

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME JOLYNN HAUSSMANN 15 ACCOUNT # (Ethics Commission Filers)

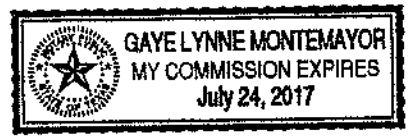
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 590 ⁻
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1690 ⁻
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 190 ⁵¹
	4. TOTAL POLITICAL EXPENDITURES	\$ 1142 ³²
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 547 ⁶⁸
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.



Jolynn Haussmann
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jolynn Haussmann, this the 2 day of May, 20 14, to certify which, witness my hand and seal of office.

Gaye Lynne Montemayor Gaye Lynne Montemayor Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Ms</u> FIRST <u>LYNN</u> MI NICKNAME <u>HAUSSMANN</u> LAST SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: <u>5516 SPRINGFOAM CIR #1416</u> APT / SUITE # CITY: <u>FT WORTH, TX</u> STATE: ZIP CODE <u>76244</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(817)</u> PHONE NUMBER <u>938-1900</u> EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Mr</u> FIRST <u>Jim</u> MI NICKNAME <u>MILORD</u> LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <u>7762 BEAVER HEAD RD</u> APT / SUITE # CITY: STATE: ZIP CODE <u>FORT WORTH, TX 76137</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(817)</u> PHONE NUMBER <u>479-4654</u> EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>04 / 01 / 14</u> <u>05 / 02 / 14</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>05 / 10 / 14</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>NA</u>	13 OFFICES SOUGHT (if known) <u>KELLER ISD PLACE 5 SCHOOLBOARD</u>	
GO TO PAGE 2			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME

JOLYNN HAUSSMAID

3 ACCOUNT # (Ethics Commission Filer)

4 Date

4/14/14

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

Sheridan King

Contributor address: City: State: Zip Code

1713 Cunningham Ct
Keller, TX 76244

7 Amount of contribution (\$)

\$25

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

None

10 Employer (See Instructions)

None

Date

4/14/14

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

Joyce Brickett

Contributor address: City: State: Zip Code

613 Chardon Ct Southlake, TX 76092

Amount of contribution (\$)

\$20

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/14/14

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

Billie Kemmerman

Contributor address: City: State: Zip Code

229 N Fountain Ln Keller, TX
76248

Amount of contribution (\$)

\$30

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

None

Employer (See Instructions)

None

Date

4/8/14

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

Jonathan Hickland

Contributor address: City: State: Zip Code

629 Evergreen Ln Hurst, TX 76054

Amount of contribution (\$)

\$200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Gms Operating Co.

Date

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

Contributor address: City: State: Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME JOLYNN HAUSSMANN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/10/14	5 Full name of contributor <input checked="" type="checkbox"/> in-state PAC (ID#) Gregory Wurtete	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 9937 Broiles Ln Fort Worth, TX 76244		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Service Design		10 Employer (See Instructions) BNSF	
Date 4/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Gary + Charlene Inyrl	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1412 Cherry Blossom Keller, TX 76248		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA	
Date 4/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Stephanie Klock	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 30 Box 7592 Fort Worth, TX 76111		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) TX State Rep		Employer (See Instructions) State of TX	
Date 4/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Jean Ann Lok	Amount of contribution (\$) \$30	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 532 Essex Bl Cullen, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA	
Date 4/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Candy Speakman	Amount of contribution (\$) \$60	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1405 Briar Meadow Ln Keller, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Core Page Solutions LLC	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>5</u>	
2 FILER NAME <u>JO LYNN HAUSSMANN</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4/10/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Susan Peabody</u>	7 Amount of contribution (\$) <u>\$35</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>613 Oak Ln Grapevine, TX 76051</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Project Manager</u>		10 Employer (See Instructions) <u>Unemployed</u>	
Date <u>4/10/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Joe Texeira</u>	Amount of contribution (\$) <u>\$100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1309 Burgundy Ct Southlake, TX 76092</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Retired Senator</u>		Employer (See Instructions) <u>NA</u>	
Date <u>4/11 + 4/23/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Randy M. King</u>	Amount of contribution (\$) <u>\$50</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>501 Arbor Creek Dr #207 Euless, TX 76039</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Software Developer</u>		Employer (See Instructions) <u>Retired</u>	
Date <u>4/10/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Sally Briggs</u>	Amount of contribution (\$) <u>\$100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1801 Leeds Dr Southlake, TX 76092</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions) <u>NA</u>	
Date <u>4/10/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Vandolyn L. Russell</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2230 Church Union Rd Keller, TX 76131</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>CPA</u>		Employer (See Instructions) <u>Vandolyn L Russell, PC</u>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>5</u>	
2 FILER NAME <u>JOLYNN HAUSSMANN</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4/10/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>DOUG MILLER</u>	7 Amount of contribution (\$) <u>\$50</u>	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code <u>1626 Sarah Brooks Keller, Lx 76248</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>COO</u>		10 Employer (See Instructions) <u>RDA Solutions</u>	
Date <u>4/6/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Julie McCarty</u>	Amount of contribution (\$) <u>\$50</u>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <u>703 Beach Ct Grapevine, TX 76051</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>None</u>		Employer (See Instructions) <u>None</u>	
Date <u>4/5/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Jane Kocis</u>	Amount of contribution (\$) <u>\$50</u>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <u>10408 Vintage NW Ft Worth, TX 76244</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>None</u>		Employer (See Instructions) <u>None</u>	
Date <u>4/11/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>James Milord</u>	Amount of contribution (\$) <u>\$25</u>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <u>7702 Beaver Head Rd Ft Worth, TX 76137</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions) <u>MA</u>	
Date <u>4/10/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Kathryn Lerry</u>	Amount of contribution (\$) <u>\$25</u>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <u>2315 Hawthorne Ave Colleyville, TX 76034</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Physician</u>		Employer (See Instructions) <u>Self</u>	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>5</u>	
2 FILER NAME <u>LOLYNN HAUSSMAN</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4/10/14</u>	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#) <u>TODD + ANNA MARIA EMERLINE</u>	7 Amount of contribution (\$) <u>\$25</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>523 Westbury Lane, Dripping Springs, TX 76051</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Retired</u>		10 Employer (See Instructions)	
Date <u>4/25/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>CALEB CHAPPELL</u>	Amount of contribution (\$) <u>\$10</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1200 S. Schedules Ln Longview, TX 75604</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Student</u>		Employer (See Instructions)	
Date <u>4/10/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Jason L. Vaughn</u>	Amount of contribution (\$) <u>\$5</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1679 S. State Hwy 121 #2007 Lewisville, TX 75067</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Balloon Artist</u>		Employer (See Instructions) <u>Digby Hope Balloons</u>	
Date <u>4/11/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Chris + Tammy Brief</u>	Amount of contribution (\$) <u>\$25</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2321 Meccasin Ln. Alworth, TX 76199</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Wall Tester</u>		Employer (See Instructions) <u>Select Energy</u>	
Date <u>4/10/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Michael Cleft</u>	Amount of contribution (\$) <u>\$25</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>7800 Forest Hills Ct North Richland Hills, TX 76182</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Envr Scientist</u>		Employer (See Instructions) <u>BNSF</u>	

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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3		2 FILER NAME JOLYN HANSSMAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/31/14		5 Payee name Enchil's Print Shop			
6 Amount (\$) \$600		7 Payee address; City; State; Zip Code 2131 Roper Snow Ln #100 Keller, TX 76244			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
		Printing Expense		Signs	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held	
		Jolyn Hanssman		PL5 KISD School Board	
Date 4/18/14		Payee name Hollan Bee			
Amount (\$) 15/6 24		Payee address; City; State; Zip Code 8028 Winton Hwy Watauga TX 76248			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		Print Expense		Tests of Keller	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held	
		Jolyn Hanssman		PL5 KISD School Board	
Date 4/18/14		Payee name Ben Ronnie			
Amount (\$) \$20		Payee address; City; State; Zip Code 60245 Skyline Ln Watauga, TX 76248			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		Advertising Expense		Sign Installation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held	
		Jolyn Hanssman		PL5 KISD School Board	
Date 4/23/14		Payee name Lowe's			
Amount (\$) 60 40		Payee address; City; State; Zip Code 600 N. Tarrant Hwy Keller, TX 76248			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		Advertising Expense		Posts for Signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held	
		Jolyn Hanssman		PL5 KISD School Board	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>3</u>		2 FILER NAME <u>Lolynn Haussman</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4/7/14</u>		5 Payee name <u>Parsons Bread</u>			
6 Amount (\$) <u>\$248</u>		7 Payee address; City; State; Zip Code <u>Wetumpka, Tx 76148</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Travel Expense</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Interview with UEA</u>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Lolynn Haussman</u>		Office sought / Office held <u>PLS KISD School Board</u>	
Date <u>4/4/14</u>		Payee name <u>Waller Tree Store</u>			
Amount (\$) <u>\$1083</u>		Payee address; City; State; Zip Code <u>8028 Denton Hwy Wetumpka, Tx 76248</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Travel Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Keller Area Club Festival</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Lolynn Haussman</u>		Office sought / Office held <u>PLS KISD School Board</u>	
Date <u>4/7/14</u>		Payee name <u>Workshop Direct</u>			
Amount (\$) <u>\$351.81</u>		Payee address; City; State; Zip Code <u>PO Box 312100 New Braunfels, Tx 78131</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Printing Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Brochures</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Lolynn Haussman</u>		Office sought / Office held <u>PLS KISD School Board</u>	
Date <u>4/2/14</u>		Payee name <u>Imbrell</u>			
Amount (\$) <u>\$1833</u>		Payee address; City; State; Zip Code <u>8403 Lepas 151 #200 San Antonio, Tx 78245</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Office Supplies</u>		Description (If travel outside of Texas, complete Schedule T) <u>Printer Toner</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Lolynn Haussman</u>		Office sought / Office held <u>PLS KISD School Board</u>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>3</i>	2 FILER NAME <i>LYNN HAUSSMAN</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>7-11-14</i>	5 Payee name <i>TARGET</i>	
6 Amount (\$) <i>\$1,784</i>	7 Payee address: City, State, Zip Code <i>8000 Denton Hwy Watauga, TX 76148</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Other/Office Supplies</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Pen & Park It Notes</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name <i>Lynn Haussman</i>	Office sought <i>PLS KISD School Board</i>
Date <i>4/14/14</i>	Payee name <i>KBC</i>	
Amount (\$) <i>\$20</i>	Payee address: City, State, Zip Code <i>12345 Woodland Springs Ln A North TX 76244</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>KBC Luncheon</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name <i>Lynn Haussman</i>	Office sought <i>PLS KISD School Board</i>
Date <i>4/1/14</i>	Payee name <i>Hollin Iron Store</i>	
Amount (\$) <i>\$12.99</i>	Payee address: City, State, Zip Code <i>8028 Denton Hwy Watauga, TX 76248</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Long Club Tutorial</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name <i>Lynn Haussman</i>	Office sought <i>PLS KISD School Board</i>
Date <i>4/7/14</i>	Payee name <i>Judge Brass</i>	
Amount (\$) <i>\$11.40</i>	Payee address: City, State, Zip Code <i>314 Main St Keller, TX 76248</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Forum</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name <i>Lynn Haussman</i>	Office sought <i>PLS KISD School Board</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED