

# City of El Lago

411 Tallowood Drive  
El Lago, Texas 77586  
Tel 281-326-1951  
Fax 281-326-2134  
[www.ellago-tx.gov](http://www.ellago-tx.gov)

March 8, 2018

Scott C. Greenlee  
303 Shadow Creek Dr.  
El Lago, TX 77586

RE: Public Information Act Request sent on 2/28/2018

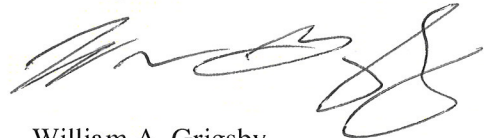
Dear Mr. Greenlee,

Your Public Information Act (PIA) request was received on February 28, 2018 by City Hall. This memo shall serve as notice that the following request is complete:

1. The campaign finance reporting forms submitted by ALL candidates for the 2017 El Lago city elections.

You have requested a waiver for the fees to provide this information, and your request for a waiver has been approved. Feel free to call me at 281-326-1951 ext 111 or email me at [citysec@ellago-tx.gov](mailto:citysec@ellago-tx.gov) if you have any further questions.

Best regards,



William A. Grigsby  
City Secretary

**TF TRACEY & FOX**

Catastrophic Injury • Product Liability

Offices in Houston | Dallas | San Antonio  
800.925.7216

February 28, 2018

William Grigsby,  
City Secretary  
City of El Lago  
411 Tallwood Dr.  
El Lago, Texas 77586

Via facsimile 281-326-2134 and email: [citysec@ellago-tx.gov](mailto:citysec@ellago-tx.gov)

RE: FOIA request

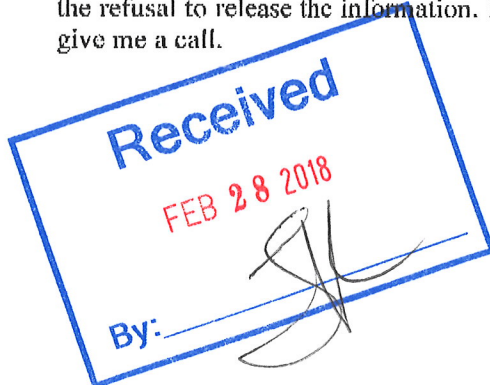
Dear Mr. Grigsby:

Pursuant to 5 U.S.C.A. § 552, the Freedom of Information Act (FOIA), I hereby request the following materials and request that they be saved in original form and in their entirety. The requested materials are:

- The campaign finance reporting forms submitted by ALL candidates for the 2017 El Lago city elections.

The Texas Public Information Act requires that you "promptly produce" the requested records unless, within 10 days, you have sought an Attorney General's Opinion. If you expect a significant delay in responding to this request, please contact me with information about when I might expect copies or the ability to inspect the requested records.

If you deny any or all of this request, please cite each specific exemption you feel justifies the refusal to release the information. If you have any questions or comments, please feel free to give me a call.



Sincerely,

Scott C. Greenlee

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

ANN  
VERNON

OFFICE USE ONLY

Date Received

4/28/17

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1807 RAIN TREE CIRCLE

EL LAGO, TX 77586

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281)

615-0832

Date Hand-delivered or Date Postmarked

4/28/17

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

JOHN  
VERNON

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1807 RAIN TREE CIRCLE, EL LAGO, TX 77586

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281)

214-34843

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

4 / 7 / 2017

THROUGH

4 / 28 / 2017

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 6 / 2017

☐ Primary

☐ Runoff

ELECTION TYPE

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

MAYOR

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

ANN VERNON

15 Filer ID (Ethics Commission Filers)

N/A

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

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

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

\$

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

\$

33.57

CONTRIBUTION  
BALANCE

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

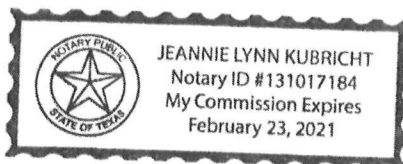
\$

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.

*Ann Vernon*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ann Vernon, this the 28th  
day of April, 2017, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Jeannie Kubricht

Title of officer administering oath

early voting clerk



**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> ANN VERNON		<b>20 Filer ID (Ethics Commission Filers)</b> N/A
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 33.57
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME ANN VERNON	<b>3</b> Filer ID (Ethics Commission Filers) N/A
<b>4</b> Date 4/21/2017	<b>5</b> Payee name OFFICE DETOT	
<b>6</b> Amount (\$) 330.57 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address: City: State: Zip Code 961 E. NASA PKWY HOUSTON, TX 77058	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name ANN VERNON	Office sought MAYOR Office held N/A
Date	Payee name	
Amount (\$)	Payee address: City: State: Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address: City: State: Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address: City: State: Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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

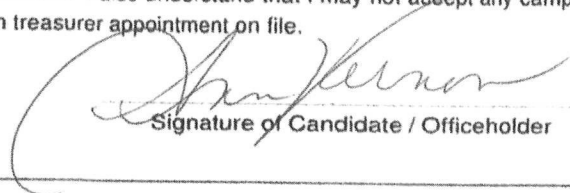
Ann Vernon

2 Filer ID (Ethics Commission Filers)

N/A

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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

7

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MRS

ANN

VERNON

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1807 RAINTREE CIRCLE

EL LAGO, TX 77586

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281)

615-0832

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR

JON

M

VERNON

## OFFICE USE ONLY

Date Received

4/6/17

SK

1:45pm

Date Hand delivered or Date Postmarked

4/6/17

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

1807 RAINTREE CIRCLE

EL LAGO, TX 77586

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281)

216-3484

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

2 / 17 / 2017

THROUGH

Month

Day

Year

4 / 6 / 2017

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 06 / 17

☐ Primary

☐ Runoff

ELECTION TYPE

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

MAYOR

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

ANN VERNON

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

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

\$

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

\$

1,227.50

CONTRIBUTION  
BALANCE

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

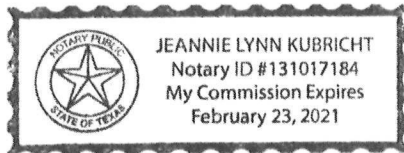
\$

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 Ann Vernon, this the 6th day of April, 20 17, 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

Jeannie Kubricht city clerk

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME

Ann Veerwon

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 325.00
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 602.14
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 300.36
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME <i>ANN VERNON</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ <i>325.00</i>
---	------------------

5 Date	6 Payee name <i>MINUTEMAN PRESS</i>
--------	--

7 Amount (\$) <i>325.00</i>	8 Payee address; City: State: Zip Code <i>1040 HERCULES AVE HOUSTON, TX 77058</i>
--------------------------------	--

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

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

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>ANN VERNON</i>	Office sought <i>MAYOR</i>	Office held <i>N/A</i>
---	--	-------------------------------	---------------------------

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

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

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <b>2</b>		2 FILER NAME <b>ANN VERNON</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ <b>602.14</b>	
5 Date <b>3/17/2017</b>		6 Payee name <b>SIGN DEPOT</b>			
7 Amount (\$) <b>\$270.00</b>		8 Payee address; City: State; Zip Code <b>1813 COLONIAL DR ORLANDO, FL 32803</b>			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>ANN VERNON</b>		Office sought <b>MAYOR</b>	
				Office held <b>N/A</b>	
Date <b>3/23/2017</b>		Payee name <b>WIX.COM</b>			
Amount (\$) <b>14.00</b>		Payee address; City: State; Zip Code <b>PO BOX 40190 SAN FRANCISCO, CA 94140</b>			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>ADVERTISING (WEBSITE)</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>ANN VERNON</b>		Office sought <b>MAYOR</b>	
				Office held <b>N/A</b>	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME ANN VERNON	3 Filer ID (Ethics Commission Filers)
----------------------------	----------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ see pg 1
---	-------------

5 Date 3/25/2017	6 Payee name GO DADDY
---------------------	--------------------------

7 Amount (\$) 1.17	8 Payee address; City: State; Zip Code 1455 N HAYDEN RD, STE 226 SCOTTSDALE, AZ 85260-6993
-----------------------	--

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

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

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ANN VERNON	Office sought MAYOR	Office held N/A
--	---	------------------------	--------------------

Date 3/30/2017	Payee name IMPRINT
-------------------	-----------------------

Amount (\$) \$ 216.97	Payee address; City: State; Zip Code 14550 BEECHNUT STREET HOUSTON, TX 77083
--------------------------	--

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

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ANN VERNON	Office sought MAYOR	Office held N/A
---	---	------------------------	--------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>1</b>		2 FILER NAME <b>ANN VERNON</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/8/2017</b>		5 Payee name <b>FED EX OFFICE</b>			
6 Amount (\$) <b>155.36</b> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City: State; Zip Code <b>495 BAY AREA BLVD HOUSTON, TX 77058-2639</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>ANN VERNON</b>		Office sought <b>MAYOR</b>	
				Office held <b>N/A</b>	
Date <b>3/16/2017</b>		Payee name <b>LA VENTANA DEL LAGO</b>			
Amount (\$) <b>145.00</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City: State; Zip Code <b>302 PINEVIEW CIRCLE ELLAGO, TX 77586</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>ANN VERNON</b>		Office sought <b>MAYOR</b>	
				Office held <b>N/A</b>	
Date		Payee name			
Amount (\$)		Payee address; City: State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		(b) Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

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 Filer ID (Ethics Commission Filers)

2 Total pages filed: **4**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

**MARK**

**M**

**BRIGGS**

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

**303 CEDAR LN**

**EL LAO, TX**

**77586**

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

**(281)**

**704**

**5568**

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

**MARK**

**M**

**BRIGGS**

7 CAMPAIGN  
TREASURER  
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

**303 CEDAR LN**

**EL LAO, TX**

**77586**

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

**(281)**

**704**

**- 5568**

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

**3**

**17**

**17**

THROUGH

Month

Day

Year

**4**

**17**

**17**

11 ELECTION

ELECTION DATE

Month

Day

Year

**5**

**6**

**17**

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

**COUNCIL - POSS**

13 OFFICE SOUGHT (if known)

**MAYOR**

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

MARK BRIGGS

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

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

\$ 0

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

\$ 571.00

CONTRIBUTION  
BALANCE

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

\$ 0

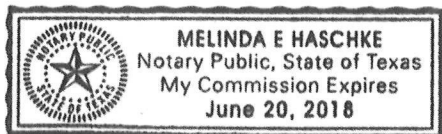
OUTSTANDING  
LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Mark M. Briggs

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said

Mark M Briggs

this the

18th

day of April 2012, to certify which, witness my hand and seal of office.

Melinda E Haschke

Melinda E Haschke

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 571.00
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:  1	<b>2</b> FILER NAME  MARK BRIGGS		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  4/17/17	<b>5</b> Payee name  POLITICAL SIGNS TO YOU		
<b>6</b> Amount (\$)   <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address: City: State: Zip Code  www.signstoyou.com		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  ADVERTISING	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name: MARK BRIGGS      Office sought: COUNCIL POS 5      Office held: MAYOR			
Date	Payee name		
Amount (\$)	Payee address: City: State: Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name:      Office sought:      Office held:			
Date	Payee name		
Amount (\$)	Payee address: City: State: Zip Code		
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Amount (\$)	Payee address: City: State: Zip Code		
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name:      Office sought:      Office held:			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE MODIFIED  
REPORTING DECLARATION****FORM CTA  
PG 2****11 CANDIDATE  
NAME**

John Skelton

**12 MODIFIED  
REPORTING  
DECLARATION****COMPLETE THIS SECTION ONLY IF YOU ARE  
CHOOSING MODIFIED REPORTING**

**\*\* This declaration must be filed no later than the 30th day before  
the first election to which the declaration applies. \*\***


**\*\* 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.)

**\*\* Candidates for the office of state chair of a political party  
may NOT choose modified reporting. \*\***

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.

2017

Year of election(s) or election cycle to  
which declaration applies



Signature of Candidate

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

**CANDIDATE MODIFIED  
REPORTING DECLARATION****FORM CTA****PG 2****11 CANDIDATE  
NAME**

Jeffrey S. "Jeff" Tave

**12 MODIFIED  
REPORTING  
DECLARATION****COMPLETE THIS SECTION ONLY IF YOU ARE  
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2017

Year of election(s) or election cycle to  
which declaration applies

Signature of Candidate

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**CANDIDATE MODIFIED  
REPORTING DECLARATION****FORM CTA  
PG 2****11 CANDIDATE  
NAME****12 MODIFIED  
REPORTING  
DECLARATION****COMPLETE THIS SECTION ONLY IF YOU ARE  
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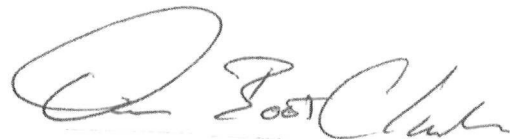
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2017

Year of election(s) or election cycle to  
which declaration applies



Signature of Candidate

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

**CANDIDATE MODIFIED  
REPORTING DECLARATION****FORM CTA****PG 2****11 CANDIDATE  
NAME**

Jeffery Michaelak

**12 MODIFIED  
REPORTING  
DECLARATION****COMPLETE THIS SECTION ONLY IF YOU ARE  
CHOOSING MODIFIED REPORTING**

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report.

2017

Year of election(s) or election cycle to  
which declaration applies



Signature of Candidate

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



**CANDIDATE MODIFIED  
REPORTING DECLARATION****FORM CTA  
PG 2****11 CANDIDATE  
NAME***William E. Heintzleman***12 MODIFIED  
REPORTING  
DECLARATION****COMPLETE THIS SECTION ONLY IF YOU ARE  
CHOOSING MODIFIED REPORTING**

**\*\* This declaration must be filed no later than the 30th day before  
the first election to which the declaration applies. \*\***

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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.

*2017*

Year of election(s) or election cycle to  
which declaration applies

*William E. Heintzleman*

Signature of Candidate

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