	TE / OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 1	
The C/OH Instruction (auide explains how to complete this form.	(Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER	MR/MRS/MR FIRST	Mi	OFFICE USE ONLY	
NAME	NICKNAME LAST BALLEY	Date Received PASADENA ISD		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: S 2108 N. PALM CT. PASADENA, T	STATE; ZIP CODE	APR 2 8 2017 ACCOUNTABILITY & COMPLIANCE	
Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (713) 906-2585	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$	
TREASURER NAME	MRS KATNY	L	Date Processed	
	NICKNAME LAST RAILEY	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
(Residence or Business)	2108 N. PALM G. PASADENA,	TX 7750	2	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 906-2485 2			
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 4/7/17 THROUGH 4/2.8/17			
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other 5/6/17 General Special PASADENA ISD School Board			
12 OFFICE	PASADENA ISD BOARD OF P.	SADENA I	ISD BOARD OF	
TRUSTEES POS 4 TRUSTEES Pos 4			s 4	
	GO TO PAGE 2	· · · · · · · · · · · · · · · · · · ·		

Forms provided by Texas Ethics Commission

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME JACK T. BALLEY 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.				
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH/ ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 3,950.02			
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES \$ 2,951.52			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 8,356. 97			
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST D/	THE \$ 0.00		
18 AFFIDAVIT				
HOPE PERKINS Notary Public STATE OF TEXAS My Comm. Exp. 09/11/2019				
Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscribed before me, by the said Jack Bailey, this the 28				
day of <u>APril</u> , 20 <u>1</u> , to certify which, witness my hand and seal of office.				
Signature of officer a	dministering oath	Hope Perkins Printed name of officer administering oath	Notany Title of officer administering oath	

Forms provided by Texas Ethics Commission

Revised 9/8/2015

www.ethics.state.tx.us

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILERN	ACK T. BAILEY	20 Filer ID (Ethics Con	mmission Filers)
		JLE SUBTOTALS FSCHEDULE		SUBTOTAL AMOUNT
1.	V	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,950.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
з.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 109.96
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$ 2AS1.52
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$

MONETARY POLITIC	AL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explain	s how to complete this form.	1 Total pages Schedule A1: 1 GF 2
2 FILER NAME JACK T. BALL	EY	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor 4 [3] 7 5 Full name of contributor 5 Full name of contributor 7 ARA BATT 6 Contributor address; 23 17 TRENITY 8 Principal occupation / Job title (See Instruct	LE PARK CT. DEER PARK, TX 77536	7 Amount of contribution (\$)
Date Full name of contributor GEORGE H. U Contributor address; 7606 BRYKERU DR. Principal occupation / Job title (See Instruct	WATANABE City: State: Zip Code WOODS HOUSTON, TX 17055	Amount of contribution (\$)
		Amount of contribution (\$) $\$ 500. \stackrel{0}{=}$
Principal occupation / Job title (See Instruc	10101	tions)
Date Full name of contributor BARBARA 416/17 Contributor address; 4018 PEACH Co	City; State; Zip Code	Amount of contribution $(\$)$
Principal occupation / Job title (See Instruc	tions) Employer (See Instruc	l ctions)
	DDITIONAL COPIES OF THIS SCHEDULE AS N	
If contributor is out-of-st	ate PAC, please see instruction guide for additiona	I reporting requirements. Revised 9/8/20

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2 OF 2
FILER NAME JACK T. BAILEY	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor Image: Out-of-state PAC (ID#:) DAUED BATTLE 6 Contributor address; City; State; Zip Code 1813 N. CARUSBAD LW DEER PARE, TX 77536 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) # 100.92 tions)
Date Full name of contributor Out-of-state PAC (10#:) SUSAN BATTLE Contributor address; City: State; Zip Code 1813 N. CARLS BAD LN DEER PARK, TX 77536	Amount of contribution (\$) 4100.22
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (10#:) ISRAEL GEINBERG Contributor address; City; State; Zip Code 5315 RUTHERGLENN DR. HOUSTON, TX 77096	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	((0115)
Date Full name of contributor I out-of-state PAC (ID#:) KEN BROWN Contributor address; City; State; Zip Code 902 OUAKER BEND DR. FRIENDEWDOD, TX 77546	Amount of contribution (\$) 2,000.99
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED T
If contributor is out-of-state PAC, please see instruction guide for additional	

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EXPENDITU	RES MADE BY CREDIT CARD	SCHEDULE F4		
	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 y Glit/Awards/Memorials Expense d Committee	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F4:	The Instruction Guide explains how to complete this form.	3 Filer ID (Ethics Commission Filers)		
1041	JACK T. BAILEY			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
5 Date 4 14 17	6 Payee name Home DEPOT			
7 Amount (\$)	8 Payee address; City; State; Zip Code			
\$ 71.21	5455 FATRMONT PRUSY PASADENA, TX	20222		
9 TYPE OF EXPENDITURE	Political Non-Political			
10 PURPOSE OF EXPENDITURE	PURPOSE OF			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought	Office held		
Date 4 27 17	Payee name Home DEPOT			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 38.75	SYSS FARRMONT PRINT PASADENA, TX	77505		
TYPE OF EXPENDITURE	Political Non-Political			
PURPOSE OF EXPENDITURE		on I travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED		
Forms provided by Texas Ethics	Commission www.ethics.state.tx.us	Revised 9/8/2015		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

· · · · · · · · · · · · · · · · · · ·		EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees . Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule G:	2 FILER NA	T. BALLEY		3 Filer ID (Ethics Commission Filers)
Date 4/7/17	5 Payee nam		JS	1
Amount (\$) 958.01 Relimbursement from political contributions intended	7 Payee add 5401		ST. B1, Houston	2,7X 77092
PURPOSE OF EXPENDITURE	A	See Categories listed at the top of this s	Check if travel outsi	de of Texas. Complete Schedule T. IX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candid	ate / Officeholder name	Office sought	Office held
Date 4/9/17	Payee nam	C PROMOTIO	JS	
Amount (\$) P 70.36 Reimbursement from political contributions intended	Payee add	ress; City; State; Z	lip Code	», Tx 77092
PURPOSE OF EXPENDITURE	^	See Categories listed at the top of this set ERTISTOG	Check if travel outsi	de of Texas. Complete Schedule T. IX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Q		ate / Officeholder name	Office sought	Office held
Date 4 17 17	Payee nan AM	C PROMOTIC	DNS	
Amount (\$) \$243.55 Reimbursement from political contributions intended	Payee add	rees; City; State; Z	ST. B1, Hous	tow, Tx 77092
PURPOSE OF EXPENDITURE	A	See Categories listed at the top of this se ERTISING	Check if travel outsi	de of Texas. Complete Schedule T. IX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name	Office sought	Office held
	ATTA	CH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NEED	DED
orms provided by Texas Eth	nics Commissi	on www.ethi	cs.state.tx.us	Revised 9/8/20

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memortals Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G: 2 OF 2	2 FILER NAME JACK T. BALLEY		3 Filer ID (Ethics Commission Filers)
4 Date 4 12 17	5 Payee name AMC PROMANTIONS		L
6 Amount (\$) 4 1 5 69. 63 Pelimbursement from political contributions intended	7 Payee address; City; State; Zip 5401 MITCHELLDALE S		w, Tx 77092
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
Date 4 2.8 17	Payee name of CHASE B	ANK	
Amount (\$) 4 109.94 Reimbursement from political contributions intended	Payee address; City; State; Zip City; St		0017
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schere ADJERTISENCE	Check if travel outsid	de of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	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 schere	Check if travel outsid	de of Texas, Complete Schedule T. X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
orms provided by Texas Et	ATTACH ADDITIONAL COPIES OF		DED Revised 9/8/20