

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 NAME	MS / MRS / MR <u>MR</u>		FIRST <u>Timothy</u>		MI	
	NICKNAME <u>Tim</u>		LAST <u>Paulissen</u>		SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; <u>2235 Viola Drive</u>		APT / SUITE #;		CITY; STATE; ZIP CODE <u>League City, TX 77573</u>	
	AREA CODE <u>(281)</u>		PHONE NUMBER <u>455-3816</u>		EXTENSION	
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR		FIRST <u>Ann</u>		MI <u>F</u>	
	NICKNAME		LAST <u>Paulissen</u>		SUFFIX	
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); <u>209 WATER OAK Dr.</u>		APT / SUITE #;		CITY; STATE; ZIP CODE <u>League City, TX 77573</u>	
	AREA CODE <u>(281)</u>		PHONE NUMBER <u>332-5988</u>		EXTENSION	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="checked" type="checkbox"/> Final Report (Attach C/OH - FR)		
	Month Day Year <u>7</u> / <u>16</u> / <u>15</u>		THROUGH		Month Day Year <u>1</u> / <u>15</u> / <u>2016</u>	
8 CAMPAIGN TREASURER PHONE	ELECTION DATE Month Day Year <u>11</u> / <u>04</u> / <u>2014</u>			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="checked" type="checkbox"/> General <input type="checkbox"/> Special		
	12 OFFICE OFFICE HELD (if any) <u>MAYOR</u>			13 OFFICE SOUGHT (if known)		

OFFICE USE ONLY	
Date Received	
City of League City Received	
JAN 15 2016	
Office of City Secretary	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged <u>dstapp</u>	<u>9:10 AM</u>

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Timothy Paulissen 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.

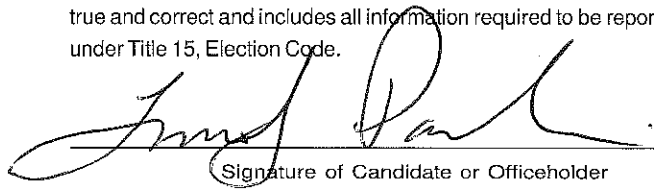
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	<u>61,712.14</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>8,300.27</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.


 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Timothy Paulissen, this the 15th day of January, 2016, to certify which, witness my hand and seal of office.

Signature of officer administering oath

DIANA M STAPP
 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 <i>Timothy Paulissen</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$ <i>61,712.14</i>
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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: 2	2 FILER NAME Timothy Paulissen	3 Filer ID (Ethics Commission Filers)
4 Date 7/30/2015	5 Payee name Friends of NRA	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 11250 Waples Mill Rd Fairfax, VA 22030	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution/Donation made by Candidate/Officeholder/Political com.	(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: _____ Office held: _____	

Date 8/27/2015	Payee name League City Historical Society	
Amount (\$) 100.00	Payee address; City; State; Zip Code 210 North Kansas League City, TX 77573	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION MADE BY CANDIDATE/OFFICEHOLDER/POLITICAL COM.	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 10/26/2015	Payee name Go Daddy.com LLC	
Amount (\$) 383.50	Payee address; City; State; Zip Code 14455 N. HAYDEN RD. Ste. 226 Scottsdale, AZ 85260	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense website, hosting	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

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

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1 Total pages Schedule F1:	2 FILER NAME <i>Timothy Paulissen</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/26/2015</i>	5 Payee name <i>Go Daddy, Com LLC</i>	
6 Amount (\$) <i>110.64</i>	7 Payee address; City; State; Zip Code <i>14455 N. HAYDEN Rd. Ste. 226 Scottsdale, AZ 85260</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense Domain Fee Website</i>	(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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>12/28/2015</i>	Payee name <i>Galveston County Food Bank</i>	
Amount (\$) <i>\$1,000.00</i>	Payee address; City; State; Zip Code <i>624 4th Ave. N. Texas City, TX 77590</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution/Donation MADE BY candidate/office holder/Political Comm; Hec</i>	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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>12/28/2015</i>	Payee name <i>Compass BANK (BBVA)</i>	
Amount (\$) <i>\$18.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 830606 Birmingham, AL 35296</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fee</i>	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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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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			

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1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 11/28/2015	5 Payee name Tim Paulissen CAM PAIGN	
6 Amount (\$) 60,000.00	7 Payee address; City; State; Zip Code P.O. Box 1709 DICKINSON, TX 77539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION MADE BY CANDIDATE/OFFICEHOLDER/POLITICAL COMMITTEE	(b) 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
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

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