

# 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: <b>10</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI Mr.                      James                      H <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX Jim                      Pierson	<b>OFFICE USE ONLY</b> Date Received <b>RECEIVED</b>  <b>APR - 3 2019</b>  Town of Flower Mound Town Secretary's Office  <i>DR 1:05 PM</i>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 3209 High Rd                      Flower Mound, Tx                      75022	Date Hand-delivered or Date Postmarked	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION ( 817 )                      430 1249	Receipt #                      Amount \$	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX	Date Processed	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION (       )		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month                      Day                      Year                      Month                      Day                      Year 2                      /                      7                      /                      2019                      THROUGH                      4                      /                      4                      /                      2019		
<b>11 ELECTION</b>	ELECTION DATE Month                      Day                      Year 5                      /                      4                      /                      2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> Town 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. Pierson** 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	4240.01
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	137.98
	4. TOTAL POLITICAL EXPENDITURES	\$	3183.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	1056.34
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

18 AFFIDAVIT

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.

*James H. Pierson*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jim Pierson, this the 3 day of April, 2019, to certify which, witness my hand and seal of office.

*Anne Carnes*  
Signature of officer administering oath

ANNE CARNES  
Printed name of officer administering oath

NOTARY PUBLIC  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
James H. Pierson		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4240.01
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 3183.67
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.01

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
4

2 FILER NAME  
James H. Pierson

3 Filer ID (Ethics Commission Filers)

4 Date  
2/20/2019

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Gerard W. Tobin

7 Amount of contribution (\$)

2000.00

6 Contributor address; City; State; Zip Code  
3031 High Rd FM TX 75022  
10500 E. Lost Canyon #24 Scottsdale, AZ 85255

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
2/25/2019

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Anonymous - Pay Pal

Amount of contribution (\$)

20.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/3/2019

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Walt & Judy Collins

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

1537 Simmons, FM TX 75022

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/3/2019

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Sharon Gentry

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

2750 Bob White FM TX 75022

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  
James H. Pierson

3 Filer ID (Ethics Commission Filers)

4 Date  
3/3/2019

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Janvier G. Scott

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
2829 Bob White FM TX 75022

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
3/5/2019

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Ben Baumgarner

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
5150 Kensington Ct FM TX 75022

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/8/2019

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Marsha Gavitt

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
6501 Meadowcrest Ln FM TX 75022

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/9/2019

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Stacy & W. Scott Langley

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
800 Carter Ct FM TX 75028

50.00

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

James H. Pierson

3 Filer ID (Ethics Commission Filers)

4 Date

3/20/2019

5 Full name of contributor

Walt F & Judy N Collins

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

1537 Simmons,

FM TX 75022

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/20/2019

Full name of contributor

Buddy Wilkins

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

6414 Cross Timbers Rd.

FM TX 75022

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/2019

Full name of contributor

Aricia Blasko

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

20.00

Contributor address;

City; State; Zip Code

1720 Milford Dr

FM TX 75028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/2019

Full name of contributor

Jason Hobbs

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1000 St Francis Ln

FM TX 75028

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

James H. Pierson

3 Filer ID (Ethics Commission Filers)

4 Date

3/25/2019

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Gregory or Lisa George

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

3606 Sutton Dr.

FM TX 75028

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/27/2019

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Alexander J Demarzo

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

2913 Downing St

FM TX 75028

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.

# 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	2 FILER NAME James H. Pierson	3 Filer ID (Ethics Commission Filers)
---------------------------------	----------------------------------	---------------------------------------

4 Date 2/25/2019	5 Payee name Sign Central
---------------------	------------------------------

6 Amount (\$) 182.67	7 Payee address; City; State; Zip Code P.O Box 294334, Lewisville, Tx 75029 (Rippy Rd., FM)
-------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
------------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/4/2019	Payee name Sign Central
------------------	----------------------------

Amount (\$) 952.87	Payee address; City; State; Zip Code P.O Box 294334, Lewisville, Tx 75029 (Rippy Rd., FM)
-----------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
-------------------------------	--	--

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

Date 3/8/2019	Payee name PPS
------------------	-------------------

Amount (\$) 595.38	Payee address; City; State; Zip Code 1901 Long Priairie Rd., # 220, FM TX 75022
-----------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Brochures
-------------------------------	--	--

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 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 James H. Pierson	3 Filer ID (Ethics Commission Filers)
----------------------------	----------------------------------	---------------------------------------

4 Date 3/8/2019	5 Payee name Sign Central
--------------------	------------------------------

6 Amount (\$) 515.27	7 Payee address; City; State; Zip Code P.O Box 294334, Lewisville, Tx 75029 (Rippy Rd., FM)
-------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
------------------------------------	--	--

9 Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/25/2019	Payee name Sign Central
-------------------	----------------------------

Amount (\$) 649.50	Payee address; City; State; Zip Code P.O. Box 294334, Lewisville, Tx 75029 (Rippy Rd., FM)
-----------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
-------------------------------	--	--

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

Date 4/2/2019	Payee name FM Chamber of Commerce
------------------	--------------------------------------

Amount (\$) 150.00	Payee address; City; State; Zip Code 700 Parker Square #100, FM TX 75028
-----------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fairway sign
-------------------------------	---	---

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
1

2 FILER NAME

James H. Pierson

3 Filer ID (Ethics Commission Filers)

4 Date

3/13/2019

5 Name of person from whom amount is received

J.P. Morgan Chase Bank

8

Amount (\$)

0.01

6 Address of person from whom amount is received; City; State; Zip Code

4101 Cross Timbers Rd FM, TX 75028

7 Purpose for which amount is received

Interest on bank account

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 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 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 returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED