

# 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:** 4

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS / MRS / MR: **Mr.** FIRST: **Jon** MI: **H.**  
 NICKNAME: LAST: SUFFIX:  
**Siegel**

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
 change of address

**5 CANDIDATE / OFFICEHOLDER PHONE**

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR: **Mrs.** FIRST: **Suzie** MI: **D.**  
 NICKNAME: LAST: SUFFIX:  
**Siegel**

**7 CAMPAIGN TREASURER ADDRESS**  
 STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
 (residence or business)

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION

**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  
**01 / 01 / 2015 THROUGH 06 / 30 / 2015**

**11 ELECTION**  
 ELECTION DATE: Month Day Year: **11 / 04 / 2012**  
 ELECTION TYPE:  Primary  Runoff  General  Special

**12 OFFICE** OFFICE HELD (if any): **Tarrant County Constable Precinct 6**  
**13 OFFICE SOUGHT** (if known):

**OFFICE USE ONLY**

Date Received

BY: *MR*

2015 JUL 15 PM 1:38

FRANK PHILLIPS  
ELECTIONS ADMINISTRATOR

TARRANT COUNTY  
FILED

Date Hand Delivered or Postmarked

Receipt #

Date Processed

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

**Jon H Siegel**

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

BY: *MS*

FRANK PHILLIPS  
ELECTIONS ADMINISTRATOR

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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

\$ 200.00

CONTRIBUTION BALANCE

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

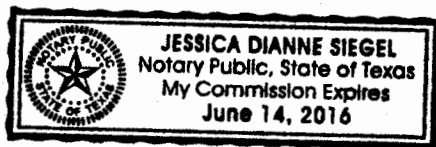
\$ 52,850.59

OUTSTANDING LOAN TOTALS

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

\$ 55,000.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Jon Siegel*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jon H. Siegel, this the 12 day of July, 20 15, to certify which, witness my hand and seal of office.

*Jessica Siegel*  
Signature of officer administering oath

Jessica Siegel  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: **1**

2 FILER NAME

**Jon H. Siegel**

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan  
**6/30/2015**

7 Name of lender  out-of-state PAC (ID# \_\_\_\_\_)  
**Raymond Lifchez**

9 Loan Amount (\$)  
**\$25,000.00**

6 Is lender a financial Institution?  
Y  N

8 Lender address; City; State; Zip Code  
**245 Stonewall Rd., Berkeley, California 94705**

10 Interest rate  
**0%**

11 Maturity date  
**Open**

12 Principal occupation / Job title (See Instructions)  
**Professor of Architecture**

13 Employer (See Instructions)  
**University of California Berkeley**

14 Description of Collateral  
 none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION  
 not applicable

17 Name of guarantor  
18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan  
**6/30/2015**

Name of lender  out-of-state PAC (ID# \_\_\_\_\_)  
**Jon & Suzie Siegel**

Loan Amount (\$)  
**\$25,000.00**

Is lender a financial Institution?  
Y  N

Lender address; City; State; Zip Code  
**6475 Crestmore Road, Fort Worth, Texas 76116**

Interest rate  
**0%**

Maturity date  
**Open**

Principal occupation / Job title (See Instructions)  
**Constable**

Employer (See Instructions)  
**Tarrant County**

Description of Collateral  
 none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION  
 not applicable

Name of guarantor  
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

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Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements

# POLITICAL EXPENDITURES

# SCHEDULE F

### 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.

<b>1</b> Total pages Schedule F: <b>1</b>	<b>2</b> FILER NAME <b>Jon H. Siegel</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>01/31/2015</b>	<b>5</b> Payee name <b>Tarrant County GOP</b>	
<b>6</b> Amount (\$) <b>\$200.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>2405 Gravel Road, Fort Worth, Texas 76118</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Event Expense</b>	<b>(b)</b> Description (if travel outside of Texas, complete Schedule T) <b>Lincoln Day Dinner</b>
<b>9</b> 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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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 TARRANT COUNTY  
 2015 JUL 15 PM 1:39  
 FRANK PHILLIPS  
 ELECTIONS ADMINISTRATOR  
 BY: [Signature]

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED