## 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  NICKNAME LAST	F84FFE cord			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;  8136 Fm 1107  Stockdale Tt	STATE; ZIP CODE EVA S	MARTINEZ County Clerk Vilson Gonty Texas		
PHONE  6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mrs Veslie NICKNAME LAST Jasken	MI	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 #,  5902 Heather Blo Kingwood, TX	CITY; STATE; DSSO 10 1	zip code dane		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (513) 796 - 440	EXTENSION )	,		
9 REPORT TYPE	July 15 30th day before election 3th 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 02 / 35 / 303 0 THRO	Month	Day Year / 2020		
11 ELECTION	11 / 2 / 22   50	ELECTION TYPE  unoff Other Description pecial			
12 OFFICE	Constable Pety 1: Constable Pety 1: Wilson County	3 OFFICE SOUGHT (II know) Constact Wilson	ile Pet4 County		
GO TO PAGE 2					

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	11	G   24   TC - 15 FI	ler ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOURES.	THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	NONE	
	SPECIFIC	COMMITTEE ADDRESS	
	_		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			š "
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL F UNLESS	POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$
· · · · · · · · · · · · · · · · · · ·	4. TOTAL	POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL F	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL F	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0
18 AFFIDAVIT			
		I swear, or affirm, under penalty of perjur	
		true and correct and includes all informati under Title 15, Election Code.	John required to be reported by me
and the same	ESLIE GARZA	1 ( ) (	
→ My No	otary ID # 129210361	Jerry J.	Jalley
Expire	s November 21, 2020	Signature of Candidat	e or Officeholder
Sworn to and subscribed before me, by the said			
day of	1 00	to certify which, witness my hand and seal of office.	, this the/
Sint De	an ha	Law 1 Da	No law
Signature of officer a	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 C	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
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	\$ 0
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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) err. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 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) Date Full name of contributor ut-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	n. 1 Total pages Schedule A2:		
2 FILER NAME Jerry Talley Jr.	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$		
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of . 9 In-kind contribution Contribution \$ . description		
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#:	Amount of . In-kind contribution Contribution \$ . description		
Contributor address; City; State; Zip Co			
	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 I	THIS SCHEDULE AS NEEDED on guide for additional reporting requirements.		

#### PLEDGED CONTRIBUTIONS SCHEDULE B The Instruction Guide explains how to complete this form. Total pages Schedule B: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#: Amount In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Full name of pledgor Amount ut-of-state PAC (ID#: In-kind contribution of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor Amount of out-of-state PAC (ID#: In-kind contribution Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#: Amount of In-kind contribution Pledge \$ description Pledgor address: City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 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.

	LOANS			SCHEDULE <b>E</b>
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule E:
2	FILER NAME	my Talley J	<u> </u>	3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	NITEMIZED LOANS		\$
5	Date of loan	NONE	PAC (ID#:)	9 Loan Amount (\$)
6	Is lender a financial Institution?	l o	State; Zip Code	10 Interest rate
	YN			11 Maturity date
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	·
	Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	not applicable		State; Zip Code	
20	Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender out-of-state i	PAC (ID#:)	Loan Amount (\$)
	Is lender a financial Institution?	Lender address; City; s	State; Zip Code	Interest rate
	Y N			Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
	Description of Coll	ateral	Check if personal funds were account (See Instructions)	deposited into political
	U none GUARANTOR	Name of guarantor		Amount Guaranteed (\$)
	INFORMATION  not applicable	Guarantor address; City; S	State; Zip Code	
	Principal Occupati	on (See Instructions)	Employer (See Instructions)	
	lf i	ATTACH ADDITIONAL COI ender is out-of-state PAC, please see in:	PIES OF THIS SCHEDULE AS NE struction guide for additional re	EEDED porting 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment 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) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address: Zip Code State: 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check If travel outside of Texas. Complete Schedule T. PURPOSE Check If Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Ravee address: City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check If travel outside of Texas. Complete Schedule T. **PURPOSE** Check If Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check If Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

### **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

	EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	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)		
		ins how to complete this form.			
1 Total pages Schedule F2:	2 FILERNAME	alley Jr.	3 Filer ID (Ethics Commission Filers)		
	MIZED UNPAID INCURRED OBL	IGATIONS	\$		
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address; City; State;	Zip Code			
0	·		*		
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the top of the	his schedule) (b) Description	on		
PURPOSE OF		Checki	f travel outside of Texas. Complete Schedule T.		
EXPENDITURE		Check	If Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/O	11 Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held				
Date	Payee name		ī		
Amount (\$)	Payee address; City; State;	Zip Code			
		,			
TYPE OF EXPENDITURE	Political	Non-Political			
	Category (See Categories listed at the top of t				
PURPOSE OF			f travel outside of Texas. Complete Schedule T.		
EXPENDITURE		Check	if Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F3

	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:		
2 FILER NAME	Jerry Taller Jr.	3 Filer ID (Ethics Commission Filers)		
4 Date	E Name of names from the state of the state			
	5 Name of person from whom investment is purchased			
	6 Address of person from whom investment is purchased; Cit	ty; State; Zip Code		
	7 Description of investment			
• ,•		·		
	8 Amount of investment (\$)			
	Amount of investment (\$)			
Date	Name of person from whom investment is purchased			
	·			
	Address of person from whom investment is purchased; City	y; State; Zip Code		
		2.p 000e		
	Description of investment			
	Amount of investment (\$)			
	147			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
	A ROLL ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED		

### EXPENDITURES MADE BY CREDIT CARD

	SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	EVENT Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Al Committee  Event Expense Food/Beverage Expense Sal Committee  Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Al Committee  Event Expense Food Repayment/Reimbursement Office Overhead/Rental Expense Prilling Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor  Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME Terry and an arrangement of the second
	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date	6 Payee name  NONE
7 Amount (\$)	8 Payee address; City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check If Austin, TX, officeholder living expense
11 Complete ONLY it direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
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 <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 PERSONAL FUNDS

### SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Off Food/Beverage Expense Po By Gift/Awards/Memorials Expense Pri cal Committee Legal Services Sa	ice Overhead/Rental Expense Tr Illing Expense Tr nting Expense Tr laries/Wages/Contract Labor Ot	olicitation/Fundraising Expense ansportation Equipment & Related Expense avel In District avel Out Of District ther (enter a category not listed above)	
	The Instruction Guide explains ho	w to complete this form.		
1	Jerry /all	ey Jr. 3	Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
$\mathcal{O}$				
Reimbursement from political contributions intended		*		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule			
OF EXPENDITURE		Check If travel outside of Te		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name			
	,			
Amount (\$)	Payee address; City; State; Zip Co	de		
Reimbursement from political contributions intended				
PURPOSE	Category (See Categories listed at the top of this schedule	(b) Description		
OF EXPENDITURE		Check If travel outside of Te Check If Austin, TX, offi	SCHOOL SCHOOL	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		
expenditure to benefit C/O	DH	onice sought	Office held	
Date				
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Co.	de		
Reimbursement from political contributions intended				
PURPOSE	Category (See Categories listed at the top of this schedule	(b) Description		
OF EXPENDITURE		Check If travel outside of Te		
Complete ONLY if direct	Candidate / Officeholder name	Check if Austin, TX, office		
expenditure to benefit C/O	H	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

	EYPENDITURE CATECOR		
2 10 11 10 12	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Advertising Expense Accounting/Banking	Event Expense Loar	Repayment/Reimbursement Solicitation/Fundraising Expense	
Consulting Expense	Food/Beverage Expense	ce Overhead/Rental Expense Transportation Equipment & Related Expen	ıse
Contributions/Donations Made	By Gift/Awards/Memorials Expense Print	ng Expense Travel In District ting Expense Travel Out Of District	
Candidate/Officeholder/Polit Credit Card Payment	tical Committee Legal Services Sala	ries/Wages/Contract Labor Other (enter a category not listed above)	
	The Instruction Guide explains how		
1 Total pages Schedule H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers	3)
	7 611-1 10	1/en 11.	
4 Date	5 Business name		_
		NONE -	
6.4		TOOTOE	
6 Amount (\$)	7 Business address; City; State; Zip Coo	de	
8	(a) Category (Son Categorica Handard	11.5	
PURPOSE	(a) Category (See Categories listed at the top of this schedule	) (b) Description	
OF	* , * .	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE		Check If Austin, TX, officeholder living expense	
		The state of the s	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/C	PH	Office sought Office held	
Date	Business name		
2	AUG-SHIPOS SORGHARDOS HOUNDARDOSTORES		
Amount (\$)	Business address; City: State: Zin Coo		
ν στισατίε (φ)	Business address; City; State; Zip Coo	ie .	
	Category (See Categories listed at the top of this schedule	Description	
PURPOSE			
OF		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE		Check If Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/O	Н	Office field	
Date	Business name		
Amount (\$)	Business address; City; State; Zip Coo	40	
	l	16	
	Category (See Categories listed at the top of this schedule	Description	
PURPOSE		Check If travel outside of Texas. Complete Schedule T.	
OF			
EXPENDITURE		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/O	Н		
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDED	

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE !

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Jerry Talley	Jr.	
4 Date	5 Payee name		
	NONE		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
0			
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information	
OF EXPENDITURE		required.)	
EXPENDITORE			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information	
OF EXPENDITURE		required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
		_	
PURPOSE	Category (See instructions for examples of acceptable	Description (See instructions regarding type of information	
OF EXPENDITURE	categories.)	required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
200			
PURPOSE	Category (See instructions for examples of acceptable	Description (See instructions regarding type of information	
OF EXPENDITURE	categories.)	required.)	
ZX. ZXDITORE			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE K

	Instruction Guide explains how to complete this form.	1 Total pages Sched	dule K:
2 FILER NAME	Jerry Talley Jr.	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Name of person from whom amount is received  ODDE  6 Address of person from whom amount is received; City; State;		8 Amount (\$)
		Zip Code	$\bigcirc$
	7 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 i	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 i	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 i	returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS SCHEDULE T The Instruction Guide explains how to complete this form. 1 Total pages Schedule T: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) err-4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS 6 Dates of travel 7 Name of person(s) traveling NONF 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED