

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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Jay Mac NICKNAME LAST SUFFIX Sanders	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 19 Amber Leaf Ct The Woodlands TX 77381		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 797-9229		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Kristin Lee NICKNAME LAST SUFFIX Sanders		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 19 Amber Leaf Ct The Woodlands TX 77381		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 363-9614		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 2 / 15 / 2010 4 / 8 / 2010		
11 ELECTION	ELECTION DATE Month Day Year 5 / 8 / 2010	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)	13 OFFICE SOUGHT (if known) The Woodlands Township Director Pos.# 3	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Jay Mac Sanders 16 ACCOUNT # (Ethics Commission Filers)

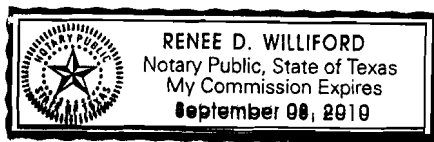
17 NOTICE FROM POLITICAL COMMITTEE(S)

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5081
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1216.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3914.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 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.

Jay Mac Sanders
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jay Mac Sanders, this the 15th day of April, 2010, to certify which, witness my hand and seal of office.

Renee D. Williford
Signature of officer administering oath

Renee D. Williford
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Jay Mac Sanders		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/19/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Mac Sanders	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 19 Amber Leaf Court The Woodlands, TX 77381		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Realtor / Owner / Broker		10 Employer (See Instructions) Mustard Seed Realtors	
Date 2/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendrick Skipper	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code \$3 Cast Green Gables Circle The Woodlands, TX 77382		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) owner operator		Employer (See Instructions) Chic-fil-a	
Date 2/25/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ty Garner	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2 South Sulcet Hollow Circle The Woodlands, TX 77382		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/27/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelly Alexander	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 18 Doeskin Place The Woodlands TX 77382		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/3/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheryl Bryan	Amount of contribution (\$) 300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 15 Waterbrook Place The Woodlands, TX 77381		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM 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: 3	
2 FILER NAME Jay Mac Sanders		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/5/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorri Reddick	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7 Lyric Arbor Circle The Woodlands, TX 77381		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/26/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John D. Hight	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 25 Button Bush The Woodlands, TX 77380		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/1/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priscilla Lopez	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 218621 Houston, TX 77218		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) SELF	
Date 4/1/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Real Estate Political Action Comm.	Amount of contribution (\$) 2500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3693 Southwest Freeway Houston, TX 77027		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/5/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerrie Ann Sanders	Amount of contribution (\$) 300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 207 Tri Vista Left Hot Springs, AR 71901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM 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: 3	
2 FILER NAME Jay Mac Sanders		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/28/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade Warren Murphy	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) \$81 Campaign Supplies
6 Contributor address; City; State; Zip Code 5210 Calle Cordova Houston, TX 77007		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME Jay Mac Sanders		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/20/2010	5 Payee name Woodforest National Bank 6 Payee address; City; State; Zip Code PO Box 7889 The Woodlands, TX 77387	7 Amount (\$) 12
8 Purpose of payment (See instructions regarding type of information required.) Bank fee (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/20/2010	Payee name Woodforest National Bank Payee address; City; State; Zip Code PO Box 7889 The Woodlands, TX 77387	Amount (\$) 12
Purpose of payment (See instructions regarding type of information required.) Bank fee (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/20/2010	Payee name Wood Forest National Bank Payee address; City; State; Zip Code PO Box 7889 The Woodlands, TX 77387	Amount (\$) 9
Purpose of payment (See instructions regarding type of information required.) Service charge (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/20/2010	Payee name Woodforest National Bank Payee address; City; State; Zip Code PO Box 7889 The Woodlands, TX 77387	Amount (\$) 9.95
Purpose of payment (See instructions regarding type of information required.) Service Charge (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME Jay Mac Sanders		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/24/2010	5 Payee name Wood Forest National Bank 6 Payee address; City; State; Zip Code P.O. Box 7889 The Woodlands, TX 77387	7 Amount (\$) 9.95
8 Purpose of payment (See instructions regarding type of information required.) Service Charge (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/2/2010	Payee name R R Donnelly Payee address; City; State; Zip Code 1645 West Sam Houston Houston, TX Park way North 77043	Amount (\$) 311.87
Purpose of payment (See instructions regarding type of information required.) Printer - Push Cards (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/7/2010	Payee name Michelle Llanes Payee address; City; State; Zip Code 5302 Montego Cove Dr. Willis, TX 77318	Amount (\$) 200 -
Purpose of payment (See instructions regarding type of information required.) Website (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/3/2010	Payee name Adwhite Payee address; City; State; Zip Code 33300 Egypt Lane Magnolia, TX Ste F 300 77354	Amount (\$) 242.50
Purpose of payment (See instructions regarding type of information required.) Stickers (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

Jay Mac Sanders

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/26/2010

5 Payee name

Godaddy.com

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)
Website
(If travel outside of Texas, complete Schedule T)

8 Amount (\$)

108.78

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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: <div style="font-size: 2em; text-align: center;">8</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR Jay Mac NICKNAME LAST SUFFIX Sanders	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 19 Amber Leaf Court The Woodlands, TX 77381		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 797 9229		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs Kristin Lee NICKNAME LAST SUFFIX Sanders		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 19 Amber Leaf Court The Woodlands, TX 77381		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 363 9614		
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 4 / 9 / 2010 4 / 30 / 2010		
11 ELECTION	ELECTION DATE Month Day Year 5 / 8 / 2010	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)	13 OFFICE SOUGHT (if known) The Woodlands Township Board	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	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		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME Jay Mac Sanders **16 ACCOUNT # (Ethics Commission Filers)**

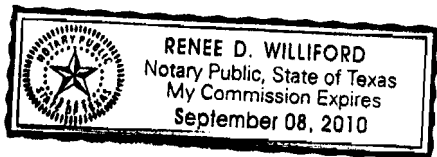
17 NOTICE FROM POLITICAL COMMITTEE(S)

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

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1680
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 1.95
	4. TOTAL POLITICAL EXPENDITURES	\$ 5981.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 904.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 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.

Jay Mac Sanders
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jay Mac Sanders, this the 30th day of April, 2010, to certify which, witness my hand and seal of office.

Renee D. Williford
Signature of officer administering oath

Renee D. Williford
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
1 of 4

2 FILER NAME

Jay Mac Sanders

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/10/10

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

Chris Miller
6 Contributor address; City; State; Zip Code
676 4th Street NE #404
Washington DC 20002

7 Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/11/10

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

Maria Hendrix
Contributor address; City; State; Zip Code
7 Spotted Fawn Court
The Woodlands, TX 77381

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/10

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

Dee Gelsomini
Contributor address; City; State; Zip Code
14 Meadow Lake Drive
The Woodlands, TX 77381

Amount of contribution (\$)

50

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/10

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

Cynthia Holmes
Contributor address; City; State; Zip Code
26 Spotted Fawn Court
The Woodlands, TX 77381

Amount of contribution (\$)

50

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/14/10

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

Cynthia Holmes
Contributor address; City; State; Zip Code
26 Spotted Fawn Court
The Woodlands, TX 77381

Amount of contribution (\$)

180

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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: 2 of 4	
2 FILER NAME Jay Mac Sanders		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/11/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jill Swift	7 Amount of contribution (\$) 50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 23 Rolling Links Court The Woodlands, TX		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/4/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jo Ann Goldman	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 314 Rutledge Road Bloomington, IL 61704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/5/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rita Ramsey	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 54 Mason Pond Place The Woodlands, TX 77381		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/12/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donald D'Brien	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 400 Hobbs Road Greensboro, NC 27403		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/13/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christine Pihoda	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14 Teakmill Place The Woodlands, TX 77382		(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.

04-30-10 10:03:07 IN *RW*

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
3 of 4

2 FILER NAME
Jay Mac Sanders

3 ACCOUNT # (Ethics Commission Filers)

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

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

4/22/10
Blade Murphy
6 Contributor address; City; State; Zip Code
3626 Wickersham Lane
Houston, TX 77027

550
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Business Development

10 Employer (See Instructions)
Murphy Oil

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

Amount of contribution (\$) In-kind contribution description (if applicable)

4/23/10
Glenn Parmlee
Contributor address; City; State; Zip Code
4113 Edgebrook
Houston, TX 77034

100
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

Amount of contribution (\$) In-kind contribution description (if applicable)

4/23/10
Nguyen Lee
Contributor address; City; State; Zip Code
12907 Chauville Drive
Cypress, TX 77429

100
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

Amount of contribution (\$) In-kind contribution description (if applicable)

4/30/10
Ryan Rosplock
Contributor address; City; State; Zip Code
510 Alley Court
Spring, TX 77388

100
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:

4 of 4

2 FILER NAME

Jay Mac Sanders

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/23/10

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

Eldon Cobley

6 Contributor address: City; State; Zip Code

108 Seven Oaks Drive
Hot Springs, AR 71901

7 Amount of contribution (\$)

50

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/23/10

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

Alea Ramey

Contributor address: City; State; Zip Code

55 Del Mar Green Place
The Woodlands, TX 77381

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/10

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

Jeanette Sharp

Contributor address: City; State; Zip Code

138 S. Bluff Creek Circle
The Woodlands, TX 77382

Amount of contribution (\$)

300

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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)

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 EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 2	2 FILER NAME Jay Mac Sanders	3 ACCOUNT # (Ethics Commission Filers)
--	--	---

4 Date 4/12/10	5 Payee name PayPal
--------------------------	-------------------------------

6 Amount (\$) 38.84	7 Payee address; City; State; Zip Code paypal.com
-------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Fees
---------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 4/12/10	Payee name AdWhite
-----------------	-----------------------

Amount (\$) 242.50	Payee address; City; State; Zip Code 33300 Egypt Lane, Suite F300 Magnolia, TX 77354
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) Stickers
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 4/13/10	Payee name The Woodlands Chamber of Commerce
-----------------	---

Amount (\$) 40.00	Payee address; City; State; Zip Code 1400 Woodloch Forest Drive The Woodlands, TX 77380
----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Whistle Stop Forum
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 4/16/10	Payee name Inovar Packaging
-----------------	--------------------------------

Amount (\$) 1792.80	Payee address; City; State; Zip Code 602 Magic Mile Street Arlington, TX 76011
------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) Yard Signs
-------------------------------	--	---

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 SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>2 of 2</i>	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
--	--------------	--

4 Date <i>4/2/10</i>	5 Payee name <i>RR Donnelley</i>
-------------------------	-------------------------------------

6 Amount (\$) <i>811.87</i>	7 Payee address; City; State; Zip Code <i>6550 Fannin Street Houston TX 77030</i>
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Push Cards</i>
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>4/20/10</i>	Payee name <i>Woodforest Bank</i>
------------------------	--------------------------------------

Amount (\$) <i>7.95</i>	Payee address; City; State; Zip Code <i>The Woodlands, TX</i>
----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Accounting/Banking</i>	Description (If travel outside of Texas, complete Schedule T) <i>Service Charge</i>
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>4/23/10</i>	Payee name <i>US Postmaster</i>
------------------------	------------------------------------

Amount (\$) <i>1,751.64</i>	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Postage</i>	Description (If travel outside of Texas, complete Schedule T) <i>Direct Mail Postage</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>4/23/10</i>	Payee name <i>RR Donnelley</i>
------------------------	-----------------------------------

Amount (\$) <i>1331.00</i>	Payee address; City; State; Zip Code <i>6550 Fannin Street Houston TX 77030</i>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing</i>	Description (If travel outside of Texas, complete Schedule T) <i>Direct Mail Printing</i>
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED