

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: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. James H <hr/> NICKNAME LAST SUFFIX Jim Pierson	OFFICE USE ONLY Date Received <div style="text-align: right; color: blue; font-weight: bold;"> Town of Flower Mound Town Secretary's Office </div> <div style="text-align: right; color: red; font-weight: bold; font-size: 1.2em;"> APR 26 2019 </div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.5em; margin-top: 10px;"> RECEIVED </div> Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3209 High Rd Flower Mound, Tx 75022		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 430 1249		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <hr/> NICKNAME LAST SUFFIX	Receipt #	Amount \$
		Date Processed	
		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach COH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 2 / 7 / 2019 THROUGH 4 / 26 / 2019		
11 ELECTION	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	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) 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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

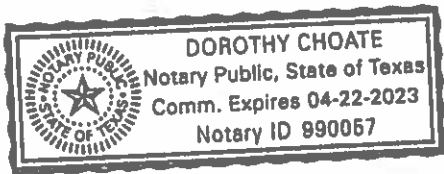
COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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)	\$ 5190.02
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 168.71
	4. TOTAL POLITICAL EXPENDITURES	\$ 4262.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 927.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT



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.

James Pierson
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said James Pierson, this the 26 day of April, 2019, to certify which, witness my hand and seal of office.

Dorothy Choate Signature of officer administering oath
 Dorothy Choate Printed name of officer administering oath
 Notary Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME James H. Pierson		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5190.02
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		\$ 4262.45
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#: _____)
Aricia Blasko

Amount of contribution (\$)

20.00

Contributor address; City; State; Zip Code
17200 Milford Dr. FM TX 75028

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#: _____)

Amount of contribution (\$)

Ben Baumgarner

100.00

Contributor address; City; State; Zip Code

5150 Kensington Ct FM TX 75022

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/8/2019

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Marsha Gavitt

100.00

Contributor address; City; State; Zip Code

6501 Meadowcrest Ln FM TX 75022

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/9/2019

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Stacy & W. Scott Langley

50.00

Contributor address; City; State; Zip Code

800 Carter Ct 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
3/20/2019

5 Full name of contributor out-of-state PAC (ID#: _____)
Walt F & Judy N Collins

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 out-of-state PAC (ID#: _____)
Buddy Wilkins

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 out-of-state PAC (ID#: _____)
Aricia Blasko

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 out-of-state PAC (ID#: _____)
Jason Hobbs

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

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

4/11/2019

Full name of contributor

out-of-state PAC (ID#: _____)

Kuo Wei

Amount of contribution (\$)

150.00

Contributor address;

City; State; Zip Code

509 Landwyck Ln

FM TX 75028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/2019

Full name of contributor

out-of-state PAC (ID#: _____)

Tim Whisenant

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

PO Box 271484

FM TX 75027

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

4/11/2019

5 Full name of contributor

Sharon Gentry

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

300.00

6 Contributor address;

2750 Bob White

City; State; Zip Code

FM TX 75022

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/12/2019

Full name of contributor

Ann Martin

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

300.00

Contributor address;

4700 Oak Springs Dr.,

City; State; Zip Code

FM TX 75028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/17/2019

Full name of contributor

Rick Lust

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

3805 Ridgecrest Dr.

City; State; Zip Code

FM TX 75022

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: 4	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 PURPOSE OF EXPENDITURE	(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)
-----------------------	--

PURPOSE OF EXPENDITURE	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 Prairie Rd., # 220, FM TX 75022
-----------------------	---

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

9 Complete ONLY 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)

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

Complete ONLY 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

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
Fairway sign

Complete ONLY 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 4/10/2019		5 Payee name FMARC			
6 Amount (\$) 150.00		7 Payee address; City; State; Zip Code 4000 West Windsor Dr. FM TX 75028			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event 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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/17/2019		Payee name UPS Store			
Amount (\$) 389.70		Payee address; City; State; Zip Code 2201 Long Prairie, FM TX 75022			
PURPOSE OF EXPENDITURE		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 Door hangers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/17/2019		Payee name Sign Central			
Amount (\$) 270.63		Payee address; City; State; Zip Code P.O Box 294334, Lewisville, Tx 75029 (Rippy Rd., FM)			
PURPOSE OF EXPENDITURE		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 Tee shirts	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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 4/24/2019	5 Payee name Sign Central
---------------------	------------------------------

6 Amount (\$) 168.78	7 Payee address; City; State; Zip Code P.O Box 294334, Lewisville, Tx 75029 (Rippy Rd., FM)
-------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Tee shirts
---------------------------------	---	---

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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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

4/11/2019

Name of person from whom amount is received

J. P. Morgan Bank

Amount (\$)

0.01

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

4101 Cross Timbers Rd FM, TX 75028

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

