# 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	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	Mr. James	H	Date Received
	"Hollis" Bone	SUFFIX	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		Round Rock TX 78681	APR 28 2017
Change of Address			nr. merus
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 512 ) 695-7340	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	M!	Receipt # Amount \$
TREASURER NAME	Mr. James LAST		Date Processed
	"Mike" Robinson		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / St	UITE #; CITY; STATE;  Round Rock TX	ZIP CODE 78681
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 512 ) 255-2706	EXTENSION	
9 REPORT TYPE	July 15 X 8th day before ele		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
OOVERLED	04 / 07 / 2017	THROUGH 04	26 / 2017
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	05 / 06 / 2017 X General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	None	Round Rock City	y 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. "Hollis" Bone		15 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME	
	<b>X</b> GENERAL	CP&Y Inc PAC	
	SPECIFIC	COMMITTEE ADDRESS  1820 Regal Row, Ste 200  Dallas, TX 75235-2393	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		David Hays	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		1820 Regal Row, Ste 200 Dallas, TX 75235-2393	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
;		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,050.00
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,     UNLESS ITEMIZED		\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3,224.03
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		DAY \$ 5,688.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$
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 Gandidate or Officeholder  AFFIX NOTAH/ETPIMEN SEALABOVE			
Sworn to and subscribed before me, by the said <u>JAMES HOLLS BONE</u> , this the <u>28th</u> day of <u>APRIL</u> , 2017, to certify which, witness my hand and seal of office.			
Meagan MS	puls	MEAGAN M. SPINKS	NOTARY PUBLIC
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 James H. "Hollis" Bone	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIE	\$ 1,950.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLI	TICAL CONTRIBUTIONS \$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES MA	DE FROM POLITICAL CONTRIBUTIONS \$ 3,224.03
6. SCHEDULE F2: UNPAID INCURRED OBLIGATION	s \$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS	MADE FROM POLITICAL CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CRE	EDIT CARD \$
9. SCHEDULE G: POLITICAL EXPENDITURES MAI	DE FROM PERSONAL FUNDS \$
10. SCHEDULE H: PAYMENT MADE FROM POLITICA	AL CONTRIBUTIONS TO A BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES M	IADE FROM POLITICAL CONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, RE RETURNED TO FILER	FUNDS, AND CONTRIBUTIONS \$

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

			SCHEDULE AT
The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1:
2 FILER NAME	James H. "Hollis" Bone		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	D#:)	7 Amount of contribution (\$)
4/10/2017	6 Contributor address; City; State; Zip Code		\$100.00
	1105 St. Williams Ave. Round Rock,	TX 78681	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)
4/10/2017	Contributor address; City; State;	Zip Code	\$300.00
	2012 Long Cove Round Rock,	,	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		D#:)	Amount of contribution (\$)
4/11/2017	Courtney and Michael Doss  Contributor address; City; State; Zip Code \$100.00		\$100.00
	2711 Cedar Springs Place Round Rock	c, TX 78681	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of contribution (\$)
4/11/2017	Tim Robins MD P.A.  Contributor address; City; State;  7200 Wyoming Springs Dr., Ste. 1600 Roun	Zip Code nd Rock, TX 78681	\$150.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NE	EDED

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

### MONETARY POLITICAL CONTRIBUTIONS

MONETANT TOETHORE CONTINUOTIONS SCHEDULE AT				
The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: 2 oF 3	
2 FILER NAME	James H. "Hollis" Bone		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor  ut-of-state PAC (IDI	#:)	7 Amount of contribution (\$)	
4/12/2017	CP&Y Inc. PAC  6 Contributor address; City; State; Zip Code		\$350.00	
	1820 Regal Row, Ste. 200 Dallas, TX 75235			
8 Principal occu	pation / Job title (See Instructions)  9	Employer (See Instructi	ions)	
Date	Full name of contributor	¥:)	Amount of contribution (\$)	
4/14/2017	Contributor address; City; State; Zip Code \$250.00		\$250.00	
	1901 Shadowbrook Circle Round Rock	k, TX 78681		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor	#:)	Amount of contribution (\$)	
4/16/2017	Contributor address; City; State; Zip Code \$100.00		\$100.00	
	4332 Teravista Club Dr., Unit 48 Round Rock, TX 78665			
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)	
Date	Full name of contributor	r:	Amount of contribution (\$)	
4/17/2017	David Bodenman Contributor address; City; State; Zip Code		\$200.00	
	10821 Range View Drive Austin, TX 7	'8730		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
	<del></del>			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EDED	

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

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 of 3 3 Filer ID (Ethics Commission Filers) 2 FILER NAME James H. "Hollis" Bone 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: Kris Whitfield 4/20/2017 \$100.00 6 Contributor address; City; State; Zip Code 2124 Aaron Ross Way Round Rock, TX 78665 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Celena and Kevin Wilson . . . . . . . . . . . . . . . . . . 4/21/2017 \$100.00 Contributor address; City; State; Zip Code 5 Bluff View Round Rock, TX 78664 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:\_ Amount of contribution (\$) **Deborah and Daniel Collier** 4/25/2017 Contributor address; City; State; Zip Code \$100.00 Round Rock, TX 78681 817 Blue Spring Circle Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:\_ Suzanne and Brian Fell 4/25/2017 \$100.00 Contributor address; City; State; Zip Code 17008 Pagosa Springs Ct. Round Rock, TX 78717 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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)

Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME James H. "Hollis" Bone		3 Filer ID (Ethics Commission Filers)	
4 Date 4/11/2017	5 Payee name Minuteman Press			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$438.41	1904 S Austin Ave., Georgetown, TX 786	326	*	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4/21/2017	Thomas Graphics, Inc.		<u>u</u>	
Amount (\$)	Payee address; City; State; Zip Code			
\$2,769.62	P.O. Box 142226, Austin, TX 78714-22	26		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	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		1 10 4 10 10 10 10	
Multiple	PayPal			
Amount (\$)	Payee address; City; State; Zip Code			
\$16.00	Internet			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description  Check if travel out	tside of Texas. Complete Schedule T.	
OF EXPENDITURE	Fees		, 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 NEE	DED	