

# 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)  
00030410

**2 PAGE #**  
1 of 40

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR FIRST MI  
Sen. Jon  
.....  
NICKNAME LAST SUFFIX  
Lindsay

**OFFICE USE ONLY**

Date Received

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
P.O. Box 2783  
Houston, TX 77252

Change of Address

Date Hand-delivered or Date Postmarked

Receipt # Amount

**5 CAMPAIGN TREASURER NAME**

MS / MRS / MR FIRST MI  
Sen. Jon  
.....  
NICKNAME LAST SUFFIX  
Lindsay

Date Processed

Date Imaged

**6 CAMPAIGN TREASURER ADDRESS**  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
P.O. Box 2783  
Houston, TX 77252

**7 CAMPAIGN TREASURER PHONE**

AREA CODE PHONE NUMBER EXTENSION  
(281) 376-5262

**8 REPORT TYPE**

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

**9 PERIOD COVERED**

Month Day Year THROUGH Month Day Year  
07/01/2005 12/31/2005

**10 ELECTION**

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special

**11 OFFICE**

OFFICE HELD (if any)

**12 OFFICE SOUGHT** (if known)

**13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS**

... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

**14 C/OH NAME** Lindsay, Jon (Sen.)

**15 ACCOUNT #** (Ethics Commission filers)  
00030410

**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

**GENERAL**

COMMITTEE ADDRESS

**SPECIFIC**

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$

0.00

2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

0.00

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

169.18

4. **TOTAL POLITICAL EXPENDITURES**

\$

47,214.32

**CONTRIBUTION BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0.00

**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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Print name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 1/38 Report: 3/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  11/30/2005	<b>5</b> Payee name Always in Bloom Florist  <b>6</b> Payee address; City; State; Zip Code 4740 FM 2920 Spring, TX 77388	<b>7</b> Amount (\$)  \$107.25
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Flowers for funeral  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/20/2005	Payee name American Leadership Forum  Payee address; City; State; Zip Code 3101 Richmond Houston, TX 77098	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/10/2005	Payee name Arabia Shrine Circus  Payee address; City; State; Zip Code P.O. Box 20688 Houston, TX 77225	Amount (\$)  \$60.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/31/2005	Payee name Arturo's Cafe  Payee address; City; State; Zip Code 314 West 17th St. Austin, TX 78701	Amount (\$)  \$40.71
Purpose of payment (See instructions regarding type of information required.) Lunch with staff  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 2/38 Report: 4/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date	<b>5</b> Payee name AT&T	<b>7</b> Amount (\$)
07/08/2005	<b>6</b> Payee address; City; State; Zip Code P.O. Box 2969 Omaha, NE 68103	\$25.22
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Long distance for Capitol fax  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date	Payee name AT&T	Amount (\$)
08/01/2005	Payee address; City; State; Zip Code P.O. Box 2969 Omaha, NE 68103	\$18.65
Purpose of payment (See instructions regarding type of information required.) Long distance for Capitol fax  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date	Payee name AT&T	Amount (\$)
09/14/2005	Payee address; City; State; Zip Code P.O. Box 2969 Omaha, NE 68103	\$27.95
Purpose of payment (See instructions regarding type of information required.) Long distance for Capitol fax  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date	Payee name AT&T	Amount (\$)
10/25/2005	Payee address; City; State; Zip Code P.O. Box 2969 Omaha, NE 68103	\$55.35
Purpose of payment (See instructions regarding type of information required.) Long distance for Capitol fax  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 3/38 Report: 5/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date	<b>5</b> Payee name AT&T	<b>7</b> Amount (\$)
11/14/2005	<b>6</b> Payee address; City; State; Zip Code P.O. Box 2969 Omaha, NE 68103	\$54.80
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Long distance for Capitol fax  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date	Payee name AT&T	Amount (\$)
12/15/2005	Payee address; City; State; Zip Code P.O. Box 2969 Omaha, NE 68103	\$25.72
Purpose of payment (See instructions regarding type of information required.) Long distance for Capitol fax  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date	Payee name Babins Seafood House	Amount (\$)
07/31/2005	Payee address; City; State; Zip Code 17485 Tomball Parkway Tomball, TX 77064	\$58.89
Purpose of payment (See instructions regarding type of information required.) Meal in July with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date	Payee name Berryhill Baja Cantina	Amount (\$)
10/31/2005	Payee address; City; State; Zip Code 5482 FM 1960 West Houston, TX 77069	\$97.99
Purpose of payment (See instructions regarding type of information required.) Meal in Oct. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 4/38 Report: 6/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  07/31/2005	<b>5</b> Payee name Black Eyed Pea  <b>6</b> Payee address; City; State; Zip Code ..... 2005 FM 1960 West Houston, TX 77090	<b>7</b> Amount (\$)  \$47.02
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Meal in July with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/31/2005	Payee name Bluewater Boil  Payee address; City; State; Zip Code ..... 4921 FM 2929 Spring, TX 77388	Amount (\$)  \$54.31
Purpose of payment (See instructions regarding type of information required.) Meal in July with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/31/2005	Payee name Bluewater Boil  Payee address; City; State; Zip Code ..... 4921 FM 2929 Spring, TX 77388	Amount (\$)  \$48.97
Purpose of payment (See instructions regarding type of information required.) Meal in Dec. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/04/2005	Payee name Bond's Television  Payee address; City; State; Zip Code ..... 1010 W. Lynn Austin, TX 78703	Amount (\$)  \$54.07
Purpose of payment (See instructions regarding type of information required.) Television repair of unit used in Capitol office  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 5/38 Report: 7/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  08/19/2005	<b>5</b> Payee name Bond's Television  ..... <b>6</b> Payee address; City; State; Zip Code 1010 W. Lynn Austin, TX 78703	<b>7</b> Amount (\$)  \$87.61
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Television repair of unit used in Capitol office  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/10/2005	Payee name Breens Braeswood Florist  ..... Payee address; City; State; Zip Code 1208 Spring St. Houston, TX 77007	Amount (\$)  \$113.61
Purpose of payment (See instructions regarding type of information required.) Flowers for funeral  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/30/2005	Payee name Brick Oven Restaurant  ..... Payee address; City; State; Zip Code 1209 Red River Austin, TX 78701	Amount (\$)  \$60.15
Purpose of payment (See instructions regarding type of information required.) Lunch with staff  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/30/2005	Payee name Cadillac Bar & Grill  ..... Payee address; City; State; Zip Code 8 Kemah Waterfront St. Kemah, TX 77565	Amount (\$)  \$160.37
Purpose of payment (See instructions regarding type of information required.) Dinner in Sept.  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 6/38 Report: 8/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  07/31/2005	<b>5</b> Payee name Carmelo's Restaurant  <b>6</b> Payee address; City; State; Zip Code 504 E. 5th St. Austin, TX 78701	<b>7</b> Amount (\$)  \$225.75
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Dinner/July  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/31/2005	Payee name Carrabba's Italian Grill  Payee address; City; State; Zip Code 5440 FM 1960 West Houston, TX 77069	Amount (\$)  \$157.57
Purpose of payment (See instructions regarding type of information required.) Meal in July with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/31/2005	Payee name Casa Imperial  Payee address; City; State; Zip Code 9702 Louetta Spring, TX 77379	Amount (\$)  \$21.64
Purpose of payment (See instructions regarding type of information required.) Meal in July with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/31/2005	Payee name Casa Imperial  Payee address; City; State; Zip Code 9702 Louetta Spring, TX 77379	Amount (\$)  \$131.20
Purpose of payment (See instructions regarding type of information required.) Meal in Aug. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:



# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 7/38 Report: 9/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  09/30/2005	<b>5</b> Payee name Casa Imperial  <b>6</b> Payee address; City; State; Zip Code ..... 9702 Louetta Spring, TX 77379	<b>7</b> Amount (\$)  \$201.23
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Meal in Sept. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/31/2005	Payee name Casa Imperial  Payee address; City; State; Zip Code ..... 9702 Louetta Spring, TX 77379	Amount (\$)  \$62.98
Purpose of payment (See instructions regarding type of information required.) Meal in Oct. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/30/2005	Payee name Casa Imperial  Payee address; City; State; Zip Code ..... 9702 Louetta Spring, TX 77379	Amount (\$)  \$46.42
Purpose of payment (See instructions regarding type of information required.) Meal in Nov. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/31/2005	Payee name Casa Imperial  Payee address; City; State; Zip Code ..... 9702 Louetta Spring, TX 77379	Amount (\$)  \$165.62
Purpose of payment (See instructions regarding type of information required.) Meal in Dec. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 8/38 Report: 10/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  09/30/2005	<b>5</b> Payee name Castle Hill Cafe  <b>6</b> Payee address; City; State; Zip Code ..... 1101 West 5th St. Austin, TX 78703	<b>7</b> Amount (\$)  \$18.60
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Meal in Sept.  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/16/2005	Payee name Centerpoint  Payee address; City; State; Zip Code ..... 1005 Congress Austin, TX 78701	Amount (\$)  \$250.00
Purpose of payment (See instructions regarding type of information required.) Lodging expense at staff retreat  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/18/2005	Payee name Central Market  Payee address; City; State; Zip Code ..... 4477 S. Lamar Blvd. Austin, TX 78745	Amount (\$)  \$55.53
Purpose of payment (See instructions regarding type of information required.) Birthday for staff member  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/09/2005	Payee name Central Market  Payee address; City; State; Zip Code ..... 4477 S. Lamar Blvd. Austin, TX 78745	Amount (\$)  \$22.48
Purpose of payment (See instructions regarding type of information required.) Birthday for staff member  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 9/38 Report: 11/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  09/14/2005	<b>5</b> Payee name Centrum Arts League  <b>6</b> Payee address; City; State; Zip Code 6823 Cypresswood Dr. Spring, TX 77379	<b>7</b> Amount (\$)  \$250.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/31/2005	Payee name Chef Chan Restaurant  Payee address; City; State; Zip Code 17833 Kuykendahl Spring, TX 77379	Amount (\$)  \$90.13
Purpose of payment (See instructions regarding type of information required.) Meal in July with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/31/2005	Payee name Chef Chan Restaurant  Payee address; City; State; Zip Code 17833 Kuykendahl Spring, TX 77379	Amount (\$)  \$42.66
Purpose of payment (See instructions regarding type of information required.) Meal in Aug. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/30/2005	Payee name Chef Chan Restaurant  Payee address; City; State; Zip Code 17833 Kuykendahl Spring, TX 77379	Amount (\$)  \$39.55
Purpose of payment (See instructions regarding type of information required.) Meal in Nov. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 10/38 Report: 12/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  08/31/2005	<b>5</b> Payee name Chili's Grill & Bar  <b>6</b> Payee address; City; State; Zip Code ..... 7621 FM 1960 West Houston, TX 77070	<b>7</b> Amount (\$)  \$167.95
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Meal in August with constituents  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/31/2005	Payee name Chili's Grill & Bar  Payee address; City; State; Zip Code ..... 7621 FM 1960 West Houston, TX 77070	Amount (\$)  \$20.88
Purpose of payment (See instructions regarding type of information required.) Meal in Oct. with constituents  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/31/2005	Payee name Chili's Grill & Bar  Payee address; City; State; Zip Code ..... 7621 FM 1960 West Houston, TX 77070	Amount (\$)  \$49.21
Purpose of payment (See instructions regarding type of information required.) Meal in Oct. with constituents  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/30/2005	Payee name Chili's Grill & Bar  Payee address; City; State; Zip Code ..... 7621 FM 1960 West Houston, TX 77070	Amount (\$)  \$80.32
Purpose of payment (See instructions regarding type of information required.) Meal in Nov. with constituents  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 11/38 Report: 13/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  12/31/2005	<b>5</b> Payee name Chili's Grill & Bar  <b>6</b> Payee address; City; State; Zip Code 7621 FM 1960 West Houston, TX 77070	<b>7</b> Amount (\$)  \$82.07
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Meal in Dec. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/31/2005	Payee name Ciao Bella Restaurant  Payee address; City; State; Zip Code 19620 Kuykendahl Spring, TX 77379	Amount (\$)  \$50.56
Purpose of payment (See instructions regarding type of information required.) Meal in July with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/31/2005	Payee name Ciao Bella Restaurant  Payee address; City; State; Zip Code 19620 Kuykendahl Spring, TX 77379	Amount (\$)  \$38.95
Purpose of payment (See instructions regarding type of information required.) Meal in Aug. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/30/2005	Payee name Ciao Bella Restaurant  Payee address; City; State; Zip Code 19620 Kuykendahl Spring, TX 77379	Amount (\$)  \$35.14
Purpose of payment (See instructions regarding type of information required.) Meal in Sept. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 12/38 Report: 14/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  11/30/2005	<b>5</b> Payee name Ciao Bella Restaurant  <b>6</b> Payee address; City; State; Zip Code 19620 Kuykendahl Spring, TX 77379	<b>7</b> Amount (\$)  \$54.32
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Meal in Nov. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/31/2005	Payee name Ciao Bella Restaurant  Payee address; City; State; Zip Code 19620 Kuykendahl Spring, TX 77379	Amount (\$)  \$48.90
Purpose of payment (See instructions regarding type of information required.) Meal in Dec. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/01/2005	Payee name City of Austin  Payee address; City; State; Zip Code P.O. Box 2267 Austin, TX 78783	Amount (\$)  \$45.49
Purpose of payment (See instructions regarding type of information required.) Electric for session apartment  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/15/2005	Payee name City of Austin  Payee address; City; State; Zip Code P.O. Box 2267 Austin, TX 78783	Amount (\$)  \$17.59
Purpose of payment (See instructions regarding type of information required.) Electric for session apartment of Senator  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 13/38 Report: 15/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  11/30/2005	<b>5</b> Payee name Cracker Barrel #379  <b>6</b> Payee address; City; State; Zip Code 14765 North Freeway Houston, TX 77090	<b>7</b> Amount (\$)  \$48.02
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Meal in Nov. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/02/2005	Payee name Cy-Fair Republican Women's Club  Payee address; City; State; Zip Code PMB #194 8524 Hwy. 6 North Cyfair, TX 77095	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/31/2005	Payee name Days Inn  Payee address; City; State; Zip Code 2108 S. Bridge Street Brady, TX 76825	Amount (\$)  \$50.84
Purpose of payment (See instructions regarding type of information required.) Travel in August  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/14/2005	Payee name DeCoty Coffee Co.  Payee address; City; State; Zip Code P.O. Box 3758 San Angelo, TX 76902	Amount (\$)  \$73.10
Purpose of payment (See instructions regarding type of information required.) Coffee service for Capitol office  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 14/38 Report: 16/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  12/15/2005	<b>5</b> Payee name DeCoty Coffee Co.  <b>6</b> Payee address; City; State; Zip Code P.O. Box 3758 San Angelo, TX 76902	<b>7</b> Amount (\$)  \$95.55
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Coffee service for Capitol office  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/30/2005	Payee name Denny's Restaurant  Payee address; City; State; Zip Code 26050 Highway 290 Cypress, TX 77429	Amount (\$)  \$25.16
Purpose of payment (See instructions regarding type of information required.) Meal in Sept.  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/31/2005	Payee name Don Jose Restaurant  Payee address; City; State; Zip Code 5305 Antoine Houston, TX 77091	Amount (\$)  \$34.04
Purpose of payment (See instructions regarding type of information required.) Meal in August with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/31/2005	Payee name Doneraki Restaurant  Payee address; City; State; Zip Code 5505 FM 1960 West Houston, TX 77069	Amount (\$)  \$86.88
Purpose of payment (See instructions regarding type of information required.) Meal in July with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:



**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 15/38 Report: 17/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  11/20/2005	<b>5</b> Payee name Echo Foundation  <b>6</b> Payee address; City; State; Zip Code P.O. Box 51 Tomball, TX 77377	<b>7</b> Amount (\$)  \$350.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/31/2005	Payee name Eddie V's Restaurant  Payee address; City; State; Zip Code 301 E. 5th St. Austin, TX 78701	Amount (\$)  \$141.28
Purpose of payment (See instructions regarding type of information required.) Dinner in July  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/05/2005	Payee name Foleys  Payee address; City; State; Zip Code 2901 S. Capital of Texas Highway Austin, TX 78746	Amount (\$)  \$900.00
Purpose of payment (See instructions regarding type of information required.) Gift certificates for staff for Christmas  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/31/2005	Payee name Fuddruckers Restaurant  Payee address; City; State; Zip Code 403 Greens Road Houston, TX 77060	Amount (\$)  \$29.64
Purpose of payment (See instructions regarding type of information required.) Meal in Dec. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 16/38 Report: 18/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  07/28/2005	<b>5</b> Payee name HEB  <b>6</b> Payee address; City; State; Zip Code 2400 S. Congress Austin, TX 78704	<b>7</b> Amount (\$)  \$48.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Office supplies/special session  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/12/2005	Payee name HEB  Payee address; City; State; Zip Code 2400 S. Congress Austin, TX 78704	Amount (\$)  \$60.13
Purpose of payment (See instructions regarding type of information required.) Food & decorations for staff holiday party  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/18/2005	Payee name Holland, Zina (Ms.)  Payee address; City; State; Zip Code 15531 Kuykendahl Suite 251 Houston, TX 77090	Amount (\$)  \$82.71
Purpose of payment (See instructions regarding type of information required.) Reimbursement for mileage and expenses for district employee/July  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/15/2005	Payee name Holland, Zina (Ms.)  Payee address; City; State; Zip Code 15531 Kuykendahl Suite 251 Houston, TX 77090	Amount (\$)  \$36.60
Purpose of payment (See instructions regarding type of information required.) Reimbursement for mileage and expenses for district office employee/August  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 17/38 Report: 19/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  10/06/2005	<b>5</b> Payee name Holland, Zina (Ms.)  <b>6</b> Payee address; City; State; Zip Code ..... 15531 Kuykendahl Suite 251 Houston, TX 77090	<b>7</b> Amount (\$)  \$122.60
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Reimbursement for mileage and expenses for district office employee/Sept.  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/03/2005	Payee name Holland, Zina (Ms.)  Payee address; City; State; Zip Code ..... 15531 Kuykendahl Suite 251 Houston, TX 77090	Amount (\$)  \$146.87
Purpose of payment (See instructions regarding type of information required.) Reimbursement for mileage and expenses for district office employee/October  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/02/2005	Payee name Holland, Zina (Ms.)  Payee address; City; State; Zip Code ..... 15531 Kuykendahl Suite 251 Houston, TX 77090	Amount (\$)  \$113.28
Purpose of payment (See instructions regarding type of information required.) Reimbursement for mileage and expenses for district office employee/Nov.  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/30/2005	Payee name Houston Jaycees  Payee address; City; State; Zip Code ..... P.O. Box 890865 Houston, TX 77289	Amount (\$)  \$80.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 18/38 Report: 20/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  12/31/2005	<b>5</b> Payee name Hsam Oriental Bistro  <b>6</b> Payee address; City; State; Zip Code 15824 Champion Forest Dr. Spring, TX 77388	<b>7</b> Amount (\$)  \$114.15
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Meal in Dec. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/31/2005	Payee name Inn & Spa at Loretto  Payee address; City; State; Zip Code 211 Old Santa Fe Trail Santa Fe, NM 87501	Amount (\$)  \$75.83
Purpose of payment (See instructions regarding type of information required.) Dinner in conjunction with conference  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/31/2005	Payee name Jimmy G's Restaurant  Payee address; City; State; Zip Code 307 N. Sam Houston Parkway Houston, TX 77060	Amount (\$)  \$101.47
Purpose of payment (See instructions regarding type of information required.) Meal in Dec. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/31/2005	Payee name Johnny Carino's Restaurant  Payee address; City; State; Zip Code 1407 Knickerbocker Rd. San Angelo, TX 76904	Amount (\$)  \$39.57
Purpose of payment (See instructions regarding type of information required.) Meal in August  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 19/38 Report: 21/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  12/05/2005	<b>5</b> Payee name Kent Adams Campaign  <b>6</b> Payee address; City; State; Zip Code ..... 6831 Cypresswood Dr. Spring, TX 77379	<b>7</b> Amount (\$)  \$200.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Donation  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/31/2005	Payee name Klein United Methodist Church  Payee address; City; State; Zip Code ..... 5920 FM 2920 Spring, TX 77388	Amount (\$)  \$27,000.00
Purpose of payment (See instructions regarding type of information required.) Donation  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/25/2005	Payee name Klein United Methodist Church  Payee address; City; State; Zip Code ..... 5920 FM 2920 Spring, TX 77388	Amount (\$)  \$108.00
Purpose of payment (See instructions regarding type of information required.) Donation  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/09/2005	Payee name Klein United Methodist Church  Payee address; City; State; Zip Code ..... 5920 FM 2920 Spring, TX 77388	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) Donation  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 20/38 Report: 22/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  11/30/2005	<b>5</b> Payee name Landry's Restaurant  <b>6</b> Payee address; City; State; Zip Code ..... 1212 Lake Robbins Dr. The Woodlands, TX 77380	<b>7</b> Amount (\$)  \$65.71
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Meal in Nov. with constituents  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/30/2005	Payee name Las Alamedas Restaurant  Payee address; City; State; Zip Code ..... I-10 Freeway Houston, TX	Amount (\$)  \$69.49
Purpose of payment (See instructions regarding type of information required.) Meal in Sept.  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/30/2005	Payee name Las Alamedas  Payee address; City; State; Zip Code ..... 8615 Katy Freeway Houston, TX 77024	Amount (\$)  \$69.49
Purpose of payment (See instructions regarding type of information required.) Meal in Sept.  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/31/2005	Payee name Lindsay, Jon (Sen.)  Payee address; City; State; Zip Code ..... P.O. Box 2783 Houston, TX 77252	Amount (\$)  \$517.21
Purpose of payment (See instructions regarding type of information required.) Reimbursement for auto mileage & depreciation/July  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 21/38 Report: 23/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  08/31/2005	<b>5</b> Payee name Lindsay, Jon (Sen.)  <b>6</b> Payee address; City; State; Zip Code ..... P.O. Box 2783 Houston, TX 77252	<b>7</b> Amount (\$)  \$746.62
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Reimbursement for auto mileage and depreciation/August  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/30/2005	Payee name Lindsay, Jon (Sen.)  Payee address; City; State; Zip Code ..... P.O. Box 2783 Houston, TX 77252	Amount (\$)  \$453.73
Purpose of payment (See instructions regarding type of information required.) Reimbursement for auto mileage and depreciation/Sept.  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/31/2005	Payee name Lindsay, Jon (Sen.)  Payee address; City; State; Zip Code ..... P.O. Box 2783 Houston, TX 77252	Amount (\$)  \$491.29
Purpose of payment (See instructions regarding type of information required.) Reimbursement for auto mileage and depreciation/Oct.  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/31/2005	Payee name Lindsay, Jon (Sen.)  Payee address; City; State; Zip Code ..... P.O. Box 2783 Houston, TX 77252	Amount (\$)  \$10.00
Purpose of payment (See instructions regarding type of information required.) Reimbursement for parking/Oct.  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 22/38 Report: 24/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  11/30/2005	<b>5</b> Payee name Lindsay, Jon (Sen.)  <b>6</b> Payee address; City; State; Zip Code P.O. Box 2783 Houston, TX 77252	<b>7</b> Amount (\$)  \$432.32
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Reimbursement for auto mileage and depreciation/Nov.  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/31/2005	Payee name Lindsay, Jon (Sen.)  Payee address; City; State; Zip Code P.O. Box 2783 Houston, TX 77252	Amount (\$)  \$543.75
Purpose of payment (See instructions regarding type of information required.) Reimbursement for auto mileage & depreciation/December  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/31/2005	Payee name Lindsay, Jon (Sen.)  Payee address; City; State; Zip Code P.O. Box 2783 Houston, TX 77252	Amount (\$)  \$15.00
Purpose of payment (See instructions regarding type of information required.) Reimbursement for parking/December  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/19/2005	Payee name Luekemia & Lymphona Society  Payee address; City; State; Zip Code c/o 31025 Dobbin Hufsmith Magnolia, TX 77354	Amount (\$)  \$200.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:



# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 23/38 Report: 25/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  12/31/2005	<b>5</b> Payee name Macaroni Grill  <b>6</b> Payee address; City; State; Zip Code 1155 Lake Woodlands Dr. The Woodlands, TX 77380	<b>7</b> Amount (\$)  \$132.20
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Meal in Dec. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/25/2005	Payee name Mainspring Schools  Payee address; City; State; Zip Code 1100 West Live Oak Austin, TX 78704	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/19/2005	Payee name March of Dimes  Payee address; City; State; Zip Code P.O. Box 226585 Dallas, TX 75222	Amount (\$)  \$50.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/20/2005	Payee name March of Dimes  Payee address; City; State; Zip Code P.O. Box 8972 Topeka, KS 66608	Amount (\$)  \$75.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 24/38 Report: 26/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  11/02/2005	<b>5</b> Payee name Matt's El Rancho  <b>6</b> Payee address; City; State; Zip Code 2613 South Lamar Austin, TX 78704	<b>7</b> Amount (\$)  \$71.93
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Dinner for staff  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/19/2005	Payee name Memorial West Republican Woman's Club  Payee address; City; State; Zip Code 9819 Vogue Lane Houston, TX 77080	Amount (\$)  \$250.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/31/2005	Payee name Mi Rancho Mexican Grill  Payee address; City; State; Zip Code 6096 FM 2920 Spring, TX 77379	Amount (\$)  \$16.48
Purpose of payment (See instructions regarding type of information required.) Meal in Dec. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/31/2005	Payee name Neal's Restaurant  Payee address; City; State; Zip Code 4750 FM 2920 Spring, TX 77388	Amount (\$)  \$190.09
Purpose of payment (See instructions regarding type of information required.) Dinner with constituents/July  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 25/38 Report: 27/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  11/30/2005	<b>5</b> Payee name Neal's Restaurant  <b>6</b> Payee address; City; State; Zip Code 4750 FM 2920 Spring, TX 77388	<b>7</b> Amount (\$)  \$75.33
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Meal in Nov. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/31/2005	Payee name Neal's Restaurant  Payee address; City; State; Zip Code 4750 FM 2920 Spring, TX 77388	Amount (\$)  \$69.30
Purpose of payment (See instructions regarding type of information required.) Meal in Dec. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/30/2005	Payee name Northwest Assistance Ministries  Payee address; City; State; Zip Code 15540 Kuykendahl Houston, TX 77090	Amount (\$)  \$120.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/18/2005	Payee name Northwest Forest Republican Women's Club  Payee address; City; State; Zip Code 5502 Mt. Royal Circle Houston, TX 77069	Amount (\$)  \$150.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 26/38 Report: 28/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  10/25/2005	<b>5</b> Payee name Northwest Forest Republican Women's Club  <b>6</b> Payee address; City; State; Zip Code ..... 5502 Mount Royal Circle Houston, TX 77069	<b>7</b> Amount (\$)  \$100.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/28/2005	Payee name Ozarka  Payee address; City; State; Zip Code ..... P.O. Box 52214 Phoenix, AZ 85072	Amount (\$)  \$46.88
Purpose of payment (See instructions regarding type of information required.) Drinking water for Capitol office  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/14/2005	Payee name Ozarka  Payee address; City; State; Zip Code ..... P.O. Box 52214 Phoenix, AZ 85072	Amount (\$)  \$59.84
Purpose of payment (See instructions regarding type of information required.) Drinking water for Capitol office  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/25/2005	Payee name Ozarka  Payee address; City; State; Zip Code ..... P.O. Box 52214 Phoenix, AZ 85072	Amount (\$)  \$43.90
Purpose of payment (See instructions regarding type of information required.) Drinking water for Capitol office  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 27/38 Report: 29/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  11/14/2005	<b>5</b> Payee name Ozarka  <b>6</b> Payee address; City; State; Zip Code ..... P.O. Box 52214 Phoenix, AZ 85072	<b>7</b> Amount (\$)  \$82.79
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Drinking water for Capitol office  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/15/2005	Payee name Ozarka  Payee address; City; State; Zip Code ..... P.O. Box 52214 Phoenix, AZ 85072	Amount (\$)  \$62.86
Purpose of payment (See instructions regarding type of information required.) Drinking water for Capitol office  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/31/2005	Payee name Pappadeaux Restaurant  Payee address; City; State; Zip Code ..... 7110 FM 1960 West Houston, TX 77069	Amount (\$)  \$116.88
Purpose of payment (See instructions regarding type of information required.) Meal in August with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/31/2005	Payee name Pappadeaux Restaurant  Payee address; City; State; Zip Code ..... 7110 FM 1960 West Houston, TX 77069	Amount (\$)  \$225.87
Purpose of payment (See instructions regarding type of information required.) Meal in August with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 28/38 Report: 30/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  08/31/2005	<b>5</b> Payee name Pappadeaux's Restaurant  <b>6</b> Payee address; City; State; Zip Code 6319 North IH 35 Austin, TX 78752	<b>7</b> Amount (\$)  \$80.36
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Lunch with staff  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/31/2005	Payee name Pappas Seafood  Payee address; City; State; Zip Code 11301 North Freeway Houston, TX 77037	Amount (\$)  \$54.50
Purpose of payment (See instructions regarding type of information required.) Meal in Aug. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/30/2005	Payee name Pappasito's Restaurant  Payee address; City; State; Zip Code 7050 FM 1960 West Houston, TX 77069	Amount (\$)  \$30.72
Purpose of payment (See instructions regarding type of information required.) Meal in Nov. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/27/2005	Payee name Pat Perry Campaign  Payee address; City; State; Zip Code P.O. Box 370 Crockett, TX 75835	Amount (\$)  \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 29/38 Report: 31/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  09/30/2005	<b>5</b> Payee name Prime Time Steak House  <b>6</b> Payee address; City; State; Zip Code ..... 9275 FM 1960 West Houston, TX 77070	<b>7</b> Amount (\$)  \$141.99
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Meal in Sept.  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/31/2005	Payee name Ramada Inn  Payee address; City; State; Zip Code ..... 2201 N. Bryant Blvd. San Angelo, TX 76903	Amount (\$)  \$63.23
Purpose of payment (See instructions regarding type of information required.) Travel  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/31/2005	Payee name Red Snapper Inn  Payee address; City; State; Zip Code ..... 402 Blue Water Highway Freeport, TX 77541	Amount (\$)  \$96.50
Purpose of payment (See instructions regarding type of information required.) Meal in July  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/22/2005	Payee name Regional Arts Council  Payee address; City; State; Zip Code ..... P.O. Box 1321 Tomball, TX 77377	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) Donation  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 30/38 Report: 32/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  10/01/2005	<b>5</b> Payee name Regional Arts Council  <b>6</b> Payee address; City; State; Zip Code ..... P.O. Box 1321 Tomball, TX 77377	<b>7</b> Amount (\$)  \$1,000.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/31/2005	Payee name Rino's Restaurant  Payee address; City; State; Zip Code ..... 400 E Main St. Trinidad, CO 81082	Amount (\$)  \$50.71
Purpose of payment (See instructions regarding type of information required.) Meal  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/01/2005	Payee name SBC  Payee address; City; State; Zip Code ..... P.O. Box 630047 Dallas, TX 75263	Amount (\$)  \$37.40
Purpose of payment (See instructions regarding type of information required.) Fax line/Capitol office  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/26/2005	Payee name SBC  Payee address; City; State; Zip Code ..... P.O. Box 630047 Dallas, TX 75263	Amount (\$)  \$104.32
Purpose of payment (See instructions regarding type of information required.) Senator's phone calls  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:



**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 31/38 Report: 33/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  09/14/2005	<b>5</b> Payee name SBC  <b>6</b> Payee address; City; State; Zip Code P.O. Box 630047 Dallas, TX 75263	<b>7</b> Amount (\$)  \$39.83
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Fax line/Capitol office  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/03/2005	Payee name SBC  Payee address; City; State; Zip Code P.O. Box 630047 Dallas, TX 75263	Amount (\$)  \$49.15
Purpose of payment (See instructions regarding type of information required.) Senator's phone calls  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/25/2005	Payee name SBC  Payee address; City; State; Zip Code P.O. Box 630047 Dallas, TX 75263	Amount (\$)  \$39.86
Purpose of payment (See instructions regarding type of information required.) Fax line/Capitol office  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/25/2005	Payee name SBC  Payee address; City; State; Zip Code P.O. Box 630047 Dallas, TX 75263	Amount (\$)  \$89.92
Purpose of payment (See instructions regarding type of information required.) Senator's phone calls  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 32/38 Report: 34/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  11/14/2005	<b>5</b> Payee name SBC  <b>6</b> Payee address; City; State; Zip Code P.O. Box 630047 Dallas, TX 75263	<b>7</b> Amount (\$)  \$79.69
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Fax line/Capitol office  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/30/2005	Payee name SBC  Payee address; City; State; Zip Code P.O. Box 630047 Dallas, TX 75263	Amount (\$)  \$120.14
Purpose of payment (See instructions regarding type of information required.) Senator's phone calls  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/30/2005	Payee name Spaghetti Warehouse  Payee address; City; State; Zip Code 901 Commerce St. Houston, TX 77002	Amount (\$)  \$63.04
Purpose of payment (See instructions regarding type of information required.) Meal in Sept.  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/19/2005	Payee name Spec's  Payee address; City; State; Zip Code 5050 FM 1960 West Houston, TX 77069	Amount (\$)  \$273.71
Purpose of payment (See instructions regarding type of information required.) Beverages  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 33/38 Report: 35/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  11/30/2005	<b>5</b> Payee name Strack's Restaurant  <b>6</b> Payee address; City; State; Zip Code 5707 Louetta Spring, TX 77379	<b>7</b> Amount (\$)  \$39.16
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Meal in Nov. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/31/2005	Payee name Sweet Tomato's Restaurant  Payee address; City; State; Zip Code 9445 Park Meadows Dr. Lone Tree, CO 80124	Amount (\$)  \$55.10
Purpose of payment (See instructions regarding type of information required.) Meal in August  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/14/2005	Payee name Sweetish Hill Bakery  Payee address; City; State; Zip Code 1120 West 6th St. Austin, TX 78703	Amount (\$)  \$18.60
Purpose of payment (See instructions regarding type of information required.) Food for staff  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/08/2005	Payee name Texas Gas Service  Payee address; City; State; Zip Code P.O. Box 269042 Oklahoma City, OK 73126	Amount (\$)  \$11.61
Purpose of payment (See instructions regarding type of information required.) Gas service for session apartment in Austin  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 34/38 Report: 36/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  08/04/2005	<b>5</b> Payee name Texas Gas Service  <b>6</b> Payee address; City; State; Zip Code P.O. Box 269042 Oklahoma City, OK 73126	<b>7</b> Amount (\$)  \$9.91
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Gas service for session apartment in Austin  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/31/2005	Payee name Texas Land and Cattle  Payee address; City; State; Zip Code 1101 S. Mopac Expressway Austin, TX 78746	Amount (\$)  \$89.18
Purpose of payment (See instructions regarding type of information required.) Dinner while in Austin  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/02/2005	Payee name Texas Senate  Payee address; City; State; Zip Code Room 525 Sam Houston Bldg. Austin, TX 78701	Amount (\$)  \$264.76
Purpose of payment (See instructions regarding type of information required.) Texas flags for constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/13/2005	Payee name Texas Senate  Payee address; City; State; Zip Code Room 525 Sam Houston Bldg. Austin, TX 78701	Amount (\$)  \$193.11
Purpose of payment (See instructions regarding type of information required.) Texas flags for constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 35/38 Report: 37/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  12/14/2005	<b>5</b> Payee name Texas Senate/Holiday Party  <b>6</b> Payee address; City; State; Zip Code ..... 5th Floor Sam Houston Bldg. Austin, TX 78701	<b>7</b> Amount (\$)  \$21.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Tickets to Senate Holiday Party for staff  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/31/2005	Payee name TGI Fridays  Payee address; City; State; Zip Code ..... 12150 Greenspoint Drive Houston, TX 77060	Amount (\$)  \$41.82
Purpose of payment (See instructions regarding type of information required.) Meal with constituents/July  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/28/2005	Payee name The Cedar Door  Payee address; City; State; Zip Code ..... 201 Brazos St. Austin, TX 78701	Amount (\$)  \$96.89
Purpose of payment (See instructions regarding type of information required.) Staff event  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/31/2005	Payee name The Club at Hotel St. Francis  Payee address; City; State; Zip Code ..... 210 Don Gasper Ave. Santa Fe, NM 87501	Amount (\$)  \$155.48
Purpose of payment (See instructions regarding type of information required.) Dinner in conjunction with conference  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 36/38 Report: 38/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  08/01/2005	<b>5</b> Payee name The Quorum Report  <b>6</b> Payee address; City; State; Zip Code ..... P.O. Box 8 Austin, TX 78767	<b>7</b> Amount (\$)  \$250.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Subscription  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/30/2005	Payee name The Taxidermy Den  Payee address; City; State; Zip Code ..... 6211 FM 3180 Baytown, TX 77520	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) Gift for constituent  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/20/2005	Payee name The Woodlands VFW  Payee address; City; State; Zip Code ..... P.O. Box 8907 The Woodlands, TX 77387	Amount (\$)  \$80.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/30/2005	Payee name TOMBALL FORD  Payee address; City; State; Zip Code ..... 22702 Highway 249 Tomball, TX 77375	Amount (\$)  \$553.47
Purpose of payment (See instructions regarding type of information required.) Auto repairs  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 37/38 Report: 39/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  11/15/2005	<b>5</b> Payee name U.S. Postal Service  <b>6</b> Payee address; City; State; Zip Code 122 N Holderrieth Blvd. Tomball, TX 77375	<b>7</b> Amount (\$)  \$126.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Postage  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/21/2005	Payee name Verizon  Payee address; City; State; Zip Code P.O. Box 660108 Dallas, TX 75266	Amount (\$)  \$96.33
Purpose of payment (See instructions regarding type of information required.) Cellular phone/Senator  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/20/2005	Payee name Verizon  Payee address; City; State; Zip Code P.O. Box 660108 Dallas, TX 75266	Amount (\$)  \$97.71
Purpose of payment (See instructions regarding type of information required.) Cellular phone/Senator  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/23/2005	Payee name Verizon  Payee address; City; State; Zip Code P.O. Box 660108 Dallas, TX 75266	Amount (\$)  \$97.71
Purpose of payment (See instructions regarding type of information required.) Cellular phone/Senator  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 38/38 Report: 40/40
<b>2</b> FILER NAME Lindsay, Jon (Sen.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00030410
<b>4</b> Date  09/14/2005	<b>5</b> Payee name Wall Street Journal  <b>6</b> Payee address; City; State; Zip Code P.O. Box 7007 Chicopee, MA 01021	<b>7</b> Amount (\$)  \$350.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Subscription  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/30/2005	Payee name Woodlands House Restaurant  Payee address; City; State; Zip Code 2103 FM 1960 Rd. West Houston, TX 77090	Amount (\$)  \$120.17
Purpose of payment (See instructions regarding type of information required.) Meal in Sept. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/31/2005	Payee name Woodlands House Restaurant  Payee address; City; State; Zip Code 2103 FM 1960 Rd. West Houston, TX 77090	Amount (\$)  \$23.00
Purpose of payment (See instructions regarding type of information required.) Meal in Oct. with constituents  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/15/2005	Payee name Z Tejas Restaurant  Payee address; City; State; Zip Code 1110 West 6th St. Austin, TX 78703	Amount (\$)  \$50.00
Purpose of payment (See instructions regarding type of information required.) Gift certificate donated as door prize  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held: