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: MS | FIRST: Shelia | MI: R

NICKNAME | LAST: Patterson - Harris | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: [redacted] | APT / SUITE #: | CITY: | STATE: | ZIP CODE

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER: [redacted] | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MS | FIRST: Rowanda | MI: Lee

NICKNAME | LAST: Toler | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): [redacted] | APT / SUITE #: | CITY: | STATE: | ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER: [redacted] | EXTENSION

OFFICE USE ONLY

Date Received

RECEIVED
JAN 15 2016
OFFICE OF THE CITY SECRETARY
LUBBOCK, TEXAS

gc 8:35 a.m.

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

9 REPORT TYPE

- ☑ January 15
- ☐ July 15
- ☐ 30th day before election
- ☐ 8th day before election
- ☐ Runoff
- ☐ Exceeded $500 limit
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month	Day	Year		Month	Day	Year
10	02	2015	THROUGH	12	31	2015

11 ELECTION

ELECTION DATE

Month	Day	Year
05	07	2016

ELECTION TYPE

- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Shelia Patterson Harris

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.

☐ Additional Pages

COMMITTEE TYPE	
☐ GENERAL	COMMITTEE NAME
☐ SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS / EXPENDITURE TOTALS / CONTRIBUTION BALANCE / OUTSTANDING LOAN 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)	$ 1,085.00
3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ ~~0~~
4.	**TOTAL POLITICAL EXPENDITURES**	$ 57.05
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1,027.95
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

18 AFFIDAVIT

JENNIFER SOWDER CLEMENTS * NOTARY PUBLIC * STATE OF TEXAS * EXPIRES 08-28-2016

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 Shelia Harris, this the 15th day of January, 20 16, to certify which, witness my hand and seal of office.

Jennifer Clements | Jennifer Clements | Notary

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)
Shelia Patterson Harris	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 835.00
2.	☑	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 250.00
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE E: LOANS	$
5.	☑	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 57.05
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐	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: 4

2 FILER NAME: Shelia Patterson Harris.

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
11-2-15	Shelia Patterson Harris 6 Contributor address; City; State; Zip Code [redacted]	$100.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
11-12-15	Alan Henry Contributor address; City; State; Zip Code [redacted]	$250.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
12-1-15	Tony Privett Contributor address; City; State; Zip Code [redacted]	100.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
12-4-15	T. J. Patterson, Sr. Contributor address; City; State; Zip Code [redacted]	100.00
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: Shelia Patterson Harris

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
12-4-15	Avis Patterson [redacted]	20.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
12-5-15	Adrienne Long [redacted]	5.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
12-8-15	Dr. + Mrs. Damon Hill [redacted]	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
12-9-15	Lynn Dixon [redacted]	10.00

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: Shelia Patterson Harris

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
12-9-15	Linda Cooper 6 Contributor address; City; State; Zip Code [redacted]	100.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
12-13-15	Christi Cage Contributor address; City; State; Zip Code [redacted]	5.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
12-13-15	Kevin Hearn Contributor address; City; State; Zip Code [redacted]	20.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
12-21-15	LaFrances Richardson Anzley Contributor address; City; State; Zip Code [redacted]	10.00
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: Shelia Patterson Harris

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
12-21-15	Mish Manahan 6 Contributor address; City; State; Zip Code [redacted]	10.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
12-31-15	Victor Hatchett Contributor address; City; State; Zip Code [redacted]	5.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 1

2 FILER NAME: Shelia Patterson- Harris

3 Filer ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS: $ 250.00

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:) / 7 Contributor address; City; State; Zip Code	8 Amount of Contribution $	9 In-kind contribution description
11-20-15	Willie Hearn [redacted]	217.00	Photography Session + Photos

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution $	In-kind contribution description
12-8-15	Shelia Patterson Harris [redacted]	33.00	Rental of P.O. Box

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

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
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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Shelia Patterson-Harris	

4 Date	5 Payee name
12-16-2015	Vista Print. (Com - Vista Print.com)

6 Amount ($)	7 Payee address; City; State; Zip Code
$57.05	[redacted]

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Business / Postcards	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	Payee name

Amount ($)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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
		☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED