

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Joe</u> NICKNAME	FIRST <u>ADAMS</u> LAST	MI <u>M</u> SUFFIX
	OFFICE USE ONLY Date Received <u>5-3-13</u> <u>4:55 pm</u> <u>K. Adams</u> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; <u>20702 Seapine Dr</u> <u>KATY, TX 77450</u>	APT / SUITE #;	CITY; STATE; ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(281)</u>	PHONE NUMBER <u>492</u>	EXTENSION <u>0700</u>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Donna</u> NICKNAME	FIRST <u>ADAMS</u> LAST	MI <u>L</u> SUFFIX
	7 CAMPAIGN TREASURER ADDRESS (residence or business) STREET ADDRESS (NO PO BOX PLEASE); <u>20702 Seapine Dr</u> <u>KATY, TX 77450</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(281)</u>	PHONE NUMBER <u>492-0700</u>	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 (officeholder 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 C/OH - FR)		
10 PERIOD COVERED	Month Day Year <u>4 / 12 / 13</u>	THROUGH	Month Day Year <u>5 / 3 / 13</u>
11 ELECTION	ELECTION DATE Month Day Year <u>5 / 11 / 13</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>Katy ISD Trustee</u> <u>Position 1</u>	13 OFFICE SOUGHT (if known) <u>Katy ISD Trustee</u> <u>Position 1</u>	

GO TO PAGE 2

5-3-13 4:55 pm
 Kathy Adams

**CANDIDATE / OFFICEHOLDER REPORT:
 SUPPORT & TOTALS**

**FORM C/OH
 COVER SHEET PG 2**

14 C/OH NAME Joe M. Adams 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

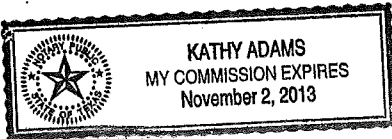
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO 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	\$ 225.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3225.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 127.59
	4. TOTAL POLITICAL EXPENDITURES	\$ 757.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 979.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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.



Kathy Adams
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joe M. Adams, this the 3 day of May, 20 13, to certify which, witness my hand and seal of office.

Kathy Adams Signature of officer administering oath
KATHY Adams Printed name of officer administering oath
Notary Title of officer administering oath

5-3-13 4:55pm

Kathy Adams

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **2**

2 FILER NAME
Joe M Adams

3 ACCOUNT # (Ethics Commission Filers)

4 Date
4-13-13

5 Full name of contributor out-of-state PAC (ID#: _____)
DARRYL B. Carter

6 Contributor address; City; State; Zip Code
**11501 IVORY Creek Dr.
PEARLAND, TX 77584**

7 Amount of contribution (\$)
\$ 500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
4-13-13

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

Contributor address; City; State; Zip Code
**20414 Chadbury Park Dr
KATY, TX 77450**

Amount of contribution (\$)
\$ 250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4-23-13

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

Contributor address; City; State; Zip Code
**3315 DEEDS ROAD
KATY, TX 77084**

Amount of contribution (\$)
\$ 150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4-26-13

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

Contributor address; City; State; Zip Code
**11545 S. Lou Al. Dr
Houston, TX 77024**

Amount of contribution (\$)
\$ 200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4-17-13

Full name of contributor out-of-state PAC (ID#: _____)
GARY + EDDIE DUGGER

Contributor address; City; State; Zip Code
**15830 North Barkers Landing
Houston 77079**

Amount of contribution (\$)
\$ 150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

5-3-13 4:55 pm

Kathy Adams

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>2</u>	
2 FILER NAME <u>Joe M. Adams</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4-14-13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Joe Stephens</u>	7 Amount of contribution (\$) <u>\$500.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>250 West Thornway Houston, TX 77015</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>4-16-13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Beverly A. Stone</u>	Amount of contribution (\$) <u>\$1000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3930 Rose Cross Lane Katy, TX 77494</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-27-13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tracy Jordan</u>	Amount of contribution (\$) <u>\$250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>23122 San Nicholas Katy, TX 77494</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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5-B-13 *Kathy Adams*
4:55 pm

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME Job Adams	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/3/13	5 Payee name TEXAS GOP Store
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6 Amount (\$) 324.75	7 Payee address; City; State; Zip Code 404 I-45 South Huntsville, TX 77340
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/1/13	Payee name KATY TIMES
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Amount (\$) 299.25	Payee address; City; State; Zip Code 5319 E. 5th KATY, TX 77493
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED