

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mr</u>	FIRST <u>Sohn</u>	MI <u>B</u>	Date Received RECEIVED DALLAS COUNTY ELECTIONS		
	NICKNAME	LAST <u>Hutcherson</u>	SUFFIX	2016 MAR 04 12:05 PM		
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify) _____			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Date Hand-delivered or Date Postmarked		
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Receipt #		
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Amount \$		
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	<u>11</u>	<u>7</u>	<u>2015</u>	THROUGH	<u>12</u>	<u>31</u>
Date Processed						
Date Imaged						

6 EXPLANATION OF CORRECTION
 Revised Forms include home address numbers for all contributors and the reflection of an (in kind) contribution.
 Forms included: C/OH pages 1-3, A1, A2, B, E, F1 and G

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

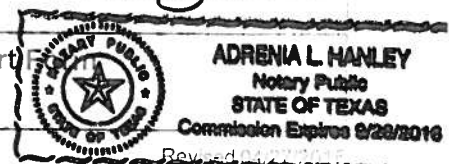
[Handwritten Signature]
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Brian Hutcherson this the 4th day of March 2016, to certify which, witness my hand and seal of office

[Handwritten Signature] notary
 Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Needed To Report And Explain Corrections



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: <u>Mr.</u> FIRST: <u>John</u> MI: <u>B</u> NICKNAME: _____ LAST: <u>Hutcherson</u> SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <u>4415 Louis Thomason Rd.</u> <u>Mesquite, TX 75150</u>	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: _____ PHONE NUMBER: <u>(214) 683-4032</u> EXTENSION: _____	Date Hand delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Mr</u> FIRST: <u>Thomas</u> MI: _____ NICKNAME: _____ LAST: <u>Latham</u> SUFFIX: _____	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <u>126 Johnson</u> <u>Sunnyvale, TX 75182</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: _____ PHONE NUMBER: <u>(214) 226-2297</u> EXTENSION: _____		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month: <u>11</u> Day: <u>7</u> Year: <u>2015</u> THROUGH Month: <u>12</u> Day: <u>31</u> Year: <u>2015</u>		
11 ELECTION	ELECTION DATE Month: <u>3</u> Day: <u>1</u> Year: <u>16</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any):	13 OFFICE SOUGHT (if known): <u>Justice of the Peace</u> <u>Pre. 2 Pl. 1</u>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	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	\$ 95 ⁻
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1100 ⁻
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 7389 ⁹⁹
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1740 ⁻
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2500 ⁻

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 _____, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

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

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 95 ⁻
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 710 ⁻
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 150 ⁻
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 2500 ⁻
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1150 ⁻
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 6239 ⁹⁹
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

John Brian Hutcheson

3 Filer ID (Ethics Commission Filers)

4 Date

11/14/15

5 Full name of contributor

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

Bruce & Christie Archer

7 Amount of contribution (\$)

\$ 50

6 Contributor address:

City: State: Zip Code

429 Sth. Walker Mesquite TX 75149

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/14/15

Full name of contributor

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

Brad Underwood

Amount of contribution (\$)

\$ 5

Contributor address:

City: State: Zip Code

921 Via Coronado Mesquite TX 75150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/15

Full name of contributor

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

Kathy Underwood

Amount of contribution (\$)

\$ 5

Contributor address:

City: State: Zip Code

921 Via Coronado Mesquite TX 75150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/15

Full name of contributor

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

Jason Underwood

Amount of contribution (\$)

\$ 5

Contributor address:

City: State: Zip Code

921 Via Coronado Mesquite, TX 75150

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:

2 FILER NAME

John Brian Hutcherson

3 Filer ID (Ethics Commission Filers)

4 Date

11/14/15

5 Full name of contributor

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

Lauren Dunn-Loreer

7 Amount of contribution (\$)

\$ 5-

6 Contributor address:

City: State: Zip Code

921 Via Coronado Mesquite TX 75150

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/14/15

Full name of contributor

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

Geraldine Childers

Amount of contribution (\$)

\$ 50-

Contributor address:

City: State: Zip Code

1120 Cowington Dr. Mesquite, TX 75149

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/15/15

Full name of contributor

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

George & Jean Burridge

Amount of contribution (\$)

\$ 100-

Contributor address:

City: State: Zip Code

4901 Country Club Mesquite TX 75150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/21/15

Full name of contributor

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

William Peevey

Amount of contribution (\$)

\$ 75-

Contributor address:

City: State: Zip Code

409 Doral Pl. Garland TX 75043

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME *John Brian Hutcherson*

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ *710*

5 Date *11/13/15*

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

8 Amount of Contribution \$ *350*

9 In-kind contribution description
Political Advertising

7 Contributor address: City: State; Zip Code
1814 Haymarket Dallas TX 75253

Check if travel outside of Texas. Complete Schedule F

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

Amount of Contribution \$

In-kind contribution description

11/14/15

John Hutcherson

\$ 360

Campaign Volunteer Meals

Contributor address: City: State; Zip Code

1814 Haymarket Dallas TX 75253

Check if travel outside of Texas. Complete Schedule F

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)

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:

2 FILER NAME

John Brian Hutcherson

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$ 150

5 Date

12/31/15

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

Jonathan Boos

8 Amount of Pledge \$

\$ 150

9 In-kind contribution description

7 Pledgor address: City: State: Zip Code

5826 Savoy Place Garland TX
75043

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

John Brian Hutcheson

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 2500⁻

5 Date of loan

11/14/15

7 Name of lender

John Brian Hutcheson

out-of-state PAC (ID#):

9 Loan Amount (\$)

\$ 2500⁻

6 Is lender a financial institution?

Y N

8 Lender address;

City:

State:

Zip Code

2606 Hollow Bend Mesquite TX 75150

10 Interest rate

NA

11 Maturity date

NA

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?

Y N

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)

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 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:	2 FILER NAME <i>John Brian Hutcheson</i>	3 Filer ID (Ethics Commission Filers):
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4 Date <i>11/14/15</i>	5 Payee name <i>Dallas County Republican</i>
---------------------------	---

6 Amount (\$) <i>\$1000-</i>	7 Payee address: City: State: Zip Code <i>10300 Nth. Central Expy Dallas TX 75231</i>
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fee</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Ballot Application Filing Fee</i>
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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 <i>12/12/15</i>	Payee name <i>Brad Underwood</i>
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Amount (\$) <i>\$150-</i>	Payee address: City: State: Zip Code <i>921 Via Coronado Mesquite TX 75150</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>RED Christmas Party</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address: City: State: Zip Code
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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
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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

**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:	2 FILER NAME <i>John Brian Hutcheson</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12/10/15</i>	5 Payee name <i>Sams</i>
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6 Amount (\$) <i>102⁷⁵</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City: State: Zip Code <i>5555 Sth. Buckner Blvd, Dallas TX 75228</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Campaign Food</i> <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 <i>12/5/15</i>	Payee name <i>Office Depot</i>
------------------------	-----------------------------------

Amount (\$) <i>17³⁰</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code <i>3795 West Emporium Court Mesquite TX 75150</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Campaign material</i> <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 <i>11/20/15</i>	Payee name <i>Office Depot</i>
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Amount (\$) <i>9⁷⁴</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code <i>3795 West Emporium Court Mesquite TX 75150</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Campaign Paper</i> <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

**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:	2 FILER NAME <i>John Brian Hutcherson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/17/15</i>	5 Payee name <i>Office Depot</i>	
6 Amount (\$) <i>\$1539</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>3795 West Emporium Circle Mesquite, TX 75150</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Campaign Paper</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>12/12/15</i>	Payee name <i>Rowlett Exchange Club</i>	
Amount (\$) <i>\$35.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>4000 Main St. Rowlett TX 75088</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fee</i>	(b) Description <i>Rowlett Parade</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>12/11/15</i>	Payee name <i>Sams</i>	
Amount (\$) <i>\$592</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>5555 Sth. Buckner Dallas TX 75228</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Parade Candy</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES 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:	2 FILER NAME <i>John Brian Hatcheson</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>11/28/15</i>	5 Payee name <i>Post Office</i>
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6 Amount (\$) <i>\$6000-</i>	7 Payee address; City; State; Zip Code <i>3501 Gus Thomason Rd, Mesquite TX 75150</i>
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Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Stamps</i> <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 (\$)	Payee address; City; State; Zip Code

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
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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 (\$)	Payee address; City; State; Zip Code

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
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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