

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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$	468.67
	4. TOTAL POLITICAL EXPENDITURES	\$	4493.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	697.39
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 JAMES PIERSON, this the 12 day of JULY, 2014, to certify which, witness my hand and seal of office.

Theresa Scott
Signature of officer administering oath

Theresa Scott
Printed name of officer administering oath

TOWN SECRETARY
Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5190.92
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	\$4493.53
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	\$ 0.04

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5

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 D 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 D 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 D 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 D 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 out-of-state PAC (ID#: _____)
Walt F & Judy N Collins
6 Contributor address; City; State; Zip Code
1537 Simmons, FM TX 75022

7 Amount of contribution (\$) 250.00

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
Contributor address; City; State; Zip Code
6414 Cross Timbers Rd. FM TX 75022

Amount of contribution (\$) 200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/21/2019

Full name of contributor out-of-state PAC (ID#: _____)
Aricia Blasko
Contributor address; City; State; Zip Code
1720 Milford Dr FM TX 75028

Amount of contribution (\$) 20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/24/2019

Full name of contributor out-of-state PAC (ID#: _____)
Jason Hobbs
Contributor address; City; State; Zip Code
1000 St Francis Ln FM TX 75028

Amount of contribution (\$) 100.00

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

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The Instruction Guide explains how to complete this form.

1 Total pages
2

2 FILER NAME

James H Pierson

3 Filer ID (Ethics Commission Filers)

4 Date

3/25/2019

5 Full name of contributor

Gregory or Lisa George

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

3606 Sutton Dr.

City; State; Zip Code

FM TX 75028

8 Principal occupation/ Job title (See Instructions)

9 Employer (See Instructions)

Date

3/27/2019

Full name of contributor

Alexander J Demarzo

out-of-state PAC (ID# _____)

Amount of contribution (\$)

500.00

Contributor address;

2913 Downing St

City; State; Zip Code

FM TX 75028

Principal occupation/ Job title (see Instructions)

Employer (See Instructions)

Date

4/11/2019

Full name of contributor

Kuo Wei

out-of-state PAC (ID# _____)

Amount of contribution (\$)

150.00

Contributor address;

509 Landwyck Ln

City; State; Zip Code

FM TX 75028

Principal occupation/ Job title (See Instructions)

Employer (See Instructions)

Date

4/11/2019

Full name of contributor

Tim Whisenant

out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

Contributor address;

PO Box 271484

City; State; Zip Code

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

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

7 Amount of contribution (\$)

300.00

6 Contributor address;

City: State: Zip Code

2750 Bob White

FM TX 75022

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/12/2019

Full name of contributor

Ann Martin

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

Amount of contribution (\$)

300.00

Contributor address;

City: State: Zip Code

4700 Oak Springs Dr.,

FM TX 75028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/17/2019

Full name of contributor.

Rick Lust

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

Amount of contribution (\$)

100.00

Contributor address;

City: State: Zip Code

3805 Ridgecrest Dr.

FM TX 75022

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

D 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation/Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **4** 2 FILER NAME **James H Pierson** 13 Filer ID (Ethics Commission Filer)

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="radio"/> Check if travel outside of Texas. Complete Schedule T <input type="radio"/> Check if Austin, TX, officeholder living expense Signs
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9 Complete ONLY 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)**

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

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

Si H ti ULE F1

EXPENDITURE CATEGORIES FOR BOX 5(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/Award/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation, Lodging, & Related Expense
Travel In District
Travel Out Of District
Other (enter a category number listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	FILER NAME James H. Pierson	13 Filer ID (Ethics Commission Filers)
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4 Date 3/8/2019	5 Payee name Sign Central
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6 Amount(\$) 515.27	7 Payee address, City, State, Zip Code P.O. Box 294334, Lewisville, Tx 75029 (Rippy Rd.,-FM)
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="radio"/> Check if travel outside of Texas. Complete Schedule T. <input type="radio"/> Check if Austin, TX, officeholder living expense Signs
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19 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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Date 3/25/2019	Payee name Sign Central
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Amount(\$) 649.50	Payee address, City, State, Zip Code P.O. Box 294334, Lewisville, Tx 75029 (Rippy Rd., FM)
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input checked="" type="radio"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="radio"/> Check if Austin, TX, officeholder living expense Signs
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complete ONLY if direct expenditure to benefit COH	Candidate/Officeholder name	Office sought	Office held
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Date 4/2/2019	Payee name FM Chamber of Commerce
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Amount (\$) 150.00	Payee address, City, State, Zip Code 700 Parker square #100, FM TX 75028
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="radio"/> Check if travel outside of Texas. Complete Schedule T. <input type="radio"/> Check if Austin, TX, officeholder living expense Fairway sign
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Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 5(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Expense	Fees	Office Overhead/Rental Expense	Transportation equipment/Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Food/Beverage Expense	Printing Expense	Travel In District
Credit Card Payment	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District (category not listed above)
	Legal Services		

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13		2 FILER NAME James H. Pierson		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 checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" 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 checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Door hangers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
Date 04/17/2019		Payee name Sign Centra_I			
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 checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Tee shirts	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		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 4/24/2019 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 Advertising Expense (a) Category (See Categories listed at the top of this schedule) (b) Description Tee shirts
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date 5/8/2019 Payee name Todd Vowell

Amount (\$) 250.00 Payee address; City; State; Zip Code 612 E Hundley Dr., Lake Dallas, Tx 75065

PURPOSE OF EXPENDITURE Other (Sign removal) 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 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
 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

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

5/13/2019

Name of person from whom amount is received

J.P. Morgan Chase Bank

Amount (\$)

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

6/13/2019

Name of person from whom amount is received

J.P. Morgan Chase Bank

Amount (\$)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED