

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: 10	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR <small>NICKNAME</small>	FIRST PAT <small>LAST</small>	MI	OFFICE USE ONLY
	HALLISEY <small>SUFFIX</small>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 183 LEAGUE CITY, TX 77574			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 554-8374	EXTENSION	Date Hand-delivered or Date Postmarked 3/11/16 10:20am ac
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS. <small>NICKNAME</small>	FIRST JANICE <small>LAST</small>	MI C	Receipt #
	HALLISEY <small>SUFFIX</small>			Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2205 Acacia, LEAGUE CITY TX 77573			
8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 916-0182	EXTENSION	Date Processed
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month Day Year 2 / 19 / 2016 THROUGH 3 / 10 / 2016			
11 ELECTION	ELECTION DATE Month Day Year 3 / 19 / 2016	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) LEAGUE CITY MAYOR		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

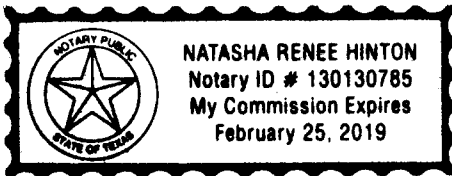
14 C/OH NAME PAT HALLISEY **15 Filer ID (Ethics Commission Filers)**

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 <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		N/A
	COMMITTEE ADDRESS	N/A
	COMMITTEE CAMPAIGN TREASURER NAME	N/A
	COMMITTEE CAMPAIGN TREASURER ADDRESS	N/A

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 886.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,541.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,475.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,368.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Pat Hallisey
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said PAT HALLISEY, this the 11th day of March, 2016, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Natasha Renee Hinton Printed name of officer administering oath
Records Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

PAT HALLISEY

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,655.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,275.12
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 200.00
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME PAT HALLISEY		3 Filer ID (Ethics Commission Filers)
4 Date 2/19/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL GUERRERO	7 Amount of contribution (\$) \$105.00
6 Contributor address; City; State; Zip Code 301 CRYSTAL ST LEAGUE CITY TX 77513		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/19/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANET MEEHAN	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4509 OAK HILL CR, LEAGUE CITY, TX 77513		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/22/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACK W. CRAWFORD	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2677 CAPRA WAY GRAND JUNCTION CO 81506		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/22/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID A. HAMILTON	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 411 E. 24th St. HOUSTON, TX 77008		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME PAT HALLISEY		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY BARFIELD 6 Contributor address; City; State; Zip Code 15611 STABLE PKRD, CYPRESS, TX 77429	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/19/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS LINTON Contributor address; City; State; Zip Code 1722 CAPSTAN RD HOUSTON TX 77062	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/29/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN TOWNER Contributor address; City; State; Zip Code 324 EMPRESS LN. LEAGUE CITY TX 77573	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/29/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA C. HOWARD Contributor address; City; State; Zip Code PO BOX 2365 LEAGUE CITY, TX 77574	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME PAT HALLISEN		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES F. HALL, SR.	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code PO BOX 1180 LEAGUE CITY, TX 77574		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/3/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID NORMAN	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 450 N. TEXAS WEBSTER, TX 77598		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL LOPEZ	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 403 ASHBURY LEAGUE CITY, TX 77573		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEIL G. BARON	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 914 FM 517 RD W, DICKINSON, TX 77539		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

PAT HALLISEY

3 Filer ID (Ethics Commission Filers)

4 Date

3/1/16

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

RUSSELL TIDWELL

7 Amount of contribution (\$)

\$200.00

6 Contributor address; City; State; Zip Code

110 LAFAYETTE LEADWELL TX 77573

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/5/16

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

MILLIE MEANEY

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

2876 MORNING POND LN, DICKINSON, TX 77539

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/7/16

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

JAMES W. WOLTZ

Amount of contribution (\$)

\$300.00

Contributor address; City; State; Zip Code

205 E. EDGEWOOD # 1104, FRIENDSWOOD TX 77546

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 PAT HALLISEY	3 Filer ID (Ethics Commission Filers)
4 Date 3/3/16	5 Payee name SPECTRUM MARKETING	
6 Amount (\$) \$335.00	7 Payee address; City; State; Zip Code 95 EDDY RD, #101, MANCHESTER, NH 03102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL ADVERTISING
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 2/26/16	Payee name THE SIGN SHOP	
Amount (\$) \$201.96	Payee address; City; State; Zip Code PO BOX 1083 LEAGUE CITY TX 77574	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL ADVERTISING
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 2/22/16	Payee name HOLLY TODD S HELDON	
Amount (\$) \$106.00	Payee address; City; State; Zip Code 2107 RIVERSIDE, LEAGUE CITY, TX 77573	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEETING N/ CONSTITUENTS
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME PAT HALLISEY		3 Filer ID (Ethics Commission Filers)	
4 Date 2/26/16		5 Payee name COPY DR. INC			
6 Amount (\$) \$52.78		7 Payee address; City; State; Zip Code 1101 S. FRIENDSWOOD PKWY, FRIENDSWOOD TX 77546			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL ADVERTISING	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/29/16		Payee name SPECTRUM MARKETING			
Amount (\$) \$3557.88		Payee address; City; State; Zip Code 95 EDDY RD #101, MANCHESTER, NH 03102			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PRINTING/MAILING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LETTERS TO CONSTITUENTS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/7/16		Payee name PAY PAL			
Amount (\$) \$2,150		Payee address; City; State; Zip Code 2021 N. FIRST ST, SAN JOSE, CA 95131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) BANKING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FEES	
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 PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>1</i>	2 FILER NAME <i>PAT HALLISEY</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/7/16</i>	5 Payee name <i>MRS. PAULA'S COOKIES</i>	
6 Amount (\$) <i>\$200.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>305 S. IOWA, LEAGUE CITY, TX 77573</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE/FOOD</i>	(b) Description <i>MEET W/ CONSTITUENTS</i> <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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(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	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED