

01-21-2020



Phillip David Haskett
P.O. Box 1941 – Mailing Address
142 Fifteenth Street
League City, TX 77574
832-245-0834

ORIGINAL

Andrew Miller
Public Information Officer
San Leon Municipal Utility District
443 24th Street
San Leon, TX 77539

Texas Public Information Act Request

Mr. Miller,

This request to the San Leon Municipal Utilities District (hereinafter the "District") for public information is made pursuant to the Texas Government Code, Title 5, Subtitle A, Chapter 552, Subchapter A, Sect. 552.001, et sec. (hereinafter the "TPIA").

I request that the items listed below be provided in digital PDF format if so created or maintained in that format.

Pursuant to the Texas Public Information Act, as amended, please provide the following public records:

Copies of all Applications for a Place on the Ballot required by Chapter 141.031 of the Texas Election Code, and all reports required by the Texas Ethics Commission as enumerated in Title 15 of the Texas Election Code including:

Appointments of Campaign Treasurer;
January & July Semi-Annual Reports;
30 Day Pre-election Reports;
8 Day Pre-election Reports;
Daily Pre-election Reports,

for all current directors, and recent former directors of the District to specifically include:


Joseph Manchaca
Tyson Kennedy
Kenneth Fortune Bishop
Kelly Neason
Keith Gossett
John Kelly, Jr.
Julie Hall

I can be reached at the telephone number listed above. Please advise when these records will be available for pick up at your offices. Thank you in advance for your prompt response.

Sincerely,



Phillip David Haskett



SAN LEON MUNICIPAL UTILITY DISTRICT
443 24TH STREET
SAN LEON, TEXAS 77539
281-339-1586 FAX: 281-339-1587
EMAIL ADDRESS: slmud1@slmud.org
WEB PAGE: www.slmud.org

February 5, 2020

Phillip David Haskett
P.O. Box 1941
League City, TX 77574

Dear Mr. Haskett:

We have received your records request under the Texas Public Information Act, dated January 21, 2020 and received in our office the same day. As previously communicated with you, I have been absent due to surgery and I appreciate the patience you've exhibited as we've worked towards fulfilling this request in as timely a manner as possible. Your request is outlined below, with copies of the documentation we have on file attached. If you have any additional questions regarding the matter, please let me know and I will do my best to work with you to come to a satisfying conclusion for your inquiry.

Copies of all Applications for a Place on the Ballot required by Chapter 141.031 of the Texas Election Code, and all reports required by the Texas Ethics Commission as enumerated in Title 15 of the Texas Election Code including:

- Appointment of Campaign Treasurer
- January and July Semi-Annual Reports
- 30 Day Pre-election Reports
- 8 Day Pre-election Reports
- Daily Pre-election Reports

For all current directors and recent former directors of the District to specifically include:

- Joseph Manchaca
- Tyson Kennedy
- Kenneth Fortune Bishop
- Kelly Neason
- Keith Gossett
- John Kelly, Jr.
- Julie Hall

Sincerely,



Andrew Miller
District Manager
San Leon MUD

APPLICATION FOR PLACE ON BALLOT

I, JOE MANCHACA, do hereby make application for a place on the ballot of the election to Directors of SAN LEON MUNICIPAL UTILITY DISTRICT. Pursuant to Election Code 141.031, I do hereby swear to the following facts:

My name is: JOE MANCHACA.

My occupation is: DIRECTOR OF FACILITIES

Office sought: DIRECTOR (full term).

I am a citizen of the United States of America.

I have not been determined mentally incompetent by a final judgment of any court.

I have not been finally convicted of a felony from which I have not been pardoned or otherwise released from the resulting disabilities.

My date of birth is: [REDACTED]

My residence address is: 2730 BROADWAY, SAN LEON TX

My mailing address is: P.O. Box 594 KEMAH, TX 77565

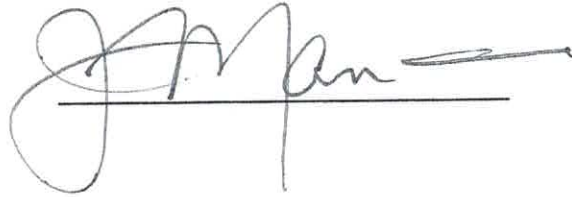
I have lived in the State of Texas for 60 years and in the SAN LEON MUNICIPAL UTILITY DISTRICT for 13 years.

I, JOE MANCHACA, of Galveston County, Texas, being a candidate for the office of Board of Directors of the San Leon Municipal Utility District, swear that I will support and defend the constitution and laws of the United States and of the State of Texas.

I am aware of the nepotism law, Articles 5996(a) through 5996(g) of the Revised Civil Statutes of the State of Texas.

I am a resident of the SAN LEON MUNICIPAL UTILITY DISTRICT.

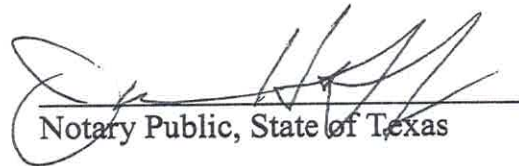
I own land in said District subject to taxation, and I am 21 years of age or over.

A handwritten signature in dark ink, appearing to read "J. Man", written over a horizontal line.

THE STATE OF TEXAS

COUNTY OF GALVESTON

SUBSCRIBED AND SWORN TO before me on this the 29th day of
January, 2014.

A handwritten signature in dark ink, appearing to read "Janice Hoffman", written over a horizontal line.

Notary Public, State of Texas



POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME MR. JOE L. MANCHACA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/9/14		5 Payee name THE UPS STORE			
6 Amount (\$) 3.60 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 2925 GULF FREEWAY SOUTH LEAGUE CITY, TX 77573			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) CARDS	
Date 3/24/14		Payee name SCRIBBLE'S			
Amount (\$) 220.29 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2825 PALMER TEXAS CITY, TX 77590			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSES		Description (If travel outside of Texas, complete Schedule T) T-SHIRTS	
Date 3/25/14		Payee name THE SIGN SHOP			
Amount (\$) 372.60 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 306 N. HWY 3 LEAGUE CITY, TX 77573			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (If travel outside of Texas, complete Schedule T) SIGNS	
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)		Description (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)		2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME		FIRST LAST	MI SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date imaged		
	MR.		JOE	L			
MANCHACA							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX:		APT / SUITE #:	CITY:		STATE:	ZIP CODE
	P.O. Box 594			KEMAH TX			77565
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE		PHONE NUMBER		EXTENSION		
	(281)		802-4640				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME		FIRST LAST	MI SUFFIX			
	MRS.		MARLENE	K	MANCHACA		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #:	CITY:	STATE:	ZIP CODE	
	2730 BROADWAY			SAN LEON, TX		77539	
8 CAMPAIGN TREASURER PHONE	AREA CODE		PHONE NUMBER		EXTENSION		
	(832)		451-4882				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)						
10 PERIOD COVERED	Month		Day	Year	THROUGH	Month Day Year	
	3		14	14		4 / 10 / 14	
11 ELECTION	ELECTION DATE Month Day Year			ELECTION TYPE			
	5 / 10 / 14			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	MUD BOARD DIRECTOR			MUD BOARD DIRECTOR			
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

MR. JOE L. MANCHACA

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 596.49

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

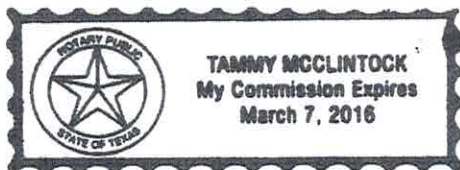
\$ 0

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

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 Joe L. Manchaca, this the 10th day of April, 20 14, 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

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.		1 Total pages filed:	
2 CANDIDATE NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE		
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION
5 OFFICE HELD (if any)	DATE HAND-DELIVERED OR POSTMARKED		
6 OFFICE SOUGHT (if known)	DATE PROCESSED		
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	NICKNAME	LAST	SUFFIX
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.		
	I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.		
	I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.		
	Signature of Candidate		Date Signed

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MR.

JOE

L

NICKNAME

LAST

SUFFIX

MANCHACA

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #

CITY

STATE

ZIP CODE

☐ change of address

P.O. Box 594 KEMAH TX 77565

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281)

822-4640

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MRS.

MARLENE

K

NICKNAME

LAST

SUFFIX

MANCHACA

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

2730 BROADWAY SAN LEON, TX 77539

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832)

651-4882

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

THROUGH

Month Day Year

4 / 11 / 14

5 / 2 / 14

11 ELECTION

Month Election Date Day Year

ELECTION TYPE

5 10 14

☐ Primary☐ Runoff☒ General☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

MUD BOARD DIRECTOR MUD BOARD DIRECTOR

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

MR. JOEL MANCHACA

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

509.40

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

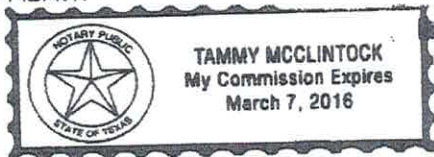
\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joe Manchaca, this the 5th day of May, 20 14, 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officerholder/Political Committee
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 MR. JOE L MANGITACA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/11/14		5 Payee name THE SIGN SHOP			
6 Amount (\$) 401.40 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: City: State: Zip Code 306 N. HWY 3 LEAGUE CITY, TX 77573			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING		(b) Description (If travel outside of Texas, complete Schedule T) SIGNS	
Date 4/28/14		Payee name THE SIGN SHOP			
Amount (\$) 108.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 306 N. HWY 3 LEAGUE CITY, TX 77573			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (If travel outside of Texas, complete Schedule T) SIGNS	
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)		Description (If travel outside of Texas, complete Schedule T)	
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)		Description (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 594 KEMAH, TX 77565	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 5 / 2 / 14 5 / 19 / 14		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 5 / 10 / 14		
12 OFFICE	13 OFFICE SOUGHT (if known)		
OFFICE HELD (if any)		OFFICE HELD (if any)	
MUD BOARD DIRECTOR		MUD BOARD DIRECTOR	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

MR. JOE L. MANCHACA

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

533.34

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

567.54

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

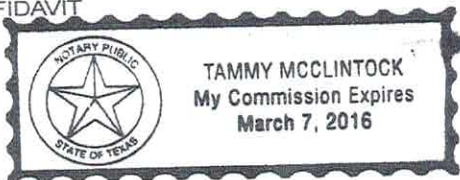
\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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.

Joe Manchaca
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joe Manchaca, this the 19th day of May, 20 14, 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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

MR. JOE L. MANCHACA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/18/14

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

STEVE HOYLAND SR

7 Amount of contribution (\$)

533.34

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1625 DICK BAY, SAN LEON TX 77539

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME MR. JOE L MANCHACA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/08/14		5 Payee name THE UPS STORE			
6 Amount (\$) 34.20 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 2925 GULF FREEWAY LEAGUE CITY, TX 77573			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING		(b) Description (If travel outside of Texas, complete Schedule T) FLYERS	
Date 5/18/14		Payee name SEABREEZE NEWS			
Amount (\$) 533.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1624 DICK BAY SAN LEON TX 77539			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (If travel outside of Texas, complete Schedule T) ADS	
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)		Description (If travel outside of Texas, complete Schedule T)	
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)		Description (If travel outside of Texas, complete Schedule T)	
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)		Description (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

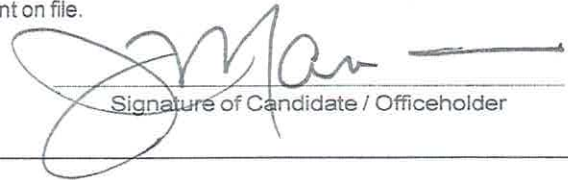
The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

MR. JOE L. MANCITACA

2 ACCOUNT # (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

Submit to:
SECRETARY OF STATE
Government Filings Section
P O Box 12887
Austin, TX 78711-2887
512-463-6334



OATH OF OFFICE

Filing Fee: None

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS,
I, Joe Manchaca, do solemnly swear (or affirm), that I will faithfully
execute the duties of the office of Director of San Leon Municipal Utility District of
the State of Texas, and will to the best of my ability preserve, protect, and defend the Constitution and laws
of the United States and of this State, so help me God.

Signature of Officer

State of Texas)
County of Galveston)

Sworn to and subscribed before me
this



21st day of May, 2014.

Signature of Notary Public or Other Officer
Administering Oath

Printed or Typed Name

Submit to:
SECRETARY OF STATE
Government Filings Section
P O Box 12887
Austin, TX 78711-2887
512-463-6334
512-463-5569 - Fax
Filing Fee: None



STATEMENT OF OFFICER

Statement

I, Joe Manchaca, do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

Position to Which Elected/Appointed: Director of San Leon Municipal Utility District

City and/or County: Galveston County

Execution

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated therein are true.

Date:

5/21/14


Signature of Officer

APPLICATION FOR PLACE ON BALLOT

I, TYSON B. KENNEDY, do hereby make application for a place on the ballot of the election to Directors of SAN LEON MUNICIPAL UTILITY DISTRICT. Pursuant to Election Code 141.031, I do hereby swear to the following facts:

My name is: TYSON B. KENNEDY.

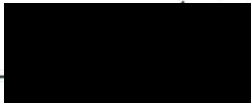
My occupation is: SALES.

Office sought: BOARD OF DIRECTORS (full term).

I am a citizen of the United States of America.

I have not been determined mentally incompetent by a final judgment of any court.

I have not been finally convicted of a felony from which I have not been pardoned or otherwise released from the resulting disabilities.

My date of birth is: 

My residence address is: 1505 JOHN ST. SAN LEON TX 77539

My mailing address is: 1505 JOHN ST. SAN LEON TX 77539

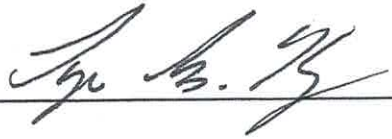
I have lived in the State of Texas for 16 years and in the SAN LEON MUNICIPAL UTILITY DISTRICT for 12 years.

I, TYSON B. KENNEDY, of Galveston County, Texas, being a candidate for the office of Board of Directors of the San Leon Municipal Utility District, swear that I will support and defend the constitution and laws of the United States and of the State of Texas.

I am aware of the nepotism law, Articles 5996(a) through 5996(g) of the Revised Civil Statutes of the State of Texas.

I am a resident of the SAN LEON MUNICIPAL UTILITY DISTRICT.

I own land in said District subject to taxation, and I am 21 years of age or over.



THE STATE OF TEXAS

COUNTY OF GALVESTON

SUBSCRIBED AND SWORN TO before me on this the _____ day of
_____, 20__.

Notary Public, State of Texas

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2999)

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT****FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Files)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME MR. TYSON KENNEDY	FIRST LAST MI SUFFIX B	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE 1505 JOHN ST SAN LEON, TX 77539		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 451-7314		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME MRS. MARLENE MANCHACA	FIRST LAST MI SUFFIX K	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE 2730 BROADWAY SAN LEON TX 77539		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 651-4882		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 3 / 17 / 14 THROUGH 4 / 10 / 14		
11 ELECTION	ELECTION DATE Month Day Year 5 / 10 / 14	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) MUD BOARD DIRECTOR	13 OFFICE SOUGHT (if known) MUD BOARD DIRECTOR	
GO TO PAGE 2			

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

MR. TYSON B. KENNEDY

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 596.49

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

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 16, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tyson B. Kennedy, this the 10th day of April, 20 14, 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

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2969)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Printing Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidates/Officeholder/Political Committee
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 **MR. TYSON B. KENNEDY** 3 ACCOUNT # (Ethics Commission Filer)

4 Date **4/9/14** 5 Payee name **THE UPS STORE**

6 Amount (\$) **3.60** 7 Payee address; City; State; Zip Code
2925 GULF FREEWAY SOUTH LEAGUE CITY, TX 77573

☐ Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
PRINTING EXPENSE CARDS

Date **3/24/14** Payee name **SCRIBBLE'S**

Amount (\$) **220.29** Payee address; City; State; Zip Code
2825 PALMER TEXAS CITY, TX 77590

☐ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
PRINTING EXPENSES T-SHIRTS

Date **3/25/14** Payee name **THE SIGN SHOP**

Amount (\$) **372.60** Payee address; City; State; Zip Code
306 N. HWY 3 LEAGUE CITY, TX 77573

☐ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
ADVERTISING SIGNS

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) Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 04/10/2013

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 CANDIDATE
NAME

MS / MRS / MR

FIRST

MI

MR.

TYSON

B.

NICKNAME

LAST

SUFFIX

KENNEDY

OFFICE USE ONLY

Acct. #

Date Received

3 CANDIDATE
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1505 JOHN ST SAN LEON, TX
77539

4 CANDIDATE
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 451-7316

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

5 OFFICE
HELD
(if any)

DIRECTOR, MUD BOARD

6 OFFICE
SOUGHT
(if known)

DIRECTOR, MUD BOARD

7 CAMPAIGN
TREASURER
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MRS

MARLENE

K

MANCHACA

8 CAMPAIGN
TREASURER
STREET
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

2730 BROADWAY SAN LEON TX 77539

9 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 651-4882

10 CANDIDATE
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.


Signature of Candidate

3/15/14
Date Signed

GO TO PAGE 2

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # Ethics Commission Fears	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME MR. TYSON KENNEDY	FIRST LAST MI SUFFIX B	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX 1505 JOHN ST SAN LEON, TX 77539	APT / SUITE # CITY STATE ZIP CODE	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 451-7316 EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME MRS. MARLENE MANCHACA	FIRST LAST MI SUFFIX K	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS - NO PO BOX PLEASE 2730 BROADWAY SAN LEON TX 77539	APT / SUITE # CITY STATE ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (832)	PHONE NUMBER 651-4882 EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 6th day before election <input type="checkbox"/> 15th day after election <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 4 / 11 / 14 THROUGH 5 / 2 / 14		
11 ELECTION	ELECTION DATE Month Day Year 5 10 14 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) MUD BOARD DIRECTOR		
13 OFFICESOUGHT (if known)	MUD BOARD DIRECTOR		

GO TO PAGE 2

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 483-5800

(TDD 1-800-735-2888)

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

MR. TYSON B. KENNEDY

15 ACCOUNT# (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

509.40CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

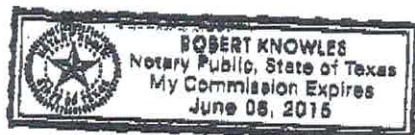
\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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 16, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tyson B. Kennedy, this the 5 day of May, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Robert Knowles

Printed name of officer administering oath

Notary

Title of officer administering oath

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2888)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel in District
Travel Out Of District
Office Overhead/Rental Expense

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME MR. TYSON B. KENNEDY		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 4/11/14		5 Payee name THE SIGN SHOP			
6 Amount (\$) 401.40 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: City: State: Zip Code 306 N. HWY 3 LEAGUE CITY, TX 77573			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING		(b) Description (if travel outside of Texas, complete Schedule T) SIGNS	
Date 4/28/14		Payee name THE SIGN SHOP			
Amount (\$) 108.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 306 N. HWY 3 LEAGUE CITY, TX 77573			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (if travel outside of Texas, complete Schedule T) SIGNS	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (if travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (if travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Submit to:
SECRETARY OF STATE
Government Filings Section
P O Box 12887
Austin, TX 78711-2887
512-463-6334



OATH OF OFFICE

Filing Fee: None

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS,
I, Tyson Kennedy, do solemnly swear (or affirm), that I will faithfully
execute the duties of the office of Director of San Leon Municipal Utility District of
the State of Texas, and will to the best of my ability preserve, protect, and defend the Constitution and laws
of the United States and of this State, so help me God.

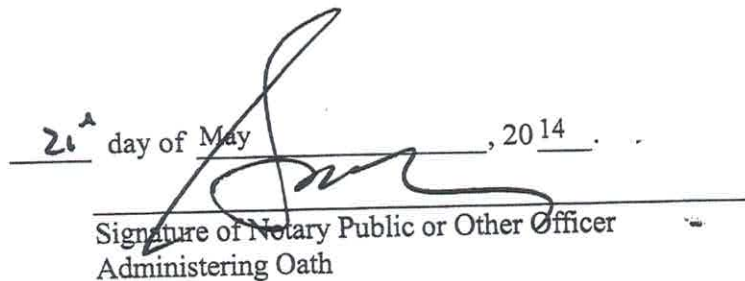


Signature of Officer

State of Texas)
County of Galveston)

Sworn to and subscribed before me
this



21st day of May, 2014


Signature of Notary Public or Other Officer
Administering Oath

Printed or Typed Name

Submit to:
SECRETARY OF STATE
Government Filings Section
P O Box 12887
Austin, TX 78711-2887
512-463-6334
512-463-5569 - Fax
Filing Fee: None



STATEMENT OF OFFICER

Statement

I, Tyson Kennedy, do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

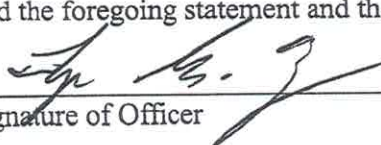
Position to Which Elected/Appointed: Director of San Leon Municipal Utility District

City and/or County: Galveston County

Execution

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated therein are true.

Date: 5/21/14


Signature of Officer

APPLICATION FOR PLACE ON BALLOT

I, John A. Kelly Jr., do hereby make application for a place on the ballot of the election to Directors of SAN LEON MUNICIPAL UTILITY DISTRICT. Pursuant to Election Code 141.031, I do hereby swear to the following facts:

My name is: John A. Kelly Jr.

My occupation is: Retired

Office sought: DIRECTOR (full term).

I am a citizen of the United States of America.

I have not been determined mentally incompetent by a final judgment of any court.

I have not been finally convicted of a felony from which I have not been pardoned or otherwise released from the resulting disabilities.

My date of birth is: [REDACTED]

My residence address is: 815 5th St., San Leon, Tx. 77539

My mailing address is: P.O. Box 1176, League City, Tx 77574

I have lived in the State of Texas for 40 years and in the SAN LEON MUNICIPAL UTILITY DISTRICT for 25 years.

I, John A. Kelly Jr., of Galveston County, Texas, being a candidate for the office of Board of Directors of the San Leon Municipal Utility District, swear that I will support and defend the constitution and laws of the United States and of the State of Texas.

I am aware of the nepotism law, Articles 5996(a) through 5996(g) of the Revised Civil Statutes of the State of Texas.

I am a resident of the SAN LEON MUNICIPAL UTILITY DISTRICT.

I own land in said District subject to taxation, and I am 21 years of age or over.

A handwritten signature in black ink, appearing to be "John Lee", written over a horizontal line.

THE STATE OF TEXAS

COUNTY OF GALVESTON

SUBSCRIBED AND SWORN TO before me on this the 29th day of
January, 2014.

A handwritten signature in black ink, appearing to be "Janice Hoffman", written over a horizontal line.
Notary Public, State of Texas

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME MR.	FIRST LAST JOHN KELLY	MI SUFFIX A JR.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX P.O. Box 1176, LEAGUE CITY, TX 77574		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 598-3404	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME MRS.	FIRST LAST MARLENE MANCHACA	MI SUFFIX K
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) 2730 BROADWAY SAN LEON, TX 77589		
8 CAMPAIGN TREASURER PHONE	AREA CODE (832)	PHONE NUMBER 651-4882	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 3 / 17 / 14 THROUGH 4 / 10 / 14		
11 ELECTION	ELECTION DATE Month Day Year 3 / 10 / 14 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) MUD BOARD DIRECTOR		
	13 OFFICE SOUGHT (if known) MUD BOARD DIRECTOR		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

MR. JOHN A. KELLY JR

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 596.49

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

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 John A Kelly Jr, this the 10 day of April, 20 14, 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME MR. JOHN A. KELLY JR.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/9/14	5 Payee name THE UPS STORE	
6 Amount (\$) 3.60 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code 2925 GULF FREEWAY SOUTH LEAGUE CITY, TX 77573	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) CARDS
Date 3/24/14	Payee name SCRIBBLE'S	
Amount (\$) 220.29 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code 2825 PALMER TEXAS CITY, TX 77590	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSES	Description (If travel outside of Texas, complete Schedule T) T-SHIRTS
Date 3/25/14	Payee name THE SIGN SHOP	
Amount (\$) 372.60 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code 306 N. HWY 3 LEAGUE CITY, TX 77573	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) SIGNS
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)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 CANDIDATE
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR John A.
Kelly JR.

OFFICE USE ONLY

Acct. #

Date Received

3 CANDIDATE
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 1176 League City TX
77574

4 CANDIDATE
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(913) 598 3404

Date Hand-delivered or Postmarked

Date Processed

5 OFFICE
HELD
(if any)

Director

Date Imaged

6 OFFICE
SOUGHT
(if known)

Director.

7 CAMPAIGN
TREASURER
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MRS Marlene K. MANCHACA

8 CAMPAIGN
TREASURER
STREET
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2730 BROADWAY JAN LEON TX 77539

9 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

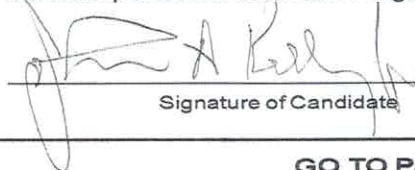
(832) 651-4882

10 CANDIDATE
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.


Signature of Candidate

10 Apr 14
Date Signed

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>MR JOHN BA</i> NICKNAME LAST SUFFIX <i>KELLY JR.</i>		OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <input type="checkbox"/> change of address <i>P.O. Box 1176 LEAGUE CITY, TX 77574</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(713) 598-3404</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>MRS. MARLENE K</i> NICKNAME LAST SUFFIX <i>MANCHACA</i>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>2730 BROADWAY SAN LEON TX 77539</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(832) 651-4882</i>		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>5 / 2 / 14</i> <i>5 / 19 / 14</i>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <i>5 / 10 / 14</i>		
12 OFFICE	OFFICE HELD (if any) <i>MUD BOARD DIRECTOR</i>		13 OFFICE SOUGHT (if known) <i>MUD BOARD DIRECTOR</i>
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

MR. JOHN ^A KELLY JR.

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

533.33

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

567.53

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

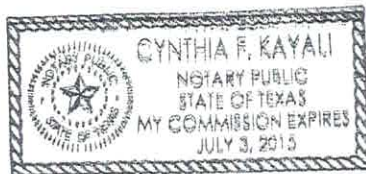
\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said John Kelly, this the 18th day of June, 202014, 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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: <div style="text-align: center;">1</div>	
2 FILER NAME <div style="text-align: center;">MR. JOHN A. KELLY JR.</div>				3 ACCOUNT # (Ethics Commission Filers)	
4 Date <div style="text-align: center;">5/18/14</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="text-align: center;">STEVE HOYLAND SR</div>		7 Amount of contribution (\$) <div style="text-align: center;">533.33</div>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <div style="text-align: center;">1624 DICK BAY SAN LEON TX 77539</div>			(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
(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.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME MR. JOHN B. KELLY		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/8/14		5 Payee name THE UPS STORE			
6 Amount (\$) 34.20 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 2925 GULF FREEWAY LEAGUE CITY, TX 77573			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING		(b) Description (If travel outside of Texas, complete Schedule T) CARDS	
Date 5/18/14		Payee name SEABREEZE NEWS			
Amount (\$) 533.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1624 DICK BAY SAN LEON, TX 77539			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (If travel outside of Texas, complete Schedule T) ADS.	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

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 NAMEA
MR. JOHN B. KELLY.**2 ACCOUNT #** (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

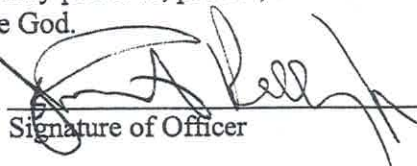
Submit to:
SECRETARY OF STATE
Government Filings Section
P O Box 12887
Austin, TX 78711-2887
512-463-6334



OATH OF OFFICE

Filing Fee: None

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS,
I, John Kelly Jr., do solemnly swear (or affirm), that I will faithfully
execute the duties of the office of Director of San Leon Municipal Utility District of
the State of Texas, and will to the best of my ability preserve, protect, and defend the Constitution and laws
of the United States and of this State, so help me God.



Signature of Officer

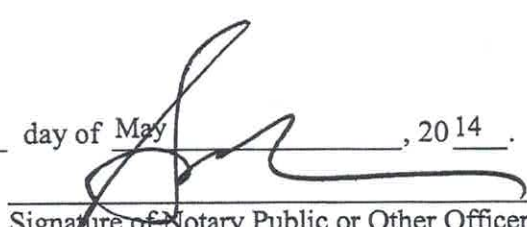
State of Texas)
County of Galveston)

Sworn to and subscribed before me
this

(seal)



21st day of May, 2014.



Signature of Notary Public or Other Officer
Administering Oath

Printed or Typed Name

Submit to:
SECRETARY OF STATE
Government Filings Section
P O Box 12887
Austin, TX 78711-2887
512-463-6334
512-463-5569 - Fax
Filing Fee: None



STATEMENT OF OFFICER

Statement

I, John Kelly, Jr., do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

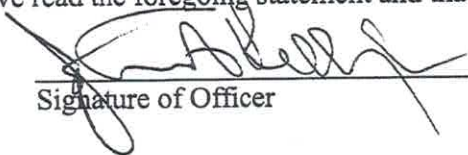
Position to Which Elected/Appointed: Director of San Leon Municipal Utility District

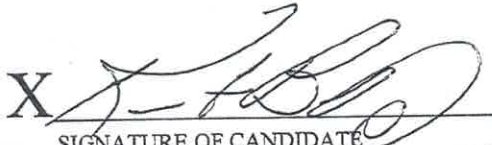
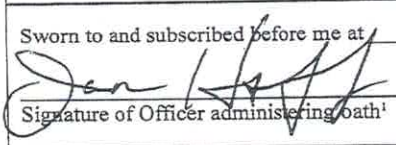
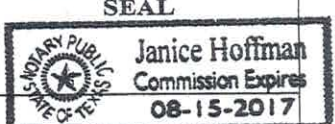
City and/or County: Galveston County

Execution

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated therein are true.

Date: 5/21/14


Signature of Officer

APPLICATION FOR A PLACE ON THE <u>DIRECTOR</u> GENERAL ELECTION BALLOT					
TO: Secretary of Board					
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.					
OFFICE SOUGHT Include any place number or other distinguishing number, if any. <u>DIRECTOR</u>				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) <u>KENNETH FORTUNE BISHOP</u>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT <u>KENNETH FORTUNE BISHOP</u>		
PERMANENT RESIDENCE ADDRESS (Street address and apartment number. If none, describe location of residence. Do not include P.O. Box or Rural Rt.) <u>2251 AVE D SAN LEON TX</u>			MAILING ADDRESS (If different from residence address) <u>PO BOX 862</u> <u>BACLIFF 77518</u>		
CITY <u>SAN LEON</u>	STATE <u>TX</u>	ZIP <u>77539</u>	CITY <u>BACLIFF</u>	STATE <u>TX</u>	ZIP <u>77518</u>
EMAIL ADDRESS (Optional) <u>ASAP REPAIRS 4 U @ AOL</u>		OCCUPATION (Do not leave blank) <u>GALVESTON COUNTY FLEET</u>	DATE OF BIRTH <u>6/12/68</u>	COUNTY OF RESIDENCE <u>GALVESTON</u>	
TELEPHONE NUMBER (Include area code) (Optional) OFFICE: HOME: <u>281-780-1103</u>		Length of Continuous Residence as of Date Application Sworn IN STATE <u>47</u> yr(s) <u>—</u> mos IN CITY <u>47</u> yr(s) <u>—</u> mos IN DISTRICT OR PRECINCT <u>47</u> yr(s) <u>—</u> mos			
If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election					
Before me, the undersigned authority, on this day personally appeared (name) _____, who being by me here and now duly sworn, upon oath says: "I, (name) _____, of _____, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the Constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code.					
I further swear that the foregoing statements included in my application are in all things true and correct."					
<div style="text-align: center;"> SIGNATURE OF CANDIDATE</div>					
Sworn to and subscribed before me at _____, this the <u>14th</u> day of <u>January</u> , <u>2016</u> .					
Signature of Officer administering oath: 		Office Mgr / Notary Title of Officer administering oath			
<div style="text-align: right;"></div>					
TO BE COMPLETED BY SECRETARY OF BOARD: (See Section 1.007)					
Date Received			Signature of Secretary		

APPLICATION FOR A PLACE ON THE <u>DIRECTOR</u> GENERAL ELECTION BALLOT			
TO: Secretary of Board <u>JULIE E. HALL</u>			
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.			
OFFICE SOUGHT Include any place number or other distinguishing number, if any. <u>DIRECTOR</u>		INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) <u>JULIE E. HALL</u>		PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT <u>JULIE E. HALL</u>	
PERMANENT RESIDENCE ADDRESS (Street address and apartment number. If none, describe location of residence. Do not include P.O. Box or Rural Rt.) <u>114 5TH ST SAN LEON TX 77539</u>		MAILING ADDRESS (If different from residence address)	
CITY <u>SAN LEON</u>	STATE <u>TEXAS</u>	ZIP <u>77539</u>	CITY STATE ZIP
EMAIL ADDRESS (Optional) <u>juliehall@gmail.com</u>	OCCUPATION (Do not leave blank) <u>RETIRED</u>	DATE OF BIRTH [REDACTED]	COUNTY OF RESIDENCE <u>GALLVESTON</u>
TELEPHONE NUMBER (Include area code) (Optional) OFFICE: HOME: <u>281-339-4505</u>	Length of Continuous Residence as of Date Application Sworn IN STATE <u>40</u> yr(s) <u>0</u> mos IN CITY <u>0</u> yr(s) <u>0</u> mos IN DISTRICT OR PRECINCT <u>8</u> yr(s) <u>0</u> mos		
If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election			
Before me, the undersigned authority, on this day personally appeared (name) _____, who being by me here and now duly sworn, upon oath says: "I, (name) _____, of _____, County, Texas, being a candidate for the office of _____, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the Constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code.			
I further swear that the foregoing statements included in my application are in all things true and correct."			
<div style="display: flex; align-items: center; justify-content: center;"><div style="font-size: 2em; margin-right: 10px;">X</div><div style="text-align: right;"> SIGNATURE OF CANDIDATE</div></div>			
Sworn to and subscribed before me at _____, this the <u>14th</u> day of <u>January</u> , <u>2016</u> .		[Signature] Office Mgr / Notary Title of Officer administering oath	
Signature of Officer administering oath		<div style="border: 2px solid black; padding: 5px; display: inline-block;"><div style="text-align: center;"> SEAL Janice Hoffman Commission Expires 08-15-2017</div></div>	
TO BE COMPLETED BY SECRETARY OF BOARD: (See Section 1.007)			
Date Received		Signature of Secretary	

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE DIRECTORS GENERAL ELECTION BALLOT

TO: City Secretary/Secretary of Board

I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.

OFFICE SOUGHT (Include any place number or other distinguishing number, if any.)

DIRECTOR.

INDICATE TERM

☒ FULL☐ UNEXPIRED

FULL NAME (First, Middle, Last)

TYSON, BLAISE, KENNEDY

PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT

TYSON BLAISE KENNEDY

PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.)

635 15TH STREET
SAN LEON, TX 77539

PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)

P.O. BOX W
DICKINSON, TX 77539

CITY

SAN LEON

STATE

TX

ZIP

77539

CITY

DICKINSON

STATE

TX

ZIP

77539

PUBLIC EMAIL ADDRESS (If available)

tyson.kennedy@sanleonmule.com

OCCUPATION (Do not leave blank)

SALES

DATE OF BIRTH

VOTER REGISTRATION VOID NUMBER (Optional)

TELEPHONE CONTACT INFORMATION (Optional)

Home: (832) 525-6770Work: (832) 451-7316

Cell:

LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN

IN STATE

21 year(s)

month(s)

IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED

16 year(s)

month(s)

If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election.

Before me, the undersigned authority, on this day personally appeared (name) Tyson Blaise Kennedy, who being by me here and now duly sworn, upon oath says:

"I, (name) TYSON BLAISE KENNEDY of GALVESTON County, Texas, being a candidate for the office of DIRECTOR, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code.

I further swear that the foregoing statements included in my application are in all things true and correct."

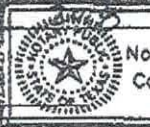
X

SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at 3:38 this the 16 day of February

Signature of Officer Administering Oath

Title of Officer Administering Oath



LOGAN MCKOWN
Notary Public, State of Texas
Comm. Expires 08-09-2020
Notary ID 130771486

TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:
(See Section 1.007)

Date Received

Signature of Secretary

Voter Registration Status Verified ☐

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE MAY, 2018 GENERAL ELECTION BALLOT

TO: City Secretary/Secretary of Board

I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.

OFFICE SOUGHT (Include any place number or other distinguishing number, if any.)

DIRECTOR, SAN LEON MUD BOARD

INDICATE TERM

☒ FULL

☐ UNEXPIRED

FULL NAME (First, Middle, Last)

JOSEPH LYNN MANCHACA

PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT¹

JOE MANCHACA

PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.)

947 17th STREET
SAN LEON, TX 77539

PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)

P.O. Box 594

CITY

SAN LEON

STATE

TX

ZIP

77539

CITY

KEMAH

STATE

TX

ZIP

77565

PUBLIC EMAIL ADDRESS (If available)

manchaca@gmail.com

OCCUPATION (Do not leave blank)

DIRECTOR
SUPPLY CHAIN SERVICE

DATE OF BIRTH

VOTER REGISTRATION VOID
NUMBER (Optional)²

TELEPHONE CONTACT INFORMATION (Optional)

Home:

Work:

Cell: 281-802-4640

LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN

IN STATE

64 year(s)

month(s)

IN TERRITORY FROM WHICH THE
OFFICE SOUGHT IS ELECTED³

17 year(s)

month(s)

If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election.

Before me, the undersigned authority, on this day personally appeared (name) JOE MANCHACA, who being by me here and now duly sworn, upon oath says:

"I, (name) JOE MANCHACA of GALVESTON County, Texas, being a candidate for the office of DIRECTOR, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code.

I further swear that the foregoing statements included in my application are in all things true and correct."

X

Sworn to and subscribed before me at 10:20 am, this 9th day of February, 2018

SIGNATURE OF CANDIDATE

TAMMY MCCLINTOCK
Notary ID # 124770195
My Commission Expires
March 7, 2020

Signature of Officer Administering Oath

Title of Officer Administering Oath

TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:
(See Section 1.007)

Date Received

Signature of Secretary

Voter Registration Status Verified ☐

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE San Leon MUD GENERAL ELECTION BALLOT
TO: City Secretary/Secretary of Board

I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.

OFFICE SOUGHT (Include any place number or other distinguishing number, if any.)
Board of Directors

INDICATE TERM
☒ FULL
☐ UNEXPIRED

FULL NAME (First, Middle, Last)
Kelly Neason

PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT¹
Kelly Neason

PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.)
2220 Broadway
DR

PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)
MUD Office

CITY San Leon STATE TX ZIP 77559

CITY _____ STATE _____ ZIP _____

PUBLIC EMAIL ADDRESS (If available) _____

OCCUPATION (Do not leave blank)
HR Director

DATE OF BIRTH
[REDACTED]

VOTER REGISTRATION VOID NUMBER (Optional)² _____

TELEPHONE CONTACT INFORMATION (Optional)
Home: _____
Work: _____
Cell: 281.627.2882

LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN

IN STATE	IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³
<u>47</u> year(s) <u>1</u> month(s)	<u>18</u> year(s) _____ month(s)

If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election.

Before me, the undersigned authority, on this day personally appeared (name) _____, who being by me here and now duly sworn, upon oath says:

"I, (name) _____, of _____ County, Texas, being a candidate for the office of _____, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code.

I further swear that the foregoing statements included in my application are in all things true and correct."

X Kelly Neason
SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at _____, this the 9th day of February, 2018.

Jamie L Hubbard
Signature of Officer Administering Oath⁴

Notary Public
Title of Officer Administering Oath

SIGNATURE OF NOTARY PUBLIC JAMIE L HUBBARD
Notary ID # 572749
My Commission Expires October 27, 2020

TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:
(See Section 1.007)

Voter Registration Status Verified ☐

Date Received _____ Signature of Secretary _____

02-06-2020

Phillip David Haskett
P.O. Box 1941 – Mailing Address
142 Fifteenth Street
League City, TX 77574
832-245-0834

Andrew Miller
Public Information Officer
San Leon Municipal Utility District
443 24th Street
San Leon, TX 77539

Follow-up to Texas Public Information Act Request dated 01-21-2020

Mr. Miller,

In my opinion, the documents that were provided yesterday in response to my request are woefully incomplete.

For instance, there are no semi-annual reports for any party¹. Also, there are no daily pre-election reports for any party².

Nor are there any documents whatsoever for Mr. Keith Gossett. While he may have been recently appointed, he is not immune from the reporting requirements after his directorship commenced.

Finally, I specifically requested these documents for *all* persons listed for *all* elections in which they have participated. To my knowledge, Messrs. Manchaca, Kennedy and Kelly have been serving (or did serve) for substantial periods of time, perhaps as long as 16 years.

Therefore, each of these individuals have participated in several election cycles, and these reports should be extant for each party. At a minimum, they should exist for the persons who are currently serving on the board.

Naturally, the Texas open records act does not require you to create records that do not exist. If the items I have identified above in fact do not exist, please provide me with a statement to that effect forthwith so that I can address this issue with the Texas Ethics Commission.

Finally, please consider this letter to be a formal request for the ENTIRE notary logbook entry for each notarization on any of the documents you have or will provide that was performed by either Janice Hoffman or Steven Doncarlos, who as the District's attorney is subject to an open records request directed to the District.

I can be reached at the telephone number listed above. Please advise when these records will be available for pick up at your offices.

Thank you in advance for your prompt response.


¹ See Item #2 of my request.

² See Item #5 of my request.

Sincerely,

Original Signature on File

Phillip David Haskett



SAN LEON MUNICIPAL UTILITY DISTRICT
443 24TH STREET
SAN LEON, TEXAS 77539
281-339-1586 FAX: 281-339-1587
EMAIL ADDRESS: slmud1@slmud.org
WEB PAGE: www.slmud.org

February 7, 2020

Phillip David Haskett
P.O. Box 1941
League City, TX 77574

Dear Mr. Haskett:

We have received your follow-up letter to the records we released corresponding to your request under the Texas Public Information Act, dated January 21, 2020. While reviewing and preparing your request, there was a misunderstanding regarding the depth to which you wanted ballot applications; we apologize for the confusion and will accelerate procurement of the entirety of ballot applications for the individuals you've listed. As the original request predates the docket of information requests we have lined up, we will address this before moving on to the remaining information requests and should have it to you by the beginning of next week.

Regarding the records you believe are absent, namely "semi-annual reports for any party" and "daily pre-election reports for any party", we have released all documents on file pertaining to the election years we initially believed encompassed your request. As stated above, we understand from your response letter dated 2/6/20 that you believed additional years should have been included in your initial request, so we will continue working to resolve your request to your satisfaction.

Regarding the notary request, you will need to individually request those documents from the respective parties as a notary is its own entity and not a position within the District. The entries in a notary's record book are public information and anyone is eligible to request copies of the entries, however that is a request that should be taken up with the notary in question.

Sincerely,



Andrew Miller
District Manager
San Leon MUD

APPLICATION FOR PLACE ON BALLOT

I, GENE SHANER, do hereby make application for a place on the ballot of the election to Directors of SAN LEON MUNICIPAL UTILITY DISTRICT. Pursuant to Election Code 141.031, I do hereby swear to the following facts:

My name is: GENE SHANER.

My occupation is: Retired.

Office sought: DIRECTOR (full term).

I am a citizen of the United States of America.

I have not been determined mentally incompetent by a final judgment of any court.

I have not been finally convicted of a felony from which I have not been pardoned or otherwise released from the resulting disabilities.

My date of birth is: [REDACTED]

My residence address is: 2580 CLIFF DR, SAN LEON 77539

My mailing address is: P.O. Box 8447 BACLIFF, TX, 77518

I have lived in the State of Texas for 54 years and in the SAN LEON MUNICIPAL UTILITY DISTRICT for 15 years.

I, GENE SHANER, of Galveston County, Texas, being a candidate for the office of Board of Directors of the San Leon Municipal Utility District, swear that I will support and defend the constitution and laws of the United States and of the State of Texas.

I am aware of the nepotism law, Articles 5996(a) through 5996(g) of the Revised Civil Statutes of the State of Texas.

I am a resident of the SAN LEON MUNICIPAL UTILITY DISTRICT.

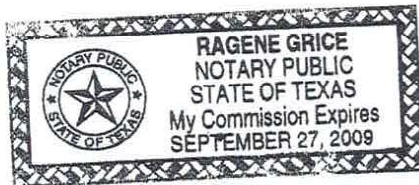
I own land in said District subject to taxation, and I am 21 years of age or over.

Gene Shaver

THE STATE OF TEXAS

COUNTY OF GALVESTON

SUBSCRIBED AND SWORN TO before me on this the 28 day of
Feb., 2006



Ragene Grice
Notary Public, State of Texas

APPLICATION FOR PLACE ON BALLOT

I, ROBERT D. (BOB) ATKINSON, do hereby make application for a place on the ballot of the election to Directors of SAN LEON MUNICIPAL UTILITY DISTRICT. Pursuant to Election Code 141.031, I do hereby swear to the following facts:

My name is: ROBERT D. (BOB) ATKINSON

My occupation is: PLANNING SPECIALIST

Office sought: DIRECTOR (full term).

I am a citizen of the United States of America.

I have not been determined mentally incompetent by a final judgment of any court.

I have not been finally convicted of a felony from which I have not been pardoned or otherwise released from the resulting disabilities.

My date of birth is: [REDACTED]

My residence address is: 206 15TH ST, SAN LEON, TEXAS, 77539

My mailing address is: RT. 1, BOX 2100, DICKINSON, TX. 77539

I have lived in the State of Texas for 67 years and in the SAN LEON MUNICIPAL UTILITY DISTRICT for 5 years.

I, ROBERT D. ATKINSON, of Galveston County, Texas, being a candidate for the office of Board of Directors of the San Leon Municipal Utility District, swear that I will support and defend the constitution and laws of the United States and of the State of Texas.

I am aware of the nepotism law, Articles 5996(a) through 5996(g) of the Revised Civil Statutes of the State of Texas.

I am a resident of the SAN LEON MUNICIPAL UTILITY DISTRICT.

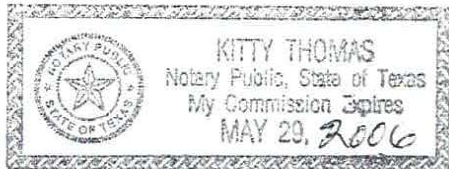
I own land in said District subject to taxation, and I am 21 years of age or over.

Robert D. Atkinson
(BOB)

THE STATE OF TEXAS

COUNTY OF GALVESTON

SUBSCRIBED AND SWORN TO before me on this the 17th day of
February, 2006



Kitty Thomas
Notary Public, State of Texas

APPLICATION FOR PLACE ON BALLOT

I, DARLA A SHARPE, do hereby make application for a place on the ballot of the election to Directors of SAN LEON MUNICIPAL UTILITY DISTRICT. Pursuant to Election Code 141.031, I do hereby swear to the following facts:

My name is: DARLA A SHARPE.

My occupation is: BOOKKEEPER.

Office sought: DIRECTOR (full term).

I am a citizen of the United States of America.

I have not been determined mentally incompetent by a final judgment of any court.

I have not been finally convicted of a felony from which I have not been pardoned or otherwise released from the resulting disabilities.

My date of birth is: [REDACTED]

My residence address is: 2406 E BAYSHORE DR. 77539

My mailing address is: PO BOX 8126, BACLIFF, TX 77518

I have lived in the State of Texas for 10 years and in the SAN LEON MUNICIPAL UTILITY DISTRICT for 10 years.

I, DARLA A SHARPE, of Galveston County, Texas, being a candidate for the office of Board of Directors of the San Leon Municipal Utility District, swear that I will support and defend the constitution and laws of the United States and of the State of Texas.

I am aware of the nepotism law, Articles 5996(a) through 5996(g) of the Revised Civil Statutes of the State of Texas.

I am a resident of the SAN LEON MUNICIPAL UTILITY DISTRICT.

I own land in said District subject to taxation, and I am 21 years of age or over.

[Signature]

THE STATE OF TEXAS

COUNTY OF GALVESTON

SUBSCRIBED AND SWORN TO before me on this the 24 day of
FEBRUARY, 2006



[Signature]
Notary Public, State of Texas

APPLICATION FOR PLACE ON BALLOT

I, Jerry E TIE, do hereby make application for a place on the ballot of the election to Directors of SAN LEON MUNICIPAL UTILITY DISTRICT. Pursuant to Election Code 141.031, I do hereby swear to the following facts:

My name is: JERRY Eugene TIE

My occupation is: Retired

Office sought: Board of Directors (full term).

I am a citizen of the United States of America.

I have not been determined mentally incompetent by a final judgment of any court.

I have not been finally convicted of a felony from which I have not been pardoned or otherwise released from the resulting disabilities.

My date of birth is: [REDACTED]

My residence address is: 661 4th San Leon 77539

My mailing address is: RT1 Box 1644 Dickinson 77539

I have lived in the State of Texas for 64 years and in the SAN LEON MUNICIPAL UTILITY DISTRICT for 13 years.

I, Jerry E TIE, of Galveston County, Texas, being a candidate for the office of Board of Directors of the San Leon Municipal Utility District, swear that I will support and defend the constitution and laws of the United States and of the State of Texas.

I am aware of the nepotism law, Articles 5996(a) through 5996(g) of the Revised Civil Statutes of the State of Texas.

I am a resident of the SAN LEON MUNICIPAL UTILITY DISTRICT.

I own land in said District subject to taxation, and I am 21 years of age or over.

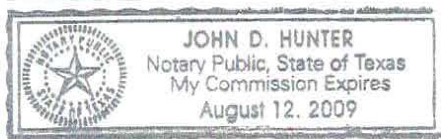


A handwritten signature in black ink, consisting of a stylized 'A' followed by a horizontal line.

THE STATE OF TEXAS

COUNTY OF GALVESTON

SUBSCRIBED AND SWORN TO before me on this the 13 day of
MARCH, 2006



A handwritten signature in black ink, appearing to read "John D. Hunter", written over a horizontal line.

Notary Public, State of Texas

APPLICATION FOR PLACE ON BALLOT

I, PHILLIP CONE, do hereby make application for a place on the ballot of the election to Directors of SAN LEON MUNICIPAL UTILITY DISTRICT. Pursuant to Election Code 141.031, I do hereby swear to the following facts:

My name is: PHILLIP CONE.

My occupation is: MEAT CUTTER.

Office sought: BOARD OF DIRECTOR (full term).

I am a citizen of the United States of America. YES

I have not been determined mentally incompetent by a final judgment of any court. NO

I have not been finally convicted of a felony from which I have not been pardoned or otherwise released from the resulting disabilities. NO

My date of birth is: [REDACTED]

My residence address is: 1045 125TH SAN LEON

My mailing address is: RT 1 BOX 1327 DICKINSON TX 75539

I have lived in the State of Texas for 69 years and in the SAN LEON MUNICIPAL UTILITY DISTRICT for 19 years.

I, PHILLIP CONE, of Galveston County, Texas, being a candidate for the office of Board of Directors of the San Leon Municipal Utility District, swear that I will support and defend the constitution and laws of the United States and of the State of Texas.

I am aware of the nepotism law, Articles 5996(a) through 5996(g) of the Revised Civil Statutes of the State of Texas.

I am a resident of the SAN LEON MUNICIPAL UTILITY DISTRICT.

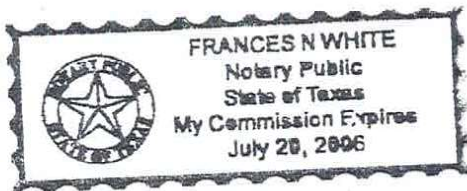
I own land in said District subject to taxation, and I am 21 years of age or over. YES

Philby

THE STATE OF TEXAS

COUNTY OF GALVESTON

SUBSCRIBED AND SWORN TO before me on this the 10th day of
March, 2006.



Frances N. White
Notary Public, State of Texas

APPLICATION FOR PLACE ON BALLOT

I, John D. Hunter do hereby make application for a place on the ballot of the election to Directors of SAN LEON MUNICIPAL UTILITY DISTRICT. Pursuant to Election Code § 141.031, I do hereby swear to the following facts:

My name is: John D. Hunter.

My occupation is: RETIRED / REAL ESTATE AGENT

Office sought: PRESIDENT (full term).

I am a citizen of the United States of America.

I have not been determined mentally incompetent by a final judgment of any court.

I have not been finally convicted of a felony from which I have not been pardoned or otherwise released from the resulting disabilities.

My date of birth is: [REDACTED].

My residence address is: 910 17TH STREET SAN LEON 77539

My mailing address is: RT 3 BOX 1058A DICKINSON TX 77539

I have lived in the State of Texas for LIFE years, and in the SAN LEON MUNICIPAL UTILITY DISTRICT for 10 years.

I, John D. Hunter, of Galveston County, Texas, being a candidate for the office of Board of Directors of the San Leon Municipal Utility District, swear that I will support and defend the constitution and laws of the United States and of the State of Texas.

I am aware of the nepotism law, Articles 5996(a) through 5996(g) of the Revised Civil Statutes of the State of Texas.

I am a resident of the SAN LEON MUNICIPAL UTILITY DISTRICT.

I own land in said District subject to taxation, and I am 18 years of age or over.

John D. Hunter
(Name)

STATE OF TEXAS

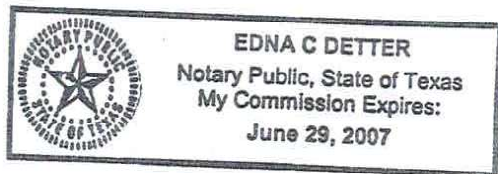
§

COUNTY OF GALVESTON

§

§

SUBSCRIBED AND SWORN TO before me on this 10 day of January, 2004.⁶



Edna C. Detter
Notary Public, State of Texas

APPLICATION FOR PLACE ON BALLOT

I, Edna Detter, do hereby make application for a place on the ballot of the election to Directors of SAN LEON MUNICIPAL UTILITY DISTRICT. Pursuant to Election Code § 141.031, I do hereby swear to the following facts:

My name is: Edna Detter.

My occupation is: Real Estate.

Office sought: Director (full term).

I am a citizen of the United States of America.

I have not been determined mentally incompetent by a final judgment of any court.

I have not been finally convicted of a felony from which I have not been pardoned or otherwise released from the resulting disabilities.

My date of birth is: [REDACTED].

My residence address is: 2526 Ave D.

My mailing address is: PO Box 401.

I have lived in the State of Texas for 43 years, and in the SAN LEON MUNICIPAL UTILITY DISTRICT for 6 years.

I, Edna Detter, of Galveston County, Texas, being a candidate for the office of Board of Directors of the San Leon Municipal Utility District, swear that I will support and defend the constitution and laws of the United States and of the State of Texas.

I am aware of the nepotism law, Articles 5996(a) through 5996(g) of the Revised Civil Statutes of the State of Texas.

I am a resident of the SAN LEON MUNICIPAL UTILITY DISTRICT.

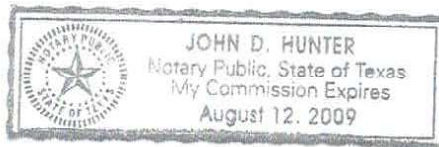
I own land in said District subject to taxation, and I am 18 years of age or over.

Edna Heller

(Name)

STATE OF TEXAS

COUNTY OF GALVESTON



§
§
§

SUBSCRIBED AND SWORN TO before me on this 12 day of FEBRUARY, ~~2004~~ 2006

John D. Hunter

Notary Public, State of Texas

APPLICATION FOR PLACE ON BALLOT

I, JOE MANCHACA, do hereby make application for a place on the ballot of the election to Directors of SAN LEON MUNICIPAL UTILITY DISTRICT. Pursuant to Election Code 141.031, I do hereby swear to the following facts:

My name is: JOE MANCHACA.

My occupation is: DIRECTOR OF DISTRIBUTION OPERATIONS

Office sought: BOARD OF DIRECTORS (full term).

I am a citizen of the United States of America.

I have not been determined mentally incompetent by a final judgment of any court.

I have not been finally convicted of a felony from which I have not been pardoned or otherwise released from the resulting disabilities.

My date of birth is: [REDACTED]

My residence address is: 939 17th ST. SAN LEON

My mailing address is: P.O. Box 594, KEMAH TX 77565

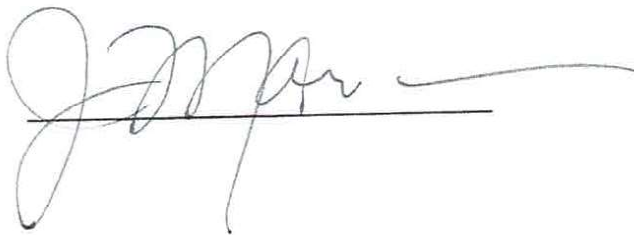
I have lived in the State of Texas for 53 years and in the SAN LEON MUNICIPAL UTILITY DISTRICT for 3 1/2 years.

I, JOE MANCHACA, of Galveston County, Texas, being a candidate for the office of Board of Directors of the San Leon Municipal Utility District, swear that I will support and defend the constitution and laws of the United States and of the State of Texas.

I am aware of the nepotism law, Articles 5996(a) through 5996(g) of the Revised Civil Statutes of the State of Texas.

I am a resident of the SAN LEON MUNICIPAL UTILITY DISTRICT.

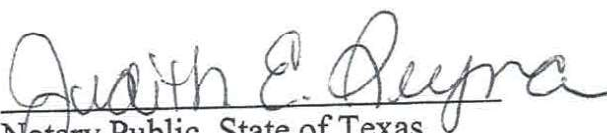
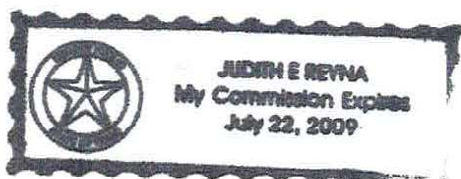
I own land in said District subject to taxation, and I am 21 years of age or over.

A handwritten signature in dark ink, appearing to be 'J. Mar', written over a horizontal line.

THE STATE OF TEXAS

COUNTY OF GALVESTON

SUBSCRIBED AND SWORN TO before me on this the 13th day of
March, 2006

A handwritten signature in dark ink, appearing to be 'Judith E. Reyna', written over a horizontal line.
Notary Public, State of Texas

APPLICATION FOR PLACE ON BALLOT

I, TYSON B. KENNEDY, do hereby make application for a place on the ballot of the election to Directors of SAN LEON MUNICIPAL UTILITY DISTRICT. Pursuant to Election Code 141.031, I do hereby swear to the following facts:

My name is: TYSON BLAISE KENNEDY.

My occupation is: SALES ENGINEER.

Office sought: DIRECTOR (full term).

I am a citizen of the United States of America.

I have not been determined mentally incompetent by a final judgment of any court.

I have not been finally convicted of a felony from which I have not been pardoned or otherwise released from the resulting disabilities.

My date of birth is: [REDACTED]

My residence address is: 1520 JOHN STREET, SAN LEON

My mailing address is: RR3 BOX 929

I have lived in the State of Texas for 7 years and in the SAN LEON MUNICIPAL UTILITY DISTRICT for 2 years.

I, TYSON B. KENNEDY, of Galveston County, Texas, being a candidate for the office of Board of Directors of the San Leon Municipal Utility District, swear that I will support and defend the constitution and laws of the United States and of the State of Texas.

I am aware of the nepotism law, Articles 5996(a) through 5996(g) of the Revised Civil Statutes of the State of Texas.

I am a resident of the SAN LEON MUNICIPAL UTILITY DISTRICT.

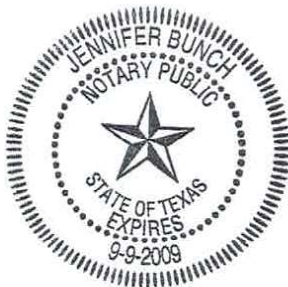
I own land in said District subject to taxation, and I am 21 years of age or over.

Jean Blain Kennedy

THE STATE OF TEXAS

COUNTY OF GALVESTON

SUBSCRIBED AND SWORN TO before me on this the 10th day of
March, 2006.



Jennifer Bunch
Notary Public, State of Texas

APPLICATION FOR PLACE ON BALLOT

I, TYSON B. KENNEDY, do hereby make application for a place on the ballot of the election to Directors of SAN LEON MUNICIPAL UTILITY DISTRICT. Pursuant to Election Code § 141.031, I do hereby swear to the following facts:

My name is: TYSON B. KENNEDY.

My occupation is: SALES ENGINEER.

Office sought: DIRECTOR (full term).

I am a citizen of the United States of America.

I have not been determined mentally incompetent by a final judgment of any court.

I have not been finally convicted of a felony from which I have not been pardoned or otherwise released from the resulting disabilities.

My date of birth is: [REDACTED].

My residence address is: 1505 JOHN ST., SAN LEON, TX 77539

My mailing address is: 1505 JOHN ST., SAN LEON, TX 77539

I have lived in the State of Texas for 12 years and in the SAN LEON MUNICIPAL UTILITY DISTRICT for 5 years.

I, TYSON B. KENNEDY, of Galveston County, Texas, being a candidate for the office of Board of Directors of the San Leon Municipal Utility District, swear that I will support and defend the constitution and laws of the United States and of the State of Texas.

I am aware of the nepotism law, Articles 5996(a) through 5996(g) of the Revised Civil Statutes of the State of Texas.

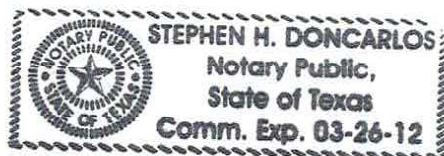
I am a resident of the SAN LEON MUNICIPAL UTILITY DISTRICT.

I own land in said District subject to taxation, and I am 18 years of age or over.

Tyson B. Kennedy
(Name)

STATE OF TEXAS §
COUNTY OF GALVESTON §

SUBSCRIBED AND SWORN TO before me on this 19th day of January, 2010.



[Signature]
Notary Public, State of Texas

APPLICATION FOR PLACE ON BALLOT

I, John A. Kelly Jr., do hereby make application for a place on the ballot of the election to Directors of SAN LEON MUNICIPAL UTILITY DISTRICT. Pursuant to Election Code § 141.031, I do hereby swear to the following facts:

My name is: John A. Kelly Jr.

My occupation is: Retired

Office sought: V. Pres/Treasurer (full term).

I am a citizen of the United States of America.

I have not been determined mentally incompetent by a final judgment of any court.

I have not been finally convicted of a felony from which I have not been pardoned or otherwise released from the resulting disabilities.

My date of birth is: [REDACTED]

My residence address is: 815 5th St SAN LEON, TX. 77539

My mailing address is: P.O. Box 1176 League City, TX 77574

I have lived in the State of Texas for 35 years and in the SAN LEON MUNICIPAL UTILITY DISTRICT for 20 years.

I, John A. Kelly Jr., of Galveston County, Texas, being a candidate for the office of Board of Directors of the San Leon Municipal Utility District, swear that I will support and defend the constitution and laws of the United States and of the State of Texas.

I am aware of the nepotism law, Articles 5996(a) through 5996(g) of the Revised Civil Statutes of the State of Texas.

I am a resident of the SAN LEON MUNICIPAL UTILITY DISTRICT.

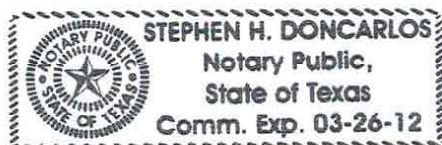
I own land in said District subject to taxation, and I am 18 years of age or over.

[Signature]
(Name)

STATE OF TEXAS
COUNTY OF GALVESTON

§
§

SUBSCRIBED AND SWORN TO before me on this 19 day of JAN, 2010.



[Signature]
Notary Public, State of Texas

APPLICATION FOR PLACE ON BALLOT

I, JOE MANCHACA, do hereby make application for a place on the ballot of the election to Directors of SAN LEON MUNICIPAL UTILITY DISTRICT. Pursuant to Election Code § 141.031, I do hereby swear to the following facts:

My name is: JOE MANCHACA.

My occupation is: DIRECTOR, OWNED FACILITIES

Office sought: BOARD OF DIRECTORS (full term).

I am a citizen of the United States of America.

I have not been determined mentally incompetent by a final judgment of any court.

I have not been finally convicted of a felony from which I have not been pardoned or otherwise released from the resulting disabilities.

My date of birth is: [REDACTED].

My residence address is: 939 17th St. SAN LEON TX.

My mailing address is: P.O. Box 594, KEMAH TX. 77565

I have lived in the State of Texas for 57 years and in the SAN LEON MUNICIPAL UTILITY DISTRICT for 9 years.

I, JOE MANCHACA, of Galveston County, Texas, being a candidate for the office of Board of Directors of the San Leon Municipal Utility District, swear that I will support and defend the constitution and laws of the United States and of the State of Texas.

I am aware of the nepotism law, Articles 5996(a) through 5996(g) of the Revised Civil Statutes of the State of Texas.

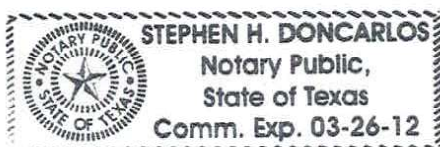
I am a resident of the SAN LEON MUNICIPAL UTILITY DISTRICT.

I own land in said District subject to taxation, and I am 18 years of age or over.

[Signature]
(Name)

STATE OF TEXAS §
COUNTY OF GALVESTON §

SUBSCRIBED AND SWORN TO before me on this 19 day of January, 2010.



[Signature]
Notary Public, State of Texas

APPLICATION FOR PLACE ON BALLOT

I, Jimmy C. Ross, do hereby make application for a place on the ballot of the election to Directors of SAN LEON MUNICIPAL UTILITY DISTRICT. Pursuant to Election Code § 141.031, I do hereby swear to the following facts:

My name is: Jimmy C. Ross.

My occupation is: Chemical operator.

Office sought: Director (full term).

I am a citizen of the United States of America.

I have not been determined mentally incompetent by a

I have not been finally convicted of a felony from which the resulting disabilities.

My date of birth is: [REDACTED]

My residence address is: 333 Tenn.

My mailing address is: 9012 Bailey

I have lived in the State of Texas for 59 years and 7 years.

I, Jimmy C. Ross, of Galveston County, Texas, do hereby apply for election to the office of Director of the San Leon Municipal Utility District, subject to the laws of the United States and of the State of Texas.

I am aware of the nepotism law, Articles 5996(a) through 5996(g) of the Revised Civil Statutes of the State of Texas.

I am a resident of the SAN LEON MUNICIPAL UTILITY DISTRICT.

I own land in said District subject to taxation, and I am 18 years of age or over.

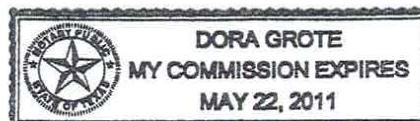
Jimmy C. Ross
(Name)

STATE OF TEXAS
COUNTY OF GALVESTON

§
§

SUBSCRIBED AND SWORN TO before me on this 23rd day of February, 2010.

Dora Grote
Notary Public, State of Texas



APPLICATION FOR PLACE ON BALLOT

I, Andrew Redmond, do hereby make application for a place on the ballot of the election to Directors of SAN LEON MUNICIPAL UTILITY DISTRICT. Pursuant to Election Code § 141.031, I do hereby swear to the following facts:

My name is: Andrew Redmond Jr

My occupation is: Business owner

Office sought: Board of Directors (full term).

I am a citizen of the United States of America.

I have not been determined mentally incompetent by a final judgment of any court.

I have not been finally convicted of a felony from which I have not been pardoned or otherwise released from the resulting disabilities.

My date of birth is: [REDACTED]

My residence address is: 334 Tennyson San Leon TX 77539

My mailing address is: Same

I have lived in the State of Texas for 25 years and in the SAN LEON MUNICIPAL UTILITY DISTRICT for 1.5 years.

I, Andrew Redmond Jr, of Galveston County, Texas, being a candidate for the office of Board of Directors of the San Leon Municipal Utility District, swear that I will support and defend the constitution and laws of the United States and of the State of Texas.

I am aware of the nepotism law, Articles 5996(a) through 5996(g) of the Revised Civil Statutes of the State of Texas.

I am a resident of the SAN LEON MUNICIPAL UTILITY DISTRICT.

I own land in said District subject to taxation, and I am 18 years of age or over.

Andrew M. Redmond Jr
(Name)

STATE OF TEXAS
COUNTY OF GALVESTON

§
§

SUBSCRIBED AND SWORN TO before me on this 5 day of March, 2010.

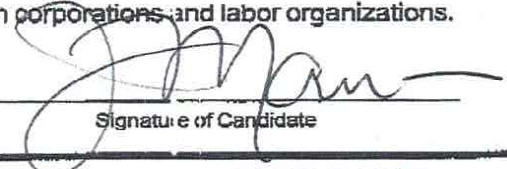


Edna C Dettler
Notary Public, State of Texas

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

PG 1

See CTA Instruction Guide for detailed instructions.		1 Total pages filed:	
2	MS / MRS / MR FIRST MI CANDIDATE NAME NICKNAME LAST SUFFIX MR. JOE L. MANCHACA	OFFICE USE ONLY	
3	ADDRESS / PO BOX, APT. SUITE #, CITY, STATE, ZIP CODE P.O. Box 594 KEMAH TEXAS 77565	Add. \$ Date Received	
4	AREA CODE PHONE NUMBER EXTENSION (281) 802-4640	HD/PM Date Processed	
5	OFFICE HELD (if any)	DIRECTOR SAN LEON MUD	
6	OFFICE SOUGHT (if known)	DIRECTOR SAN LEON MUD	
7	MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX CAMPAIGN TREASURER NAME MRS. MARLENE K. MANCHACA	Date Imaged	
8	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE P.O. Box 594 KEMAH TEXAS 77565		
9	AREA CODE PHONE NUMBER EXTENSION (832) 651-4882		
10	CANDIDATE SIGNATURE I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.  Signature of Candidate		
Date Signed 4-23-10			

GO TO PAGE 2

**CANDIDATE MODIFIED
REPORTING DECLARATION****FORM CTA****PG 2**

11 CANDIDATE NAME	
12 MODIFIED REPORTING DECLARATION	<p>COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.</p> <p>-- This declaration must be filed no later than the 30th day before the first election to which the declaration applies. --</p> <p>-- The modified reporting option is valid for one election cycle only. -- (An election cycle includes a primary election, a general election, and any related runoffs.)</p> <p>-- Candidates for the office of state chair of a political party and candidates for county chair of a political party may NOT choose modified reporting. --</p> <p>I do not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.</p> <p>_____ Year of election(s) or election cycle to which declaration applies</p> <p>_____ Signature of Candidate</p>
<p>This appointment is effective on the date it is filed with the appropriate filing authority.</p>	



Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT****FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)**2 Total pages filed:****OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR

FIRST

MI

MR.
NICKNAMEJOE
LAST

L

SUFFIX

MANCHACA

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

P.O. Box 594 KEMAH TX 77565

**5 CANDIDATE/
OFFICEHOLDER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(281)

802-4640

**6 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR

FIRST

MI

MRS.
NICKNAMEMARLENE
LAST

K

SUFFIX

MANCHACA

**7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)**

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

P.O. Box 594 KEMAH TX 77565

**8 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(832)

651-4882

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

THROUGH

Month

Day

Year

03 / 29 / 2010

04 / 30 / 2010

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

05 / 08 / 2010

☒ Primary☐ Runoff☒ General☐ Special**12 OFFICE**

OFFICE HELD (if any)

DIRECTOR, MUD BOARD

13 OFFICE SOUGHT (if known)

DIRECTOR, MUD BOARD

**14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS**DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL.
CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

JOE MANCHACA

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 298.13CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

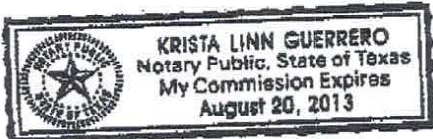
\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 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 Joseph Lynn Manchaca, this the 4th day of May, 20 10, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Krista Guerrero
Printed name of officer administering oath

Notary
Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G****EXPENDITURE CATEGORIES FOR BOX 8(a)**Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
FeesGift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing ExpenseSalaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental ExpenseLoan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME JOE L. MANCHACA	3 ACCOUNT # (Ethics Commission Filer)
--------------------------------	---------------------------------	---------------------------------------

4 Date 4/23/10	5 Payee name THE SIGN SHOP
-------------------	-------------------------------

6 Amount (\$) 130.50 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 306 N. Hwy 3 LEAGUE CITY TX 77573
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING	(b) Description (If travel outside of Texas, complete Schedule T) SIGNS
--------------------------	--	--

Date 4/26/10	Payee name SCRIBBLES
-----------------	-------------------------

Amount (\$) 121.01 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2825 PALMER TEXAS CITY TX 77590
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) T Shirts
------------------------	--	---

Date 4/24/10	Payee name 123 Prints
-----------------	--------------------------

Amount (\$) 26.81 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
--	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) CARDS
------------------------	--	--

Date 4/24/10	Payee name STAPLES
-----------------	-----------------------

Amount (\$) 8.82 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Fm 646 LEAGUE CITY TX
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) FLYERS
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
JOE
NICKNAME LAST SUFFIX
MANCITACA

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 594 KEMAH TX. 77565

☐ Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
()

Receipt #

Amount

Date Processed

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
MARLENE
NICKNAME LAST SUFFIX
MANCITACA

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 594 KEMAH TEXAS

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(832) 651-4882

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 THROUGH Month Day Year
04 / 30 / 2010 05 / 08 / 2010

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
05 / 08 / 2010 ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

DIRECTOR, MUD BOARD

13 OFFICE SOUGHT (if known)

DIRECTOR

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME JOE MANCHACA

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$: 19.36

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joe Manchaca, this the 15th day of May, 20 10, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Teresa Vordenbaum
Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

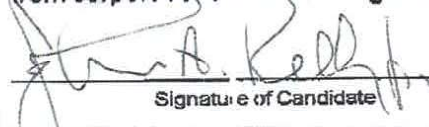
1 Total pages Schedule G:	2 FILER NAME JOE MANCHACA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 05-03-2010	5 Payee name HOME DEPOT	
6 Amount (\$) \$13.36 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 507 MARINA BAY DR. KEMAH TX, 77565	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T)
Date 05-02-2010	Payee name ACE HARDWARE	
Amount (\$) \$6.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 607 GRAND AVE BACUFF TEXAS 77518	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

PG 1

See CTA Instruction Guide for detailed instructions.		1	Total pages filed:
2	CANDIDATE NAME MS / MRS / MR FIRST MI MR. JOHN A. NICKNAME LAST SUFFIX KELLY JR.	OFFICE USE ONLY	
3	CANDIDATE MAILING ADDRESS ADDRESS / PO BOX; APT. / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1176 League City, Tx 77574	Act. # Date Received	
4	CANDIDATE PHONE AREA CODE PHONE NUMBER EXTENSION (281) 339 6288	HD/PM Date Processed	
5	OFFICE HELD (If any) DIRECTOR SAN LEON M.U.D.	Date Imaged	
6	OFFICE SOUGHT (If known) DIRECTOR SAN LEON M.U.D.		
7	CAMPAIGN TREASURER NAME MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX MRS. MARLENE MANCHACA		
8	CAMPAIGN TREASURER STREET ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 594 KEMAH TEXAS 77565		
9	CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (832) 651-4882		
10	CANDIDATE SIGNATURE I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.  Signature of Candidate 4-23-10 Date Signed		

GO TO PAGE 2



Printed on recycled paper

(Revised 01/14/2004)

**CANDIDATE MODIFIED
REPORTING DECLARATION****FORM CTA****PG 2**

11 CANDIDATE NAME	
12 MODIFIED REPORTING DECLARATION	<p>COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.</p> <p>-- This declaration must be filed no later than the 30th day before the first election to which the declaration applies. --</p> <p>-- The modified reporting option is valid for one election cycle only. -- (An election cycle includes a primary election, a general election, and any related runoffs.)</p> <p>-- Candidates for the office of state chair of a political party and candidates for county chair of a political party may NOT choose modified reporting. --</p> <p>I do not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.</p> <p>_____ Year of election(s) or election cycle to which declaration applies</p> <p>_____ Signature of Candidate</p>

This appointment is effective on the date it is filed with the appropriate filing authority.



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
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3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <i>MR</i> NICKNAME</div> <div>FIRST <i>John</i> LAST</div> <div>MI <i>A</i> SUFFIX</div> </div> <div style="text-align: center; margin-top: 10px;"><i>Kelly</i> <i>JR</i></div>	<div style="border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 5px; margin-top: 5px;"> <div>Receipt #</div> <div>Amount</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Imaged</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; <i>P.O. Box 1176</i></div> <div>APT / SUITE #; <i>LEAGUE CITY</i></div> <div>CITY; <i>TX</i></div> <div>STATE; <i>77574</i></div> <div>ZIP CODE</div> </div>		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE <i>(281)</i></div> <div>PHONE NUMBER <i>339 6288</i></div> <div>EXTENSION</div> </div>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <i>(M)</i> NICKNAME</div> <div>FIRST <i>MAILENE</i> LAST</div> <div>MI <i>K</i> SUFFIX</div> </div> <div style="text-align: center; margin-top: 10px;"><i>MANCHACA</i></div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); <i>P.O. Box 594</i></div> <div>APT / SUITE #; <i>KENNAH</i></div> <div>CITY; <i>TX</i></div> <div>STATE; <i>77565</i></div> <div>ZIP CODE</div> </div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE <i>(832)</i></div> <div>PHONE NUMBER <i>651 4882</i></div> <div>EXTENSION</div> </div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>Month Day Year <i>3 / 29 / 10</i></div> <div>THROUGH</div> <div>Month Day Year <i>4 / 30 / 10</i></div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year <i>5 / 8 / 10</i> </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any) <i>DIRECTOR, MUD BOARD</i>	13 OFFICE SOUGHT (if known) <i>DIRECTOR, MUD BOARD</i>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	<p style="font-size: small;">DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Name</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Address / PO Box; Apt. / Suite #; City; State; Zip Code</div>		

☐ additional pages

GO TO PAGE 2

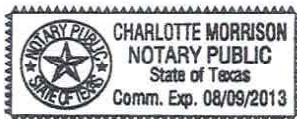
**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>John A. Kelly Jr.</u>	16 ACCOUNT # (Ethics Commission Filers)
--	--

17 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>293.13</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 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.

John A. Kelly Jr.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John A. Kelly Jr., this the 6th day of May, 20 10, to certify which, witness my hand and seal of office.

Charlotte Morrison
Signature of officer administering oath

Charlotte Morrison
Printed name of officer administering oath

Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G****EXPENDITURE CATEGORIES FOR BOX 8(a)**Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
FeesGift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing ExpenseSalaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental ExpenseLoan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME John A. Kelly Jr.		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 4/23/10		5 Payee name THE SIGN SHOP			
6 Amount (\$) 130.50 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 306 N. Hwy 3 LEAGUE CITY, TX 77573			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing		(b) Description (If travel outside of Texas, complete Schedule T) SIGNS	
Date 4/26/10		Payee name Scribbles			
Amount (\$) 127.01 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2825 PALMER TEXAS CITY TX 77590			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T) T-Shirts	
Date 4/24/10		Payee name 123 Prints			
Amount (\$) 26.81 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T) CARDS	
Date 4/24/10		Payee name STAPLES			
Amount (\$) 8.82 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code FM 646 LEAGUE CITY TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T) FLYERS	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME FIRST LAST MI SUFFIX	OFFICE USE ONLY	
	MR John A KELLY JP	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked	
	P.O. Box 1176 League City TX 77574		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt #	Amount
	(713) 598 3404	Date Processed	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME FIRST LAST MI SUFFIX	Date Imaged	
	MARLENE K MANCITACA		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	P.O. Box 594 KEMAH TEXAS		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(832) 651-4882		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 04 / 30 / 2010 05 / 08 / 2010		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 05 / 08 / 2010		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	DIRECTOR, MUD BOARD	DIRECTOR	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

John A. Kelly Jr.

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

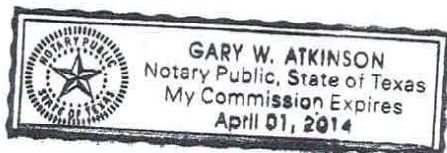
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 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.



AFFIX NOTARY STAMP / SEAL ABOVE

John A. Kelly Jr.
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John A. Kelly Jr., this the 18th day of May, 20 10, to certify which, witness my hand and seal of office.

Gary W. Atkinson
Signature of officer administering oath

Gary W Atkinson
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME JOE MANCHACA	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	-------------------------------------	--

4 Date 05-03-2010	5 Payee name HOME DEPOT
-----------------------------	-----------------------------------

6 Amount (\$) \$13.34 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 507 MARINA BAY DR. KEMAH TX, 77565
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	--	---

Date 05-02-2010	Payee name ACE HARDWARE
---------------------------	-----------------------------------

Amount (\$) \$6.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 607 GRAND AVE BACLIFF TEXAS 77518
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

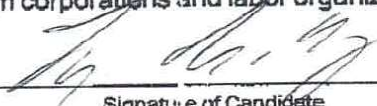

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.		1 Total pages filed:
2	MS / MRS / MR FIRST MI MR TYSON B. NICKNAME LAST SUFFIX KENNEDY	OFFICE USE ONLY Acct. # Date Received Date Processed Date Imaged
3	ADDRESS / PO BOX; APT. / SUITE #; CITY; STATE; ZIP CODE 1505 JOLLA ST SAN LEON, TX 77539	
4	AREA CODE PHONE NUMBER EXTENSION (832) 451-7316	
5	OFFICE HELD (If any) DIRECTOR SAN LEON MUD	
6	OFFICE SOUGHT (If known) DIRECTOR SAN LEON MUD	
7	MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX MRS. MARLENE MANCHAAA	
8	STREET ADDRESS (NO PO BOX PLEASE); APT. / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 594 KEMAH TEXAS 77565	
9	AREA CODE PHONE NUMBER EXTENSION (832) 651-4882	
10	CANDIDATE SIGNATURE I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.  Signature of Candidate  Date Signed	

GO TO PAGE 2

**CANDIDATE MODIFIED
REPORTING DECLARATION****FORM CTA****PG 2**

11 CANDIDATE NAME	
12 MODIFIED REPORTING DECLARATION	<p align="center">COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.</p> <p align="center">-- This declaration must be filed no later than the 30th day before the first election to which the declaration applies. --</p> <p align="center">-- The modified reporting option is valid for one election cycle only. -- <small>(An election cycle includes a primary election, a general election, and any related runoffs.)</small></p> <p align="center">-- Candidates for the office of state chair of a political party and candidates for county chair of a political party may NOT choose modified reporting. --</p> <p>I do not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div data-bbox="548 1255 863 1302"><hr style="width: 100%;"/><small>Year of election(s) or election cycle to which declaration applies</small></div><div data-bbox="1045 1255 1273 1281"><hr style="width: 100%;"/><small>Signature of Candidate</small></div></div>

This appointment is effective on the date it is filed with the appropriate filing authority.



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME
MR

LAST
TYSON

SUFFIX
B

KENNEDY

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

1505 JOHN ST SAN LEON TX 77539

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 451-7316

Receipt #

Amount

Date Processed

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST
MARLENE

SUFFIX
K

MANCHACA

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

P.O. Box 594 KEMAH TX 77565

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 651 4882

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

THROUGH

Month

Day

Year

3 / 29 / 10 4 / 30 / 10

11 ELECTION

Month

Day

Year

5 / 8 / 10

ELECTION TYPE

☐

Primary

☐

Runoff

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

DIRECTOR

13 OFFICE SOUGHT (if known)

DIRECTOR

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.

Name

Address / PO Box Apt / Suite # City State Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION
TOTALS

1 TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3 TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 293.13

CONTRIBUTION
BALANCE

5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

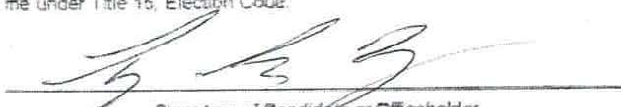
OUTSTANDING
LOAN TOTALS

6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8508

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G****EXPENDITURE CATEGORIES FOR BOX 8(a)**Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
FeesGift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing ExpenseSalaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental ExpenseLoan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 4/23/10		5 Payee name THE SIGN SHOP			
6 Amount (\$) 130.50 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: City: State: Zip Code 306 N Hwy 3 LEAGUE CITY, TX 77573			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) PRINTING		(b) Description (If travel outside of Texas, complete Schedule T) SIGNS	
Date 4/26/10		Payee name SCRIBBLES			
Amount (\$) 127.01 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 2525 PALMER TEXAS CITY, TX 77150			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING		Description (If travel outside of Texas, complete Schedule T) T-SHIRTS	
Date 4/24/10		Payee name 123 Prints			
Amount (\$) 26.81 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING		Description (If travel outside of Texas, complete Schedule T) CARDS	
Date 4/24/10		Payee name STAPLES			
Amount (\$) 8.82 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code Fm 646 LEAGUE CITY TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Flyers-Printing		Description (If travel outside of Texas, complete Schedule T) Flyers	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

APPLICATION FOR PLACE ON BALLOT

I, JULIE HALL, do hereby make application for a place on the ballot of the election to Directors of SAN LEON MUNICIPAL UTILITY DISTRICT. Pursuant to Election Code 141.031, I do hereby swear to the following facts:

My name is: JULIE HALL.

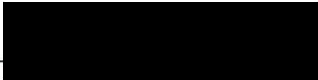
My occupation is: RETIRED INSURANCE AGENCY.

Office sought: ASSISTANT SECRETARY (full term).

I am a citizen of the United States of America.

I have not been determined mentally incompetent by a final judgment of any court.

I have not been finally convicted of a felony from which I have not been pardoned or otherwise released from the resulting disabilities.

My date of birth is: 

My residence address is: 114 5TH ST SAN LEON TX. 77539

My mailing address is: Same as above

I have lived in the State of Texas for 36 years and in the SAN LEON MUNICIPAL UTILITY DISTRICT for 14 years.

I, JULIE HALL, of Galveston County, Texas, being a candidate for the office of Board of Directors of the San Leon Municipal Utility District, swear that I will support and defend the constitution and laws of the United States and of the State of Texas.

I am aware of the nepotism law, Articles 5996(a) through 5996(g) of the Revised Civil Statutes of the State of Texas.

I am a resident of the SAN LEON MUNICIPAL UTILITY DISTRICT.

I own land in said District subject to taxation, and I am 21 years of age or over.

Julie Hall

THE STATE OF TEXAS

COUNTY OF GALVESTON

SUBSCRIBED AND SWORN TO before me on this the 3RD day of
February, 2012.

Janice Hoff
Notary Public, State of Texas



APPLICATION FOR PLACE ON BALLOT

I, KENNETH BISHOP, do hereby make application for a place on the ballot of the election to Directors of SAN LEON MUNICIPAL UTILITY DISTRICT. Pursuant to Election Code 141.031, I do hereby swear to the following facts:

My name is: KENNETH BISHOP.

My occupation is: MECHANIC.

Office sought: BOARD OF DIRECTOR (full term).

I am a citizen of the United States of America. Yes

I have not been determined mentally incompetent by a final judgment of any court. NO

I have not been finally convicted of a felony from which I have not been pardoned or otherwise released from the resulting disabilities. NO

My date of birth is: [REDACTED]

My residence address is: 2251 AVED SAN LEON TX 77589

My mailing address is: PO BOX 862 BACLIFF TX 77518

I have lived in the State of Texas for 42 years and in the SAN LEON MUNICIPAL UTILITY DISTRICT for 11 years.

I, KENNETH BISHOP, of Galveston County, Texas, being a candidate for the office of Board of Directors of the San Leon Municipal Utility District, swear that I will support and defend the constitution and laws of the United States and of the State of Texas.

I am aware of the nepotism law, Articles 5996(a) through 5996(g) of the Revised Civil Statutes of the State of Texas.

I am a resident of the SAN LEON MUNICIPAL UTILITY DISTRICT.

I own land in said District subject to taxation, and I am 21 years of age or over.

Gene L. Bush

THE STATE OF TEXAS

COUNTY OF GALVESTON

SUBSCRIBED AND SWORN TO before me on this the 18th day of
January, 2012.

Janice Hoffman
Notary Public, State of Texas

