

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

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

OFFICE USE ONLY

Date Received

RECEIVED

JAN 15 2020

Town of Flower Mound  
Town Secretary's Office

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
3209 High Road Flower Mound, Tx 75022

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 817 ) 430 1249

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

- 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  
7 / 16 / 2019    THROUGH    1 / 15 / 2020

11 ELECTION

ELECTION DATE    ELECTION TYPE

Month Day Year     Primary     Runoff     Other Description  
5 / 4 / 2019     General     Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Town Council, Place 1

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

**14 C/OH NAME**  
James H. Pierson

**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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

<b>17 CONTRIBUTION TOTALS</b>	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)	\$	5190.02
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	468.67
	4. TOTAL POLITICAL EXPENDITURES	\$	4843.53
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	346.49
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**18 AFFIDAVIT**

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

*James H. Pierson*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James Pierson, this the 15<sup>th</sup> day of Jan, 2020, to certify which, witness my hand and seal of office.

*Linda Proskey*  
Signature of officer administering oath

Linda Proskey  
Printed name of officer administering oath

Notary  
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 checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5190.92
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 checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$4843.53
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 type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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 checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.07

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

James H. Pierson

3 Filer ID (Ethics Commission Filers)

4 Date

2/20/2019

5 Full name of contributor

Gerard W. Tobin

0 out-of-state PAC (ID#)

7 Amount of contribution (\$)

2000.00

6 Contributor address;

3031 High Rd

City; State; Zip Code

FM TX 75022

10500 E. Lost Canyon #24

Scottsdale, AZ 85255

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/25/2019

Full name of contributor

Aricia Blasko

0 out-of-state PAC (ID#)

Amount of contribution (\$)

20.00

Contributor address;

17200 Milford Dr.

City; State; Zip Code

FM TX 75028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/3/2019

Full name of contributor

Walt & Judy Collins

0 out-of-state PAC (ID#)

Amount of contribution (\$)

100.00

Contributor address;

1537 Simmons,

City; State; Zip Code

FM TX 75022

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/3/2019

Full name of contributor

Sharon Gentry

0 out-of-state PAC (ID#)

Amount of contribution (\$)

100.00

Contributor address;

2750 Bob White

City; State; Zip Code

FM TX 75022

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule, A1:

2 FILER NAME

James H. Pierson

3 Filer ID (Ethics Commission Filers)

4 Date

3/3/2019

5 Full name of contributor

Janvier G. Scott

D out-of-state PAC ID# \_\_\_\_\_

7 Amount of contribution (\$)

200.00

6 Contributor address;

2829 Bob White

City; State; Zip Code

FM TX 75022

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/5/2019

Full name of contributor

Ben Baumgarner

D out-of-state PAC ID# \_\_\_\_\_

Amount of contribution (\$)

100.00

Contributor address;

5150 Kensington Ct

City; State; Zip Code

FM TX 75022

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/2019

Full name of contributor

Marsha Gavitt

D out-of-state PAC ID# \_\_\_\_\_

Amount of contribution (\$)

100.00

Contributor address;

6501 Meadowcrest Ln FM TX 75022

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/2019

Full name of contributor

Stacy & W. Scott Langley

D out-of-state PAC ID# \_\_\_\_\_

Amount of contribution (\$)

50.00

Contributor address;

800 Carter Ct

City; State; Zip Code

FM TX 75028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule, A1:

2 FILER NAME

James H. Pierson

3 Filer ID (Ethics Commission Filers)

4 Date

3/20/2019

5 Full name of contributor

Walt F & Judy N Collins

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

1537 Simmons,

FM TX 75022

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/20/2019

Full name of contributor

Buddy Wilkins

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

6414 Cross Timbers Rd.

FM TX 75022

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/2019

Full name of contributor

Arcia Blasko

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

20.00

Contributor address;

City; State; Zip Code

1720 Milford Dr

FM TX 75028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/2019

Full name of contributor

Jason Hobbs

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1000 St Francis Ln

FM TX 75028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

s, HEOULE A 1

The Instruction Guide explains how to complete this form.

1 Total pages  
2

Schedule A1:

2 FILER NAME

James H. Pierson

3 Filer ID (Ethics Commission Filers)

4 Date

3/25/2019

5 Full name of contributor

Gregory or Lisa George

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

3606 Sutton Dr.

FM TX 75028

8 Principal occupation/ Job title (See Instructions)

9 Employer (See Instructions)

Date

3/27/2019

Full name of contributor

Alexander J Demarzo

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

2913 Downing St

FM TX 75028

Principal occupation/ Job title (see instructions)

Employer (See Instructions)

Date

4/11/2019

Full name of contributor

Kuo Wei

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

150.00

Contributor address;

City; State; Zip Code

509 Landwyck Ln

FM TX 75028

Principal occupation/ Job title (See Instructions)

Employer (See Instructions)

Date

4/11/2019

Full name of contributor

Tim Whisenant

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

PO Box 271484

FM TX 75027

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME:

James H Pierson

3 Filer ID (Ethics Commission Filers)

4 Date

4/11/2019

5 Full name of contributor

Sharon Gentry

D out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

300.00

6 Contributor address;

2750 Bob White

City; State; Zip Code

FM TX 75022

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/12/2019

Full name of contributor

Ann Martin

D out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

300.00

Contributor address;

4700 Oak Springs Dr.,

City; State; Zip Code

FM TX 75028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/17/2019

Full name of contributor

Rick Lust

D out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

3805 Ridgecrest Dr.

City; State; Zip Code

FM TX 75022

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

D out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <b>James H Pierson</b>	<b>13</b>	Filer ID (Ethics Commission Filers)			
<b>4</b> Date <b>2/25/2019</b>	<b>5</b> Payee name <b>Sign Central</b>					
<b>6</b> Amount (\$) <b>182.67</b>	<b>7</b> Payee address; City; State; Zip Code <b>P.O Box 294334, Lewisville, Tx 75029 (Rippy Rd., FM)</b>					
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	<b>(b)</b> Description <input type="radio"/> Check if travel outside of Texas. Complete Schedule T <input type="radio"/> Check if Austin, TX, officeholder living expense <b>Signs</b>				
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>			<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date <b>3/4/2019</b>	Payee name <b>Sign Central</b>					
Amount (\$) <b>952.87</b>	Payee address; City; State; Zip Code <b>P.O Box 294334, Lewisville, Tx 75029 (Rippy Rd.; FM)</b>					
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	<b>(b)</b> Description <input type="radio"/> Check if travel outside of Texas. Complete Schedule T <input type="radio"/> Check if Austin, TX, officeholder living expense <b>Signs</b>				
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>			<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date <b>3/8/2019</b>	Payee name <b>PPS</b>					
Amount (\$) <b>595.38</b>	Payee address; City; State; Zip Code <b>1901 Long Prairie Rd., # 220, FM TX 75022</b>					
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	<b>(b)</b> Description <input type="radio"/> Check if travel outside of Texas. Complete Schedule T <input type="radio"/> Check if Austin, TX, officeholder living expense <b>Brochures</b>				
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>			<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Si H d ULE F1

## EXPENDITURE CATEGORIES FOR BOX S(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation, Lodging, & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contribution/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awar. Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: **13** FILER NAME: **James H. Pierson** Filer ID (Ethics Commission Filers)

4 Date: **3/8/2019** 5 Payee name: **Sign Central**

6 Amount(\$): **515.27** 7 Payee address; City; State; Zip Code: **P.O. Box 294334, Lewisville, Tx 75029 (Rippy Rd.,-FM)**

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

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

Date: **3/25/2019** Payee name: **Sign Central**

Amount(\$): **649.50** Payee address; City; State; Zip Code: **P.O. Box 294334, Lewisville, Tx 75029 (Rippy Rd., FM)**

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

complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held

Date: **4/2/2019** Payee name: **FM Chamber of Commerce**

Amount (\$): **150.00** Payee address; City; State; Zip Code: **700 Parker square #100, FM TX 75028**

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 5(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Raising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 F1: 2 FILER NAME **James H. Pierson** **13** Filer ID (for Commission Filers)

4 Date **4/10/2019** 5 Payee name **FMARC**

6 Amount (\$) **150.00** 7 Payee address; City; State; Zip Code **4000 West Windsor Dr. FM TX 75028**

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

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

Date **04/17/2019** Payee name **UPS Store**

Amount (\$) **389.70** Payee address; City; State; Zip Code **2201 Long Prairie, FM TX 75022**

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

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

Date **04/17/2019** Payee name **Sign Centra I**

Amount (\$) **270.63** Payee address; City; State; Zip Code **P.O Box 294334, Lewisville, Tx 75029 (Rippy Rd., FM)**

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

ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME James H. Pierson	3 Filer ID (Ethics Commission Filers)
----------------------------	----------------------------------	---------------------------------------

4 Date 4/24/2019	5 Payee name Sign Central
---------------------	------------------------------

6 Amount (\$) 168.78	7 Payee address; City; State; Zip Code P.O Box 294334, Lewisville, Tx 75029 (Rippy Rd., FM)
-------------------------	--

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

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

Date 5/8/2019	Payee name Todd Vowell
------------------	---------------------------

Amount (\$) 250.00	Payee address; City; State; Zip Code 612 E Hundley Dr., Lake Dallas, Tx 75065
-----------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other (Sign removal)	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	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 9/3/2019	Payee name FMCPAAA (Santa Cop
------------------	----------------------------------

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

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

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

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
1

2 FILER NAME

James H. Pierson

3 Filer ID (Ethics Commission Filers)

4 Date

3/13/2019

5 Name of person from whom amount is received

J.P. Morgan Chase Bank

8

Amount (\$)

0.01

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

4101 Cross Timbers Rd FM, TX 75028

7 Purpose for which amount is received

Interest on bank account

Check if political contribution returned to filer

Date

4/11/2019

Name of person from whom amount is received

J. P. Morgan Bank

Amount (\$)

0.01

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

4101 Cross Timbers Rd FM, TX 75028

Purpose for which amount is received

Interest on bank account

Check if political contribution returned to filer

Date

5/13/2019

Name of person from whom amount is received

J.P. Morgan Chase Bank

Amount (\$)

0.01

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

4101 Cross Timbers Rd FM, Tx 75028

Purpose for which amount is received

Interest on bank account

Check if political contribution returned to filer

Date

6/13/2019

6/13/2019

Name of person from whom amount is received

J.P. Morgan Chase Bank

Amount (\$)

0.01

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

4101 Cross Timbers Rd FM, Tx 75028

Purpose for which amount is received

Interest on bank account

Check if political contribution returned to filer

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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
2

2 FILER NAME

James H. Pierson

3 Filer ID (Ethics Commission Filers)

4 Date

7/12/2019

5 Name of person from whom amount is received

J.P.Morgan Chase

8

Amount (\$)

0.01

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

4101 Cross Timbers Rd Flower Mound, TX 75028

7 Purpose for which amount is received

Check if political contribution returned to filer

Date

8/13/2019

Name of person from whom amount is received

J.P.Morgan Chase

Amount (\$)

0.01

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

4101 Cross Timbers Rd Flower Mound, TX 75028

Purpose for which amount is received

Check if political contribution returned to filer

Date

9.13.2019

Name of person from whom amount is received

J.P.Morgan Chase

Amount (\$)

0.01

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

4101 Cross Timbers Rd Flower Mound, TX 75028

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

Check if political contribution returned to filer

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