

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: right; font-size: 1.2em;">12</div>																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:35%; font-size: 0.8em;">FIRST</td> <td style="width:15%; font-size: 0.8em;">MI</td> </tr> <tr> <td style="text-align: center;">Mr.</td> <td style="text-align: center;">Jarrod</td> <td style="text-align: center;">M.</td> </tr> <tr> <td style="font-size: 0.7em;">NICKNAME</td> <td style="font-size: 0.7em;">LAST</td> <td style="font-size: 0.7em;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Hamlin</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	Jarrod	M.	NICKNAME	LAST	SUFFIX		Hamlin		<div style="text-align: center; border: 1px solid black; padding: 2px; font-weight: bold;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="font-size: 0.8em;">Date Received</p>  </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px; font-size: 0.8em;">Date Hand-delivered or Date Postmarked</div> <table style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%; border-bottom: 1px solid black; font-size: 0.8em;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black; font-size: 0.8em;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; font-size: 0.8em;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; font-size: 0.8em;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged	
MS / MRS / MR	FIRST	MI																			
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NICKNAME	LAST	SUFFIX																			
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 0.8em;">ADDRESS / PO BOX:</td> <td style="width:15%; font-size: 0.8em;">APT / SUITE #:</td> <td style="width:15%; font-size: 0.8em;">CITY:</td> <td style="width:10%; font-size: 0.8em;">STATE:</td> <td style="width:30%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td>P. O. Box 1500;</td> <td></td> <td>Bryan;</td> <td>TX;</td> <td>77806</td> </tr> </table> <input type="checkbox"/> Change of Address			ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	P. O. Box 1500;		Bryan;	TX;	77806								
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Mr.	Nolan	M.																			
NICKNAME	LAST	SUFFIX																			
Marc	Hamlin																				
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: 0.8em;">STREET ADDRESS (NO PO BOX PLEASE):</td> <td style="width:10%; font-size: 0.8em;">APT / SUITE #:</td> <td style="width:10%; font-size: 0.8em;">CITY:</td> <td style="width:10%; font-size: 0.8em;">STATE:</td> <td style="width:30%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td>6195 Hardy Weedon RD;</td> <td></td> <td>College Station;</td> <td>TX;</td> <td>77845</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE	6195 Hardy Weedon RD;		College Station;	TX;	77845								
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><input type="checkbox"/> January 15</td> <td style="width:20%;"><input checked="" type="checkbox"/> 30th day before election</td> <td style="width:20%;"><input type="checkbox"/> Runoff</td> <td style="width:40%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)										
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 0.8em;">Month</td> <td style="width:10%; font-size: 0.8em;">Day</td> <td style="width:15%; font-size: 0.8em;">Year</td> <td style="width:10%;"></td> <td style="width:15%; font-size: 0.8em;">Month</td> <td style="width:10%; font-size: 0.8em;">Day</td> <td style="width:15%; font-size: 0.8em;">Year</td> </tr> <tr> <td style="text-align: center;">07</td> <td style="text-align: center;">/ 01</td> <td style="text-align: center;">/ 2015</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">09</td> <td style="text-align: center;">/ 24</td> <td style="text-align: center;">/ 2015</td> </tr> </table>			Month	Day	Year		Month	Day	Year	07	/ 01	/ 2015	THROUGH	09	/ 24	/ 2015				
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 0.8em;">ELECTION DATE</td> </tr> <tr> <td style="width:15%; font-size: 0.8em;">Month</td> <td style="width:10%; font-size: 0.8em;">Day</td> <td style="width:15%; font-size: 0.8em;">Year</td> </tr> <tr> <td style="text-align: center;">11</td> <td style="text-align: center;">/ 03</td> <td style="text-align: center;">/ 2015</td> </tr> </table>	ELECTION DATE			Month	Day	Year	11	/ 03	/ 2015	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 0.8em;">ELECTION TYPE</td> </tr> <tr> <td style="width:33%;"><input type="checkbox"/> Primary</td> <td style="width:33%;"><input type="checkbox"/> Runoff</td> <td style="width:34%;"><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		ELECTION TYPE			<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
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12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)																			
		Bryan City Council - SMD 5																			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **Jarrod M. Hamlin** 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / 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
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

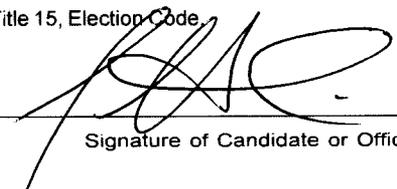
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3216.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1590.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2959.78
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00

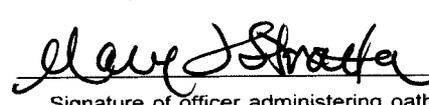
18 AFFIDAVIT

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 15, Election Code.


 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jarrod Hamlin, this the 5th day of October, 2015, to certify which, witness my hand and seal of office.

 Mary L. Stratta City Secretary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Jarrod M. Hamlin	20 Filer ID (Ethics Commission Filers)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3216.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 500.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1590.92
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
11. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7**

2 FILER NAME
Jarrold M. Hamlin

3 Filer ID (Ethics Commission Filers)

4 Date
8-4-15

5 Full name of contributor out-of-state PAC (ID#: _____)
Mr. William Oliver

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
PO Box 625; Bryan; TX 77806

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
8-13-15

Full name of contributor out-of-state PAC (ID#: _____)
Mr. Calvin & Mrs. Patsy Wade

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
3807 Williams Bend; Bryan; TX 77808

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8-21-15

Full name of contributor out-of-state PAC (ID#: _____)
Ms. Karen Hall

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
PO Box 13; Bryan; TX 77862

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9-3-15

Full name of contributor out-of-state PAC (ID#: _____)
Mr. Don McDonald

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
PO Box 5044 Camp Verde; TX 78010

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Jarrold M. Hamlin		3 Filer ID (Ethics Commission Filers)
4 Date 9-3-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Scott McDonald 6 Contributor address; City; State; Zip Code 200 East 33rd ST; Bryan; TX; 77803	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9-16-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Robert Brown Contributor address; City; State; Zip Code 4575 Pellicans Point Cove; College Station; TX; 77845	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-17-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ms. Jean Madsen Contributor address; City; State; Zip Code 2613 Leila Court; Bryan; TX; 77802	Amount of contribution (\$) 41.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-17-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Scott Fraley Contributor address; City; State; Zip Code 5274 Sagewood DR; College Station; TX; 77845	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: **7**

2 FILER NAME

Jarrold M. Hamlin

3 Filer ID (Ethics Commission Filers)

4 Date

9-17-15

5 Full name of contributor

Mr. Tom Chavers

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

18924 Pipeline RD; College Station; TX; 77845

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-17-15

Full name of contributor

Ms. Sandra Portzer

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

18924 Pipeline RD; College Station; TX; 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-17-15

Full name of contributor

Ms. Michelle Bunch

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

18924 Pipeline RD; College Station; TX; 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-17-15

Full name of contributor

Ms. Bonnie Nuche

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

2615 Leila CT; Bryan; TX; 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7**

2 FILER NAME

Jarrod M. Hamlin

3 Filer ID (Ethics Commission Filers)

4 Date

9-17-15

5 Full name of contributor

out-of-state PAC (ID#: _____)

Mr. William Dickson, JR.

6 Contributor address;

City; State; Zip Code

9788 Sandy Point RD; Bryan; TX; 77807

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-17-15

Full name of contributor

out-of-state PAC (ID#: _____)

Mr. Conrad & Mrs. Charlotte Machan

Contributor address;

City; State; Zip Code

5829 Chick LN; Bryan; TX; 77807

Amount of contribution (\$)

75.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-17-15

Full name of contributor

out-of-state PAC (ID#: _____)

Mr. William Kuykendall, JR.

Contributor address;

City; State; Zip Code

1205 Sul Ross DR; Bryan; TX; 77802

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-17-15

Full name of contributor

out-of-state PAC (ID#: _____)

Mr. Jimmie Weedon

Contributor address;

City; State; Zip Code

5355 Elmo Weedon RD; College Station; TX; 77845

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

Jarrod M. Hamlin

3 Filer ID (Ethics Commission Filers)

4 Date

9-17-15

5 Full name of contributor

out-of-state PAC (ID#: _____)

Mr. Joseph Patranella

6 Contributor address;

City; State; Zip Code

801 S. Rosemary DR;

Bryan; TX; 77802

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-17-15

Full name of contributor

out-of-state PAC (ID#: _____)

Mr. Michael Patranella

Contributor address;

City; State; Zip Code

1506 E. 31st Street;

Bryan; TX; 77802

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-17-15

Full name of contributor

out-of-state PAC (ID#: _____)

Ms. Mary Fowler

Contributor address;

City; State; Zip Code

PO Box 723;

Bryan; TX; 77806

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-17-15

Full name of contributor

out-of-state PAC (ID#: _____)

Mr. Larry Mariott

Contributor address;

City; State; Zip Code

209 Rock Praire RD;

College Station; TX; 77845

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Jarrold M. Hamlin		3 Filer ID (Ethics Commission Filers)
4 Date 9-17-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Kyle & Mrs. Shelly Duge 6 Contributor address; City; State; Zip Code 2915 Brandenburg LN; Brenham; TX; 77833	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9-17-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Mary Joyce Contributor address; City; State; Zip Code 3924 Park Meadow LN; Bryan; TX; 77802	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-17-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Lloyd Joyce Contributor address; City; State; Zip Code 3924 Park Meadow LN; Bryan; TX; 77802	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-18-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Dan Beto Contributor address; City; State; Zip Code PO Box 3993; Bryan; TX; 77805	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

Jarrold M. Hamlin

3 Filer ID (Ethics Commission Filers)

4 Date

9-21-15

5 Full name of contributor

Dr. Terry Jones

out-of-state PAC (ID#: _____)

6 Contributor address;

501 College View DR;

City; State; Zip Code

Bryan; TX; 77801

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Jarrold M. Hamlin		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 8-26-15	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Jarrold M. Hamlin	9 Loan Amount (\$) 500.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code PO Box 1500 Bryan TX 77806-1500	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Manager		13 Employer (See Instructions) Lloyd Joyce Agri Services
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Jarrod M. Hamlin	3 Filer ID (Ethics Commission Filers)
4 Date 8-26-15	5 Payee name Dirt Cheap Signs	
6 Amount (\$) 1197.25	7 Payee address; City; State; Zip Code 7301 Bar K Ranch RD; Lago Vista; TX; 78645	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard / Road Signs
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 9-14-15	Payee name Admail	
Amount (\$) 344.96	Payee address; City; State; Zip Code 427 Dellwood Street; Bryan; TX; 77801	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising / Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense postcards printed & mailed
	Candidate / Officeholder name Office sought Office held	
Date 9-17-15	Payee name Admail	
Amount (\$) 48.71	Payee address; City; State; Zip Code 427 Dellwood Street; Bryan; TX; 77801	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising / Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense postcards to hand out
	Candidate / Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED