

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Jarrod M. Hamlin		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,485.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2,126.15
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 84.44
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.05

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

Jarrod M. Hamlin

3 Filer ID (Ethics Commission Filers)

4 Date

10-1-15

5 Full name of contributor

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

Mr. Mike & Mrs. Diane McCleary

6 Contributor address;

City; State; Zip Code

3649 Barron Cut Off Rd; College Station; TX; 77845

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-2-15

Full name of contributor

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

Mr. Steve Purcell

Contributor address;

City; State; Zip Code

PO Box 4287; Bryan; TX; 77805-4287

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-2-15

Full name of contributor

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

Mr. Luke Purcell

Contributor address;

City; State; Zip Code

PO Box 4287; Bryan; TX; 77805-4287

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-5-15

Full name of contributor

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

Mr. Rudy & Mrs. Linda Schultz

Contributor address;

City; State; Zip Code

6150 Steep Hollow Rd; Bryan; TX; 77808-5113

Amount of contribution (\$)

60.00

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

Jarrod M. Hamlin

3 Filer ID (Ethics Commission Filers)

4 Date

10-5-15

5 Full name of contributor

Mr. Phil Adams

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

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

3000 Briarcrest Dr, STE 508; Bryan; TX; 77802

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-12-15

Full name of contributor

Mr. William Lane

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

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

2122 Kazmeier; Bryan; TX; 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-13-15

Full name of contributor

Mr. Charles Mancuso

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

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

PO Box 5611; Bryan; TX; 77805

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-19-15

Full name of contributor

Mr. Ronnie & Mrs. Diana Miller

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

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

709 Royal Adelaide Dr; College Station; TX; 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

Jarrold M. Hamlin

3 Filer ID (Ethics Commission Filers)

4 Date

10-19-15

5 Full name of contributor

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

Mr. Hugh & Mrs. Rebecca Seale

6 Contributor address; City; State; Zip Code

101 Redbud; Bryan; TX; 77801

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-19-15

Full name of contributor

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

Brazos Golf Association

Contributor address; City; State; Zip Code

PO Box 4006; Bryan; TX; 77805

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-21-15

Full name of contributor

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

Dr. Steve Opersteny

Contributor address; City; State; Zip Code

7744 Jones Rd; College Station; TX; 77845

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-23-15

Full name of contributor

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

Mr. Conrad Machan

Contributor address; City; State; Zip Code

5829 Chick Ln; Bryan; TX; 77807

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

Jarrold M. Hamlin

3 Filer ID (Ethics Commission Filers)

4 Date

10-23-15

5 Full name of contributor

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

Mrs. Charlotte Machan

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

5829 Chick Ln; Bryan; TX; 77807

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Jarrod M. Hamlin	3 Filer ID (Ethics Commission Filers)
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4 Date 9-30-15	5 Payee name C&J Bar-B-Que
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6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 1010 S. Texas Ave; Bryan; TX; 77803
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 rented room for meeting of supporters
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-1-15	Payee name Admail
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Amount (\$) 689.92	Payee address; City; State; Zip Code 427 Dellwood St; Bryan; TX; 77801
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-9-15	Payee name Copy Corner
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Amount (\$) 166.71	Payee address; City; State; Zip Code 2307 Texas Ave South, STE B; College Station; TX; 77840
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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 door hangers printed
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Complete <u>ONLY</u> 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 MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 G: 1	2 FILER NAME Jarrod M. Hamlin	3 Filer ID (Ethics Commission Filers)
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4 Date 9-25-15	5 Payee name Copy Corner
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6 Amount (\$) 84.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2307 Texas Ave South, Ste B; College Station, TX; 77840
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising / Printing Expense	(b) Description stickers for signs R.O.W. compliance <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME Jarrod M. Hamlin

3 Filer ID (Ethics Commission Filers)

4 Date
9-30-15

5 Name of person from whom amount is received
Greater Texas Federal Credit Union / Aggieland Credit Union

8 Amount (\$)
0.05

6 Address of person from whom amount is received; City; State; Zip Code
2127 E Wm J Bryan Pkwy; Bryan; TX; 77802

7 Purpose for which amount is received Check if political contribution returned to filer
dividend from campaign funds in account

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

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