CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

			
The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS MR FIRST Martha NICKNAME LAST Talbot	SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE		7X 75149 EXTENSION	JUN 8 2016 By Downam Cast Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS MRS/MR FIRST POPPY NICKNAME AICHACT	SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 253/ Cum Mesquite, AREA CODE PHONE NUMBER (912) 743-5/82	berland Dr. TX 15150	ZIP CODE
9 REPORT TYPE	July 15 30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 4 /29/16	THROUGH 6	Pay Year
11 ELECTION	ELECTION DATE Month Day Year Primary 16 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF KNOWN) Dallas Communit Board of	ly College Wistrict Trustees, Place 4
	GO TO I	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

		 	.		
14 C/OH NAME Martha	2 Jo Tal	bot	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 DIFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE COMMITTEE NAME Martha Jo Talkot for Deced Board of Trustees Place 4				
	SPECIFIC	+03 E. Grubb, Mesqu			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME POPPY Airhant			
•		2531 Cumberland Pr	Mesquite, TX 75150		
17 CONTRIBUTION TOTALS	1. TOTAL F	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	ED 3		
(2) (2)	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 3565,00				
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
E	4. TOTAL POLITICAL EXPENDITURES \$8321.64				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY S3565, 00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 7000.00				
1 32 · A · 35	NNA Y MURI	true and correct and includes all infor under Title 15, Election Code.	rjury, that the accompanying report is mation required to be reported by me		
My Comm. Exp. 08-22-2018 Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP Sworn to and subscri		the said Mactha To To	Matura Q to		
	. /	——————————————————————————————————————	this the		
day of U.h.e., 20/(e., to certify which, witness my hand and seal of office.					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					
			• 4		

SUBTOTALS - C/OH

19 FILER NAME TO Talbot 20 Filer ID (Ethics Co	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3545.60
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 100.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 7000.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3565.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 594.12
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ ===
9. U SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s4756 by
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE AT

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME Marti	ha Jo Talbot		3 Filer ID (Ethics Commission Filers)
4 Date 5- [8-]	5 Full name of contributor Dout-of-state PA Elaine Whit loe Contributor address; City: State 120 Tolen Mesq	7 Amount of contribution (\$) \$\pi_{250}\$	
8 Principal occup	pation / Job title (See Instructions) PED Educator	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
5-18-16	Contributor address; City; State 2531 Cumber land Dr	e; Zin Code n. Mesquite, 78	, 2200
Principal occupa	ed Educator	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAI Tanice Houston	C (ID#:)	Amount of contribution (\$)
5-18-16		Mesquite TX	#4b
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
6-5-16		zip Code 2011/275149	P1200
An A	tion / Job title (See Instructions) \mathcal{U}	Employer (See Instruction Self Employer)	lovel

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS			SCHEDULE E		
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:		
2 FILER NAME Martho	Martha Jo Talbot				
4 TOTAL OF UN	NITEMIZED LOANS		\$		
5 Date of loan 5-18-16	7 Name of lender out-of-state Martha Jo T		9 Loan Amount (\$) 74000,00		
S Is lender a financial Institution?	•	State; Zip Code	10 Interest rate		
Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
not applicable	18 Guarantor address; City; S	State; Zip Code			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
Is lender a financial Institution?	Lender address; City; S	State; Zip Code	Interest rate		
Y N			Maturity date		
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)			
Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political		
попе			<u></u>		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City; S				
not applicable					
Principal Occupation	on (See Instructions)	Employer (See Instructions)			
If le	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fo∈s Food/Beverage Expense Gitf/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wagos/Contract Labor Solicitation/Fundralsing 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:	Martha Jo Talbot		3 Filer ID (Ethics Commission Filers)
4 Date 4-29-16	5 Payee name Valentine Direct Ma	rketing	
6 Amount (\$)	I / Pavee address: City: State: Zib Code	1//	
2943.25	2344 Farrington, L	Dallas, 7.	7 15207
8	(a) Category (See Categories listed at the top of this schedule)	(i) Description	
PURPOSE OF EXPENDITURE	Advertising Expense		utside of Texas. Complete Schedule T. n, TX, officeholder fiving expense
9 Complete ONLY if direct expenditure to benefit C/O	Martha Jo Talhat	Office sought	Office held By Tauchas P14
	1	precep	loasy liusiees, 11
Date 4-29-16	Painter Communica	itions	
Amount (\$)	Payee address; City; State; Zip Code	i hacken C	DA 19438
505,73	Payee address; City; State; Zip Gode 15 Maple Street Cons	honoeken, r.	77 (1400
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising Expense		tside of Texas. Complete Schedule T.
EXPENDITURE	Have 113/119	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Martha Jo lalbot	Deced B	Bod Trustees P14
Date	Payee name	1.	U
4-29-16	white Koek Week	IX.	_
Amount (\$)	Payee address; City; State; Zip Code	1100 7	7
200,00	P.O. Box 601685 1)	allas, 7	1 75360
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising Expense		tside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	Check if Austin	, TX, officeholder living expense
	,		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	l		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(2) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Travel Out Of District Legal Services 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 FILER NAME 3 Filer ID (Ethics Commission Filers) 3W. Main St., Mesquite, TX 75149 318,97 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Printing Expenses OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date 5-18-16 city; State; Zip Code nnington, Dallas 75201 Amount (\$) 108,25 Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. Advertising expenses Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Pavee name Date Amount (\$) 250,00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T, Advertising Expenses Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consuling Expense Contributions/Donations Made E Candidate/Officeholder/Politica		Gift/Awards/Memoria Legal Services	ls Expense	Polling Expense Printing Expense Salaries/Wages/	e 'Contract Labor		ut Of District	not listed above)
			The Instruction (Guide explains	how to compl	ete this form,			
1	Total pages Schedule F2:	2. FILER Mar		albet			3 Filer II	D (Ethics Cor	nmission Filers)
4	TOTAL OF UNITER	/IZED UN	IPAID INCURR	ED OBLIG	ATIONS	-	\$ 5	94.1	2
5	Date 523-16	6 Payee	-/	Pri	ntina				
7	350.50.	8 Payee 313		tv: State: 7	In Code	ite, TV	7514	79	
9	TYPE OF EXPENDITURE	<u> </u>	Political		Non-Political				
10		(a) Catego	ory (See Categories lister	at the top of this	schedule)	(b) Description	n		· · · · · · · · · · · · · · · · · · ·
	PURPOSE OF EXPENDITURE		ting Ex			Checkift	ravel outside of	Texas. Complete	
11	Complete ONLY if direct	Can	didate / Officeholde	r nama					
	expenditure to benefit C/OF		1 .	a name	Office s	sought		Office held	
		Mo	witha J	o la	lbot	Deec	10 1	Ed of	Trustees
	Date 5-18-16	Payee	oker :	Inda	strie	25		_	PIY
	Amount (\$)	Payee a	address; Cit	y; State; Z	ip Code	A = 1	-		<u>-</u>
	2431.56	23	44 Fa	rring	ton,	Nalla.	5 1520	27	i
	TYPE OF EXPENDITURE	U F	olitical		Non-Political				
		Catego	ry (See Categories listed	at the top of this s	chadula)	Description	· · · · · · · · · · · · · · · · · · ·		<u>-</u>
	PURPOSE		N .					Texas. Complete S	Schedule T.
	OF EXPENDITURE	Hav	ertis/n	5 ZX	rense			ficeholder living	
_	Complete ONLY if direct	Cano	lidate / Officeholde	r nome	0#		<u> </u>		
	expenditure to benefit C/OH	Oan.	ildate / Oniceriolds	name	Office s	sougnt		Office held	
		Mant	ha Jo	Talho	+ n	ceep E	21	Tour	to an
			714 50	14100	<i>IU</i>	CECD K	er ox	<u> rusi</u>	106.11
							V		#1 4
		ATTAC	H ADDITIONAL (OPIES OF	THIS SCHE	DULE AS NEE	DED		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS(MRS)/MR FIRST Martha	Jo	OFFICE USE ONLY	
IAVIAIC	NICKNAME LAST TALLET	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<u> </u>	CITY; STATE; ZIP CODE	By: David L. Hay	
Change of Address	Mesquite,	77 75149	APN 2 5 2016	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (912) 295-355	EXTENSION —	Date Hand-delivered of Date Postmarked	
6 CAMPAIGN TREASURER NAME	Ms/MRS/MR FIRST	MI M·	Receipt # Amount \$ Date Processed	
	Airhart	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SI		ZIP CODE P, TX 75150	
(Residence or Business)		0	•	
3 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (972) 743-5/8	extension 2		
9 REPORT TYPE	January 15 230th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 8th day before ele	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	THROUGH H	9/2016	
11 ELECTION	ELECTION DATE Month Day Year Primary 05/ 7/2016 General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	Dallas Cou College Dist	nt Community rict, Trustee	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME, Marth	a Jo Talbot 15 File	er 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.				
	GENERAL COMMITTEE ADDRESS	SCCCI OLA			
	SPECIFIC 4048 ASNUT Mesqu	the Suyas			
Additional Pages	COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	1514			
		nesquite, TX			
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$			
material per or rate.	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2875.00			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$3495.44				
	4. TOTAL POLITICAL EXPENDITURES	\$3995,44			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$.2 \$ 75.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3000.00			
18 AFFIDAVIT					
	I swear, or affirm, under penalty of perjury, true and correct and includes all informatio				
DONNA Y MURLEY under Title 15, Election Code. Notary Public, State of Texas					
My Comm. Exp. 08-22-2018 Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said Martha To Talbot, this the 25th					
day of 1901, 20, to certify which, witness my hand and seal of office.					
Signeture of officer of	h. Muley Donna Y. Murley Not deministering oath Printed name of officer administering oath Tig	tary Public le of officer administering oath			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - C/OH

19 FILER NAME 20 Filer ID (Ethics Commission 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	on Filers) SUBTOTAL AMOUNT
TO THE OF CONTENSE	, anout,
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$	2975.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	100,00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. SCHEDULE E: LOANS \$	3000.00
	3895. j. 4
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ /	2 7 n. UIL
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	-
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1:
2 FILER NAME	11 7 7 11	t	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA WRA Architects	AC (ID#:)	7 Amount of contribution (\$)
3-21-16	6 Contributor address; 12377 Merit#18 Day	e; Zip Code //a5, 77 //525/	₹ 250
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
3-20-11	Rusty Talbot Contributor address; Crubb Mes	e; Zip Çgde	\$ 1000
<u> </u>	404 E. Grubb Mes	guite 75/49	, ,
Principal occur	pation / Job title (See Instructions)	Employer (See Instruction of the Second Control of the Second Cont	
Date	Full name of contributor	O (ID#:)	Amount of contribution (\$)
3-28-16	Robert Seward Contributor address; City; State 4632 Sandra Lynn 1	Nesquite, TX 75149	Fady
Principal occur	ceun an Countain	Employer (See Instructi	inant
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
=	Contributor address; City; State	; Zip Gode	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF	FTHIS SCHEDI II E AS NEE	nen
	If contributor is out-of-state PAC, please see instr		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE AT 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. s Commission Filers) 7 Amount of contribution (\$) \$ 200 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor of out-of-state PAC (ID#: Date Amount of contribution (\$) Barnes Bridge Sunnxvale, 7 Principal occupation / Job title (See Instructions) ducator Amount of contribution (\$) 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 AT

			OUNEDULE PAY
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	tha Jo Talbot		3 Filor ID (Ethors Commission Filers)
4 Date	5 Full name of contributor out-of-state PA Dr. James Terry 6 Contributor address; Chy; State 2320 Heatherdale Me	c (ID#:)	7 Amount of contribution (\$)
8 Principal cenu	pation / Job title (See Instructions)	75/49	
17	etired	9 Employer (See Instruct	ions)
P-5-16	Full name of contributor Out-of-state PAI Jack Zuber Contributor address: City: State 700 Rankhaven Mess	e; Zip Code guite, TX	Amount of contribution (\$)
Principal occup	ationy Job title (See Instructions)	Employer (See Instructi	ons)
Date 4-5-16	Full name of contributor out-of-state PAGE Bill Porter Contributor address; City; State 2521 Heatherdale	Zip Code / 18, TX	Amount of contribution (\$)
1/	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 4-5-16	Dr. Don Waster	"; Zip Code / te, TX	Amount of contribution (\$)
Principal occup	etion / Job title (See Instructions)	Employer (Soe Instruction	ons)

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 AT 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME (Ethics Commission Filers) 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) M 50 403 Sumper Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) Ketired Amount of contribution (\$) Principal occupation / Job title (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 AT The instruction Guide explains how to complete this form. 1 Total pages, Schedule A1: (Ethics Commission Filers) 7 Amount of contribution (\$) \$50 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date Out-of-state PAC (ID# Amount of contribution (\$) Principal occupation / Job title (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) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; State; Zip Code City; 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

00111					
т	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:		
2 FILER NAME Martha Jo Talbot			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$		
5 Date 6 Full name of contributor out-of-state PAC (ID#:			8 Amount of 9 In-kind contribution Contribution \$ description Contribution Co		
Ket	cupation / flob title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)		
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)		
'14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor) 	Amount of . In-kind contribution Contribution \$. description		
Principal occ	pupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Check if travel outside of Texas. Complete Schedule T. r (FOR NON-JUDICIAL) (See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS SCHEDULE E The Instruction Guide explains how to complete this form. 1 Total pages Schedule E: 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED LOANS Date of loan Loan Amount (\$) a financial Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) a financial Institution? Maturity date Principal le\ (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) □ none **GUARANTOR** Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender 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/Reimburgement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Accounting/Banking Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Gitt/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 313 W. Main St Mesquite, TX 75149 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Printing Expenses **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Crumpton's Printing Payee address; City, State: Zip Code 4-4-16 313 W. Main St. Mesquite, Tx 75/49 \$913.96 Check if travel outside of Texas. Complete Schedule T. PURPOSE Printing Expenses OF ___ Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Clown Company 4-4-16 Amount (\$) 106 E. Kernney St Mesquite, 71 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

1		EXPENDITURE CALE	=GUHIE5 F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made f Candidate/Officeholder/Politic Credit Card Payment	cal Committee	Fees Office Overhead Food/Severage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense		pense ages/Contract Labor Omplete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER N	artha Jo	Talbe	1	3 Filer ID (Ethics Commission Filers)
4 Date 2-29-16	5 Payee na		1 (
6 Amount (\$) 9 3 67. 947	6 Amount (\$) 7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this er 1/s/ns Exp			taide of Texas. Complete Schedula T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh		late / Officeholder name		Office sought	Office held
Date	Payee na	2770			
4-13-16					
Amount (\$) 239,83	72/1/ 1-20				
PURPOSE OF EXPENDITURE	Adı	Vertising Expense	schedule)		ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name	•	Office sought	Office held
Date	Payee na	me			
Amount (\$)	Payee add	dress; City; State; Zi	îp Code		1 3
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this st	chedule)		de of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

CAMPAIGN FINANCE REPORT

The C/OH Instruction (Guide explains how to complete this form.	1 Filer 1D (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST Martha NICKNAME LAST Talbet	Jo SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	ADDRESS / PO BOX; APT / SUITE #; CO	e, TX 75/49 EXTENSION	By Loud L. Hou APR 2 8 2015 Date Hand-delivered of Par Restmarked Deccop Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 2531 Cumber /a	and Dr. Mesqu	zip code Lute, TX 75150
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (973) 743-5183	EXTENSION 2	
9 REPORT TYPE	July 15 30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year H/7/16	THROUGH 4/3	Day Year 29/14
11 ELECTION	Month Day Year Primary 5'/7//6 General	ELECTION TYPE Runoff Other Description Special	-
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (1) KNOWN) Dalles Count District	ty Community College Place 4
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME To Talbet 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.			
	COMMITTEE TYPE	Martha Jo Talbot for Delle committee address 404 E. Grubb, Mesqui	DD Bound of Trustees	
	SPECIFIC		te TX 75149	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME POPPY HILLARY COMMITTEE CAMPAIGN TREASURER ADDRESS		
		2531 Cumberland Dr.	Mesquite, TX 15150	
17 CONTRIBUTION TOTALS	1. TOTAL F	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM!	AN S -0 -	
14 18 18 18 18	2. TOTAL: (OTHER	\$ -0-		
EXPENDITURE TOTALS	3. TOTAL F UNLESS	OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ -0	
*a 554 5.	4. TOTAL I	POLITICAL EXPENDITURES	\$ _0-	
CONTRIBUTION BALANCE	5. TOTAL P	DAY \$ 2875,00		
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	THE \$ 3000.00		
18 AFFIDAVIT	•			
TERRY KINSWORTHY Notary Public, State of Texas My Comm. Exp. 08-16-2018 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/SEALABOVE				
Sworn to and subscribed before me, by the said Martha Talbot				
day of April 28, 2016, to certify which, witness my hand and seal of office.				
Jerry Burnothy Terry Kinsworthy Notary Public				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics Co	ommission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ -0 -
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	SCHEDULE E: LOANS	\$ 3000
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ - O -
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 3648,98
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0 -
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0 -
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advartising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder, Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Consulors Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Printing Expense Printing Expense Sularies/Wages/Contract Labo	Travel In District Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide expla	ins how to complete this form		
1 Total pages Schedule F2:	Martha Jo Ta	Shot	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBL	IGATIONS	\$ 3648,98	
5 Date 4-16	Payee name Valentine Dire Payee address; City; State; 23 44 Farningto	et Marketi.	าร	
7 Amount (\$)	8 Payee address; City; State;	Zip Code	N 75200	
2,943.25	23 44 Farring10	n, Danes,	1 / 200 /	
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of	this schedule) (b) Descri	iption	
PURPOSE	Advertising Ex	DEASE OF	neck if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Marca 113115 00		neck if Austin, TX, officeholder living expense	
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
5	Payee name			
4-26-16	White Rock	Lake Wee	ekly	
Amount (\$)	Payee address; City; State;	Zip Code		
200-00	P.O. Box 6016	85, Vallas,	TX 75360	
TYPE OF EXPENDITURE	Political	Non-Political		
	Category (See Categories listed at the top of t	his schedule) Desci	iption	
PURPOSE	NI LI C.		eck if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising X	pense on	eck 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	
	THE THE PROPERTY OF THE OWNER O	J. IIIIO GOIIEDULL AG		

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense
Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2; 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ Payee name
Painter Communications

8 Payee address; City; State; Zip Code
7 5 Maple Street Con sho locken, PA 19428 4-26-16 Amount (\$) 505,73 TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** ___ Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** __ Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF **Political** Non-Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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