

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: 8								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST MI Jared B NICKNAME LAST SUFFIX Hall	OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; margin: 5px auto; width: 80%;"> RECEIVED APR 07 2016 OFFICE OF THE CITY SECRETARY LUBBOCK, TEXAS </div> Date Hand-delivered or Date 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 <div style="background-color: black; height: 40px; width: 100%;"></div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 30px; width: 100%;"></div>										
6 CAMPAIGN TREASURER NAME	MS / <input checked="" type="radio"/> MRS / MR FIRST MI Lelia Gomez-Hall NICKNAME LAST SUFFIX	Date Hand-delivered or Date Postmarked 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 <div style="background-color: black; height: 40px; width: 100%;"></div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 30px; width: 100%;"></div>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)
<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	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em; color: blue;">02 / 19 / 2016</td> <td></td> <td style="text-align: center; font-size: 1.5em; color: blue;">04 / 07 / 2016</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	02 / 19 / 2016		04 / 07 / 2016		
Month Day Year	THROUGH	Month Day Year									
02 / 19 / 2016		04 / 07 / 2016									
11 ELECTION	ELECTION DATE Month Day Year 07 / 07 / 2016	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Lubbock City Council District 2										

3:18 p.m.

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Jared B. Hall 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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 250.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 246.78
	4. TOTAL POLITICAL EXPENDITURES	\$ 1343.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1156.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



AFFIX NOTARY 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.

Jared B. Hall
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jared B. Hall, this the 7th day of April, 20 16, to certify which, witness my hand and seal of office.

Donna K Sharp
Signature of officer administering oath

Donna K Sharp
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 <i>Jared B. Hall</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2,250.00</i>
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 checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>1096.66</i>
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME **Jared B. Hall**

3 Filer ID (Ethics Commission Filers)

4 Date
3-13-16

5 Full name of contributor out-of-state PAC (ID#: _____)
Carl Tepper

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)
\$100.00

8 Principal occupation / Job title (See Instructions)
Commercial Realtor

9 Employer (See Instructions)
McDougal Dupre

Date
3-13-16

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

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
\$1,000.00

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Beck Steel

Date
3-22-16

Full name of contributor out-of-state PAC (ID#: _____)
Charles Pong

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
\$200.00

Principal occupation / Job title (See Instructions)
CPA

Employer (See Instructions)
Charles Pong PC

Date
3-14-16

Full name of contributor out-of-state PAC (ID#: _____)
Scott Stephenson

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)
Salesman

Employer (See Instructions)
Self

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: <u>2</u>
2 FILER NAME <u>Jared B. Hall</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3-31-16</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jesse Rivera</u>	7 Amount of contribution (\$) <u>\$250.00</u>
6 Contributor address; _____ City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>		
8 Principal occupation / Job title (See Instructions) <u>Salon Owner</u>		9 Employer (See Instructions) <u>Self</u>
Date <u>4-2-16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Joe Rodriguez</u>	Amount of contribution (\$) <u>\$500.00</u>
Contributor address; _____ City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>		
Principal occupation / Job title (See Instructions) <u>Construction</u>		Employer (See Instructions) <u>Self</u>
Date <u>2-18-16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jared B. Hall</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; _____ City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>		
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>Self</u>
Date	Full name of contributor <input type="checkbox"/> 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.

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
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | 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	2 FILER NAME Jared B. Hall	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 3-20-16	6 Payee name Fed Ex Office
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7 Amount (\$) \$27.74	8 Payee address; City; State; Zip Code 
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Campaign Postcards	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-21-16	Payee name Fast Signs
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Amount (\$) \$281.45	Payee address; City; State; Zip Code 
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Campaign Signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

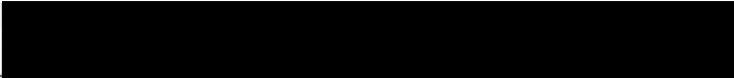
EXPENDITURE CATEGORIES FOR BOX 8(a)

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	2 FILER NAME T Jared B Hall	3 Filer ID (Ethics Commission Filers)
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4 Date 4-1-16	5 Payee name Scott's Quik Print
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6 Amount (\$) \$181.86	7 Payee address; City; State; Zip Code 
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Campaign Post Cards	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-6-16	Payee name Middaon Printing and Graphics
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Amount (\$) \$55.61	Payee address; City; State; Zip Code 
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Campaign Post Cards	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

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

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

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

Jared B. Hall

2 Filer ID (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.

Jared B. Hall
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