAN DITURE Name			RES MADE BY OTHERS WITHOUT	THE CANDIDATE'S PRIOR CONSENT OR APPROCATION OF THE DIRECT CAMPAIGN EXPENDITUR
additiona		s / PO Box; Apt. / Suite #;	City; State; Zip Coo	е	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	. (1	1	16 ACCOUNT # (Ethics Commission Filers)
Jonath	an Horto	<u> </u>	
17 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
	2. TOTAL (OTHER	\$ 4544.51	
EXPENDITURE TOTALS	3. TOTAL F	zed \$ Ø	
	4. TOTAL	\$ 1929.76	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	13
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$ Ø
19 AFFIDAVIT			
B	RITTANY NICOLE GRII NY COMMISSION EXPIR January 30, 2012	is true and correct and includes all me under Title 15 Election Orde.	perjury, that the accompanying report information required to be reported by
Sworn to and subs		\ \	, this the ny hand and seal of office.
Signature of officer admir	nistering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS

SCHEDULE A

Th	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A:
2 FILER NAME	<u> </u>		3 ACCOUNT # (E	thics Commission Filers)
Je	onathan Horton			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1-21-11	Rebecca Brooks 6 Contributor address; City; State; Zip Code 2520 Littleyage St.	· · · · · · · · · · · · · · · · · · ·	\$100.00	
	Fort Worth, TX 76107		(If traval outside (Toyon complete Schedule T)
9 Principal occi	upation / Job title (See Instructions)	10 Employer (See I	<u> </u>	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
2-7-11	George and Judy Horton Contributor address; City; State; Zip Code 628 Lakeview Or		\$250.00	
	Crowley, TX 76036			of Texas, complete Schedule T)
	upation / Job title (See Instructions)	Central Freight		is Health Resources
Date	Full name of contributor Out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
2-15-11	Contributor address; City; State; Zip Code 3240 River Lodge Trail Sout	1 AL 317	1600.00	
	Fort worth. TX 76116	2 / 151 · O· ·	(If travel outside c	of Texas, complete Schedule T)
	upation / Job title (See Instructions)	Employer (See III	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
3-7-11	Ceorge and Judy Horto. Contributor address; City; State; Zip Code 628 Lakeview Dr.	·	+250.00	
	Crowley. TX 76036		l (If travel outside σ	f Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See In		is Health Resources
HOUSEN 1	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Date				
	Chris Slimmer Contributor address; City; State; Zip Code 1412 Virginia Place		*250.°°	
Date	Chrs Slimmer Contributor address; City; State; Zip Code			f Texas, complete Schedule T)

POLITICAL CONTRIBUTIONS	
OTHER THAN PLEDGES OR LOAN	S

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 2	edule A:
2 FILER NAME	Jonathan Horton		3 ACCOUNT # (E	(thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3-25-11	George and Judy Horton	`	1250.00	
	628 Laterrew Dr.			
	Crowley, TX 76036		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		ons Houlf Resources
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4-1-11	Confibutor address; City; State; Zip Code 1701 River Run Svite 304		12,500.00	
	Fort Worth, TX 76107		(If travel outeids	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Preside		Creative So	whoms in '	Healthcare
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Nathan Mc Cartney			description (ii applicable)
4-4-11	Contributor address; City; State; Zip Code		1200.00	[[
	Fort Worth. TX 76109		//F /	'
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
r incipal occup	Patient / 300 title (See Matricellons)	Zinpioyo. (See 1		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			1
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
		ļ		
			(If traval outside	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I		or reads, comprete deredule 1)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide foradditional reporting requirements.

P.O. Box 12070

PL	EDGED CONTRIBUTIONS			SCHEDULE B
	The Instruction Guide explains how to complete this	s form.	1 Total pages Scho	edule B:
2 FILEF	NAME Jonathan Horton		3 ACCOUNT # (E	thics Commission Filers)
4	TOTAL OF UNITEMIZED PLEDGES:	$\Rightarrow \Rightarrow \Rightarrow$	⇒ ⇒	\$ Ø
5 Date	6 Full name of pledgor out-of-state PAC (ID#)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		(If travel outside o	 - of Texas, complete Schedule T)
10 Princip	pal occupation / Job title (See Instructions)	11 Employer (See I	•	Tonda, complete contact in
Date	Full name of pledgor out-of-state PAC (ID#		Amount of	In-kind description
	Pledgor address; City; State; Zip Code		pledge (\$)	(if applicable)
			(If travel outside o	of Texas, complete Schedule T)
Princip	pal occupation / Job title (See Instructions)	Employer (See II	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
Princip	pal occupation / Job title (See Instructions)	Employer (See In	<u> </u>	of Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
			(If Assural autoide a	4 Taura - complete Cabadula T)
Princip	al occupation / Job title (See Instructions)	Employer (See II		f Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		(If travel outside o	f Texas, complete Schedule T)
Princip	al occupation / Job title (See Instructions)	Employer (See In		
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see instru			requirements.

LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	elete this form.	1 Total pa	ages Schedule E:
2 FILER NAME Jorath	ran Horton		3 ACCOL	JNT # (Ethics Commission Filers)
4 TOTA	AL OF UNITEMIZED LOANS:	+ + + + +	⇔	\$ Ø
5 Date of loan	7 Name of lender [out-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
Y N				11 Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)		1
14 Description of Col	lateral	<u> </u>		
15 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)
not applicable	17 Guarantor address; City;	State; Zip Code		
19 Principal Occupat	ion (See Instructions)	20 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City; State;	Zip Code		Interest rate
Institution?				Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral			
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code		
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
If lend	ATTACH ADDITIONAL COPIE fer is out-of-state PAC, please see instru	S OF THIS SCHEDULE AS NEE		uirements.

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor I ising Expense (rict ental Expense (Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	©	complete this for	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1-27-11 6 Amount (\$)	5 Payee name Harland Clark 7 Payee address; City; St 10931 Laureate Dr. San Antonio, TX 78	zate; Zip Code		
8 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/C	(a) Category (See categories listed at the to Accounting / Banking Candidate / Officeholder name	p of this schedule)	(b) Description (i	·
Date 1-30-11 Amount (\$)	Payee name Office Depot Payee address; City; St 401 Carroll St. For Worth, TX	76107		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Category (See categories listed at the top Advertising Expension Candidate / Officeholder name	'	Plyers Office sought	f travel outside of Texas, complete Schedule T) Office held
Date 2-12-11 Amount (\$) 30.14	Payee name Target Payee address; City; Sta 75) Alfa Mere Fort Worth, TX	ate; Zip Code		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Category (See categories listed at the top Other - Office Support Candidate / Officeholder name	o of this schedule)	_ ` `	rkers Paper Office held
Date 2-14-11	Payee name City of Fort wort			
Amount (\$)	Payee address; City: Sta 1000 Throckmorton Fort worth, TX 7	- •		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	F:1:-3 F	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULE AS NI	EEDED

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense	EXPENDITURE (Gift/Awards/Memorials Expense	CATEGORIES Salaries/Wages/Co		Loan Repayment/Reimbursem	
Accounting/Banking	•	Salaries/Wages/Co	intract Labor	Loan Panayment/Paimhursem	
	Land Oraciona	•		Loan Mepayment/Nembursem	ent
Consulting Evpense		Solicitation/Fundra	ising Expense	Transportation Equipment & Re	elated Expense
	Food/Beverage Expense	Travel In District		Contributions/Donations Made	Ву
Event Expense		Travel Out Of Dist		Candidate/Officeholder/Poli	tical Committee
Fees	Printing Expense The Instruction Guide	Office Overhead/R	•	OTHER (enter a category not	isted above)
1 Total pages Schedule F: 2	2 FILER NAME	explains now to	complete this to		
H Total pages Scriedule F.	Jonathan Hor	ton		3 ACCOUNT # (Ethics C	ommission Filers
	5 Payee name				
2-17-11	Parant County	Election	S		
6 Amount (\$) 7		te; Zip Code			
00 ره	2700 Premier St.				
2.	Fort Worth, TX 7	76111			
B PURPOSE (a	a) Category (See categories listed at the top of		(h) Description	(If travel outside of Texas, complete Se	shadula T\
OF		or una soriedale)			neddie ()
EXPENDITURE	Fees		Voter	Litt	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office	e held
Date	Payee name				
2-20-11	Office Denot				
Amount (\$)	Pavee address: City: Stat.	e; Zip Code			~
	6680 West Freeway				
174.03	= 1,100.4	,			
	Fort Worth, TX 76	ગાહ			
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description	(If travel outside of Texas, complete So	hedule T)
OF EXPENDITURE	Printing Expense		Flyers		
Complete ONLY if direct	Candidate / Officeholder name		Office sought		held
expenditure to benefit C/OH					
Date	Payee name				
2,20-11	Love Shack				
Amount (\$)		e; Zip Code			
	817 Matisse Ste	L165			
124,50					
	Fort worth, TX.	76107			
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description (If travel outside of Texas, complete Sci	nedule T)
EXPENDITURE F	food / Beverage Exper	-10	Voluteer	Lunch	
		~30			11.4
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office	held
Date	Payee name				
3-9-11	Compaign Sign	Solution	~(
Amount (\$)	Payee address; City: State	: Zip Code			
\$ 5 80 12	404 I-45 South				
*300.	۔ نے ا	777//-			
	Huntsville, 1X	77340			
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (f travel outside of Texas, complete Sch	edule T)
0.5	^ -		V		,
EXPENDITURE	Printing Expense		tord Si	gns	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office	held
	ATTACH ADDITIONAL COR	PIES OF THIS SO	CHEDIN F AS N	FEDED	
	A TAGE ADDITIONAL OUT	.2001 1111001			

POLITICAL EXPENDITURES

SCHEDULE F

	EVACABITIES OATSOONS		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundi Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead/ The Instruction Guide explains how to	Contract Labor raising Expense strict Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers
7-11	5 Payee name USPS		
Amount (\$) \$ 16.51	7 Payee address; City; State; Zip Code 3101 w 645 St. Fort Worth, TX 76(07		
PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Other Postage	1-bsta	ge
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	t Office held
Date 3-14-11	Payee name USPS		
Amount (\$) 44.	Payee address; City; State; Zip Code 2d N Nolen Dr		
	Southlake. TX 76092	T Description	
PURPOSE OF	Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Offer · Postage Candidate / Officeholder name	Office sough	
3-19-11	Payee name Office Depot		
Amount (\$) \$ 179,36	Payee address; City; State; Zip Code 6680 Lest FreeLay Fort Worth, TX 76116		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense	Floors	and Ink
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sough	
Date 4-3-11	Payee name Ofice Depot		
Amount (\$) \$35.49	Payee address; City; State; Zip Code 6600 Lest FreeLay		
33 .	Fort Worth, TX 20116		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	1 11 1	If travel outside of Texas, complete Schedule T)
PURPOSE OF	Category (See categories listed at the top of this schedule) Candidate / Officeholder name	1 11 1	excl

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Distr Office Overhead/Ro	ntract Labor Lo sing Expense Tra Co rict	an Repayment/Reimbursement ansportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee ITHER (enter a category not listed above)
	The Instruction Guide	explains how to	complete this form.	
1 Total pages Schedule G:	2 FILER NAME	lon		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name			
1-18-11	Yahoo! Inc.			
6 Amount (\$) \$123.36 Reimbursement from	7 Payee address; City; Sta 701 First Ave Sumyvale, CA 940	ate; Zip Code		
political contributions intended	, , , , , , , , , , , , , , , , , , , ,		<u>r </u>	
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If t	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expens	se	web Host	<i>n</i> -9
Date -18-11	Payee name USPS			
Amount (\$)	Payee address; City; Sta 3101 W. 6th St.	ate; Zip Code		
Reimbursement from political contributions intended	Fort Worth. TX 7610	フ		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (Ift	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees		P.O. Bo>	C
Date	Payee name			
1-20-11	Office Depot			•
Amount (\$)	You Carroll St.	ate; Zip Code		
Reimbursement from political contributions intended	Fort worth, TX 70	5167		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If to	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense		Busires	Cards
Date	Payee name			
1-20-11	Office Depot			
Amount (\$) 32.46	Payee address; City; Sta	ite; Zip Code		
Reimbursement from political contributions intended	Fot Worth, TX 76			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If to	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expens	e	Business	Cards
	ATTACH ADDITIONAL CO	OPIES OF THIS SO	CHEDULE AS NEE	EDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling 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 H:	2 FILER NAME Jorathan Harton	3 ACCOUNT # (Ethics C	ommission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete So	chedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought Office	e 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 Sci	hedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	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 Sch	hedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 Sch	nedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office	held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

(512) 463-5800

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

1-800-325-8506

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

Polling Expense

Printing Expense

Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	ine instruction Guide explains now to	complete this form.		
1 Total pages Schedule I:	2 FILER NAME Soverthan Horton	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(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:		
2 FILER NAM	Jonathan Horton	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	6 Payor address; City; State; Zip Code	8 Amount (\$)		
	6 Payor address; City; State; Zip Code 7 Reason for credit			
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)		
	Reason for credit			
Date	Payor name	Amount (\$)		
	Reason for credit			
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)		
	Reason for credit			
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)		
	Reason for credit			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED		

	RIBUTION OR POLITICAL EXPENDUTSIDE OF TEXAS	DITURE SCHEDULE T		
The Instruction	Guide explains how to complete this form.	1 Total pages Schedule T:		
2 FILER NAME Jonatho	in Horton	3 ACCOUNT # (Ethics Commission Filers)		
4 Name of Contributor / Corpo	ration or Labor Organization / Pledgor / Payee			
5 Contribution / Expenditure re	ported on:			
Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G				
Schedule I	H Schedule N COH-UC COH-T	PAC-C PAC-E		
6 Dates of travel 7 Name of person(s) traveling				
8 Departure city or name of departure location				
9 De	estination 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 / Corpora	tion or Labor Organization / Pledgor / Payee			
Contribution / Expenditure repo	orted on:			
Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G				
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED		