

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr. Jim H
NICKNAME LAST SUFFIX
Tolbert

OFFICE USE ONLY

Date Received

4/5/2017 10:44:23 AM

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2701 Frankfort Ave., El Paso TX 79930

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 525-7364

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Dr. Richard C.
NICKNAME LAST SUFFIX
Bonart

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
6525 Loma de Cristo, El Paso TX 79912

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 833-9299

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
01/01/2017 THROUGH **04/05/2017**

11 ELECTION

ELECTION DATE

Month Day Year

05/06/2017

ELECTION TYPE

Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

District 2

13 OFFICE SOUGHT (if known)

District 2

GO TO PAGE 2

City Clerk Dept.
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME
Mr. Jim H Tolbert

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.

| | | |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|--------------------------------|---|--------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 11,405.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 6,713.13 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 9,078.37 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

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.

James H Tolbert
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James H Tolbert, this the 5 day of April, 2017, to certify which, witness my hand and seal of office.

John Glendon

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

City Clerk Dept.
4/5/2017 11:02:08 AM

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | |
|--|--|---|
| 19 FILER NAME Mr. Jim H Tolbert | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 11,405.00 |
| 2. <input checked="" type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 3. <input checked="" type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0.00 |
| 4. <input checked="" type="checkbox"/> | SCHEDULE E: LOANS | \$ 0.00 |
| 5. <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 6,713.13 |
| 6. <input checked="" type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0.00 |
| 7. <input checked="" type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 8. <input checked="" type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0.00 |
| 9. <input checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0.00 |
| 10. <input checked="" type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0.00 |
| 11. <input checked="" type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 12. <input checked="" type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.00 |

City Clerk Dept.
4/5/2017 11:02:08 AM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10

2 FILER NAME

Mr. Jim H Tolbert

3 Filer ID (Ethics Commission Filers)

4 Date

01/06/2017

5 Full name of contributor out-of-state PAC (ID#: _____)
Lane Gaddy
.....
6 Contributor address; City; State; Zip Code
908 Cincinnati, El Paso TX 79902

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/15/2017

Full name of contributor out-of-state PAC (ID#: _____)
David Webster
.....
Contributor address; City; State; Zip Code
5747 Mira Grande El Paso TX 79912

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/10/2017

Full name of contributor out-of-state PAC (ID#: _____)
Marshall Carter-Tripp
.....
Contributor address; City; State; Zip Code
79 Kingery Drive, El Paso TX 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date

01/11/2017

Full name of contributor out-of-state PAC (ID#: _____)
Richard C. Bonart
.....
Contributor address; City; State; Zip Code
6524 Loma de Cristo El Paso TX 79912

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)
Retired

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.

City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10

2 FILER NAME

Mr. Jim H Tolbert

3 Filer ID (Ethics Commission Filers)

4 Date

01/14/2017

5 Full name of contributor out-of-state PAC (ID#: _____)

Ramona De La Paz Torres

6 Contributor address; City; State; Zip Code

2706 Frankfort Ave El Paso TX 79930

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

01/12/2017

Frederic P. Dalbin

Contributor address; City; State; Zip Code

2409 Savannah, El Paso TX 79930

100

Principal occupation / Job title (See Instructions)

Architect

Employer (See Instructions)

Wright-Dalbin

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

01/12/2017

Geoffrey C. Wright

Contributor address; City; State; Zip Code

1303 N. Cotton El Paso TX 79902

100

Principal occupation / Job title (See Instructions)

Architect

Employer (See Instructions)

Wright-Dalbin

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

01/12/2017

Mary E. Karlsruher

Contributor address; City; State; Zip Code

35 Sun Point Ln El Paso TX 79912

500

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

CSA Design Group Inc

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10

2 FILER NAME

Mr. Jim H Tolbert

3 Filer ID (Ethics Commission Filers)

4 Date

01/02/2017

5 Full name of contributor out-of-state PAC (ID#: _____)

Jane Fowler

6 Contributor address; City; State; Zip Code

3212 Kilkenny Rd, El Paso TX 79925

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/01/2017

Full name of contributor out-of-state PAC (ID#: _____)

Richard V. Teschner

Contributor address; City; State; Zip Code

1800 N. Stanton St #302 El Paso TX 79902

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)
Professor

Employer (See Instructions)
UTEP

Date

01/12/2017

Full name of contributor out-of-state PAC (ID#: _____)

Joyce Edwards Feinberg

Contributor address; City; State; Zip Code

701 Blanchard, El Paso TX 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/04/2017

Full name of contributor out-of-state PAC (ID#: _____)

Robert Perel

Contributor address; City; State; Zip Code

2435 Mayfield Terrace El Paso TX 79930

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

Mr. Jim H Tolbert

3 Filer ID (Ethics Commission Filers)

4 Date

01/05/2017

5 Full name of contributor

Stanley P. Jobe

6 Contributor address;

1150 Southview Dr El Paso TX 79928

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

City; State; Zip Code

7 Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)

President

9 Employer (See Instructions)

Jobe Concrete

Date

02/01/2017

Full name of contributor

Roy B. Brown

Contributor address;

748-C Espada, El Paso TX 79912

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

City; State; Zip Code

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/06/2017

Full name of contributor

Judith P. Ackerman

Contributor address;

3344 Eileen Dr El Paso TX 79904

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

City; State; Zip Code

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

01/09/2017

Full name of contributor

Ho Baron

Contributor address;

2830 Aurora Ave., El Paso TX 79930

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

City; State; Zip Code

Amount of contribution (\$)

25

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:
10

2 FILER NAME

Mr. Jim H Tolbert

3 Filer ID (Ethics Commission Filers)

4 Date

01/09/2017

5 Full name of contributor

Madeleine C. Haddox

6 Contributor address; City; State; Zip Code

2711 Radford, El Paso TX 79903

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/09/2017

Full name of contributor

Carmen Haddox

Contributor address; City; State; Zip Code

2711 Radford St., El Paso TX 79903

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/09/2017

Full name of contributor

Suzanne S. Azar

Contributor address; City; State; Zip Code

2424 Altura Ave., El Paso TX 79930

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/11/2017

Full name of contributor

David C. Nemir

Contributor address; City; State; Zip Code

1221 E. Baltimore Dr, El Paso TX 79902

Amount of contribution (\$)

150

Principal occupation / Job title (See Instructions)

Engineer

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.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10

2 FILER NAME

Mr. Jim H Tolbert

3 Filer ID (Ethics Commission Filers)

4 Date

01/16/2017

5 Full name of contributor out-of-state PAC (ID#: _____)
Mounce Green Myers Safi Paxson & Galatzan PC
6 Contributor address; City; State; Zip Code
P. O. Drawer 1977 El Paso TX 79999

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/17/2017

Full name of contributor out-of-state PAC (ID#: _____)
Frances E. Turrentine
Contributor address; City; State; Zip Code
4050 Cayon Ridge Arc, Las Cruces NM 88011

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)

Date

01/20/2017

Full name of contributor out-of-state PAC (ID#: _____)
T. W. Robinson
Contributor address; City; State; Zip Code
3324 Sheppard Ave #16 El Paso TX 79904

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)

Date

01/18/2017

Full name of contributor out-of-state PAC (ID#: _____)
Genevieve E. Calcote
Contributor address; City; State; Zip Code
4431 Mobile Ave., El Paso TX

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)
retired

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.

City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10

2 FILER NAME

Mr. Jim H Tolbert

3 Filer ID (Ethics Commission Filers)

4 Date

01/27/2017

5 Full name of contributor out-of-state PAC (ID#: _____)

Monica Elisa Blancas

6 Contributor address; City; State; Zip Code

2620 Frankfort Ave El Paso TX 79930

7 Amount of contribution (\$)

20

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/27/2017

Full name of contributor out-of-state PAC (ID#: _____)

Augustin Hinojos

Contributor address; City; State; Zip Code

2403 Montana Ave El Paso TX 79903

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)
accountant

Employer (See Instructions)

Date

02/05/2017

Full name of contributor out-of-state PAC (ID#: _____)

Lewis C. Cole

Contributor address; City; State; Zip Code

1600 Arch St. #1906, Philadelphia PA 19103

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/17/2017

Full name of contributor out-of-state PAC (ID#: _____)

Leo & Frances Duran

Contributor address; City; State; Zip Code

721 Wellesley Rd El Paso TX 79902

Amount of contribution (\$)

100

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.

City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10

2 FILER NAME

Mr. Jim H Tolbert

3 Filer ID (Ethics Commission Filers)

4 Date

03/03/2017

5 Full name of contributor

Paul Tolbert

6 Contributor address; City; State; Zip Code

2233 N. 1st Ave, Upland CA 91784

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

7 Amount of contribution (\$)

2500

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

03/03/2017

Full name of contributor

June Hensley

Contributor address; City; State; Zip Code

2731 Richmond Ave., El Paso TX 79930

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

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

03/03/2017

Full name of contributor

Charlie Wakeem

Contributor address; City; State; Zip Code

741 Somerset, El Paso TX 79912

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

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

03/03/2017

Full name of contributor

John Russell

Contributor address; City; State; Zip Code

1012 Madeleine, El Paso TX 79902

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

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

retired

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.

City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10

2 FILER NAME

Mr. Jim H Tolbert

3 Filer ID (Ethics Commission Filers)

4 Date

03/06/2017

5 Full name of contributor out-of-state PAC (ID#: _____)
Ralph Wm. Richards
.....
6 Contributor address; City; State; Zip Code
P. O. Box 137, Fairacres NM 88033

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/07/2017

Full name of contributor out-of-state PAC (ID#: _____)
Irene Epperson
.....
Contributor address; City; State; Zip Code
5400 Silent Sun Ln, El Paso TX 79912

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
Jobe Concrete

Date

03/15/2017

Full name of contributor out-of-state PAC (ID#: _____)
Mary E. Karlsruher
.....
Contributor address; City; State; Zip Code
35 Sun Point Ln El Paso TX 79912

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
CSA Design Group Inc

Date

03/19/2017

Full name of contributor out-of-state PAC (ID#: _____)
Armando S. Saldivar
.....
Contributor address; City; State; Zip Code
P. O. Box 26006 El Paso TX 79926

Amount of contribution (\$)

10

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.

City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10

2 FILER NAME

Mr. Jim H Tolbert

3 Filer ID (Ethics Commission Filers)

4 Date

02/28/2017

5 Full name of contributor out-of-state PAC (ID#: _____)
Linebarger Goggan Blair & Sampson LLP
6 Contributor address; City; State; Zip Code
P. O. Box 17428, Austin TX 78760

7 Amount of contribution (\$)

500

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.

City Clerk Dept.
4/5/2017 11:02:08 AM

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|---|--|------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 0 | |
| 2 FILER NAME Mr. Jim H Tolbert | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$0.00 | |
| 5 Date | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code | 8 Amount of Contribution \$ | 9 In-kind contribution description |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of Contribution \$ | In-kind contribution description |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | Employer (FOR NON-JUDICIAL) (See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

City Clerk Dept.
4/5/2017 11:02:08 AM

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:

0

2 FILER NAME

Mr. Jim H Tolbert

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$0.00

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check 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.

City Clerk Dept.
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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
0

2 FILER NAME

Mr. Jim H Tolbert

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$0.00

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

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

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

Loan Amount (\$)

Is lender a financial Institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

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

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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: 4 | | 2 FILER NAME Mr. Jim H Tolbert | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 01/11/2017 | | 5 Payee name Two Ton Creativity | | | |
| 6 Amount (\$) 460.88 | | 7 Payee address; City; State; Zip Code 600 Linda Ave El Paso TX 79922 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design for Invitations | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 01/03/2017 | | Payee name U. S. Post Office | | | |
| Amount (\$) 21 | | Payee address; City; State; Zip Code 3011 E Yandell Dr El Paso TX 79930 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Stamps | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense stamps for invitations | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 01/25/2017 | | Payee name City of El Paso | | | |
| Amount (\$) 250 | | Payee address; City; State; Zip Code 300 N Campbell El Paso TX 79901 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Filing Fee | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense App for Filing fee | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |

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POLITICAL EXPENDITURES MADE 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
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 F1: 4 | | 2 FILER NAME Mr. Jim H Tolbert | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 02/08/2017 | | 5 Payee name Two Ton Creativity | | | |
| 6 Amount (\$) 1200 | | 7 Payee address; City; State; Zip Code 600 Linda Ave El Paso TX 79922 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) printing | | (b) 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 | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 02/17/2017 | | Payee name Edgewise Enterprises LLC | | | |
| Amount (\$) 500 | | Payee address; City; State; Zip Code 2900 Nations Ave El Paso TX 79930 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) consulting expense | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 03/06/2017 | | Payee name Edgewise Enterprises LLC | | | |
| Amount (\$) 190 | | Payee address; City; State; Zip Code 2900 Nations Ave El Paso TX 79930 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) consulting | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense canvassing | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

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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: 4 | 2 FILER NAME Mr. Jim H Tolbert | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 03/08/2017 | 5 Payee name Two Ton Creativity | | | |
| 6 Amount (\$) 2636.25 | 7 Payee address; City; State; Zip Code 600 Linda Ave El Paso TX 79922 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) printing 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 Mailers | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table> | | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name | Office sought | Office held | | |

| | | | | | |
|-------------------------------|--|--|--|-------------------------------|---------------|
| Date 03/17/2017 | Payee name Edgewise Enterprises LLC | | | | |
| Amount (\$) 355 | Payee address; City; State; Zip Code 2900 Nations Ave El Paso TX 79930 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) consulting | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense canvassing | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table> | | | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name | Office sought | Office held | | | |

| | | | | | |
|-------------------------------|--|---|--|-------------------------------|---------------|
| Date 03/15/2017 | Payee name Texas Democratic Party | | | | |
| Amount (\$) 370 | Payee address; City; State; Zip Code 1106 Lavaca Ste 100 Austin TX 78701 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) fees | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online voter database | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table> | | | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name | Office sought | Office held | | | |

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POLITICAL EXPENDITURES MADE 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
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 F1: 4 | 2 FILER NAME Mr. Jim H Tolbert | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date 03/20/2017 | 5 Payee name Edgewise Enterprises LLC | | | | |
| 6 Amount (\$) 730 | 7 Payee address; City; State; Zip Code 2900 Nations Ave El Paso TX 79930 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) consulting | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting | | | |
| | <table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> | | Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| | <table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> | | Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| | <table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> | | Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F2: 0 | 2 FILER NAME Mr. Jim H Tolbert | 3 Filer ID (Ethics Commission Filers) |
|--|--|--|

| | |
|--|---------|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ 0.00 |
|--|---------|

| | |
|---------------|---------------------|
| 5 Date | 6 Payee name |
|---------------|---------------------|

| | |
|----------------------|---|
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code |
|----------------------|---|

| | | |
|------------------------------|------------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|------------------------------|------------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) 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 |

| | | | |
|--|-------------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|---------------------|------------------------------------|--|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|---------------------|------------------------------------|--|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

0

2 FILER NAME

Mr. Jim H Tolbert

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F4: 0 | 2 FILER NAME Mr. Jim H Tolbert | 3 Filer ID (Ethics Commission Filers) |
|--|--|--|

| | |
|--|--------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$0.00 |
|--|--------|

| | |
|---------------|---------------------|
| 5 Date | 6 Payee name |
|---------------|---------------------|

| | |
|----------------------|---|
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code |
|----------------------|---|

| | | |
|------------------------------|---|--|
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
|------------------------------|---|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) 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 |
|----------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|---------------------|---|--|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
|---------------------|---|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 0 | 2 FILER NAME Mr. Jim H Tolbert | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| <input type="checkbox"/> Reimbursement from political contributions intended | | |
| 8 PURPOSE OF EXPENDITURE | (a) 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 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| <input type="checkbox"/> Reimbursement from political contributions intended | | |
| 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 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| <input type="checkbox"/> Reimbursement from political contributions intended | | |
| 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 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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

SCHEDULE H

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 H: 0 | 2 FILER NAME Mr. Jim H Tolbert | 3 Filer ID (Ethics Commission 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table> | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table> | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table> | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule I: 0 | 2 FILER NAME Mr. Jim H Tolbert | 3 Filer ID (Ethics Commission Filers) |
|--|--|--|

| | |
|---------------|---------------------|
| 4 Date | 5 Payee name |
|---------------|---------------------|

| | |
|----------------------|---|
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
|----------------------|---|

| | | |
|---|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) | (b) Description (See instructions regarding type of information required.) |
|---|--|--|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

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|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|-------------------------------|--|--|

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|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

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|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|-------------------------------|--|--|

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|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|-------------------------------|--|--|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

City Clerk Dept.
4/5/2017 11:02:08 AM

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:

0

2 FILER NAME

Mr. Jim H Tolbert

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

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

7 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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

City Clerk Dept.
4/5/2017 11:02:08 AM

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 0

2 FILER NAME
Mr. Jim H Tolbert

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

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:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

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:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

1 C/OH NAME

Mr. Jim H Tolbert

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

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

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

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

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

City Clerk Dept.
4/5/2017 11:02:08 AM