

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 13		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="radio"/> MR	FIRST James	MI R	Date Received Harlingen City Secretary's Office	
	NICKNAME Jim	LAST Young	SUFFIX Jr	APR 06 2018 Received by: <u>all</u>	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt #	Amount \$
5 ORIGINAL PERIOD COVERED	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Imaged	
5 ORIGINAL PERIOD COVERED		Month Day Year	THROUGH	Month Day Year	
		01 / 01 / 2018		04 / 05 / 2018	

6 EXPLANATION OF CORRECTION

Left off an unitemized contribution of \$50.00

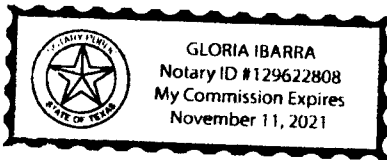
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jim Young this the 6th day of April

20 18 to certify which witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Gloria Ibarra
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST James	MI R
	NICKNAME Jim	LAST Young	SUFFIX Jr
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1621 Paloma Cir E, Harlingen, TX 78552		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 444-5640	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Jessica	MI E
	NICKNAME Gregan Young	LAST	SUFFIX
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 1621 Paloma Cir E, Harlingen, TX 78552		
8 CAMPAIGN TREASURER PHONE	AREA CODE (508)	PHONE NUMBER 887-5452	EXTENSION
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 01 / 01 / 2018		Month Day Year 04 / 05 / 2018
11 ELECTION	ELECTION DATE Month Day Year 05 / 05 / 2018		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Harlingen City Commission District 5	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Jim Young 15 Filer ID (Ethics Commission Filers)

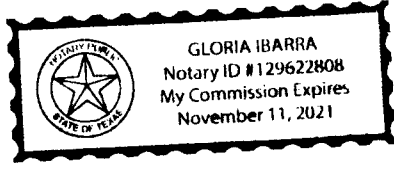
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

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

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00 50.00 JKY
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,085.00 4,135.00 JKY
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 217.62
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,745.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 773.03
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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jim Young, this the 15th day of April, 2018, to certify which, witness my hand and seal of office.

Gloria Ibarra Signature of officer administering oath
Gloria Ibarra Printed name of officer administering oath
Notary Public Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Jim Young</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,085. ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,426. ⁹⁸
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 535. ⁹⁸
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:
4

2 FILER NAME *Jim Young* 3 Filer ID (Ethics Commission Filers)

4 Date <i>1/10/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dora Azahua Gonzalez</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>16757 Cantana Dr., Harlingen, TX 78552</i>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <i>1/12/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan & Consuelo Salas</i>	Amount of contribution (\$) <i>150.00</i>
Contributor address; City; State; Zip Code <i>613 M St, Harlingen, TX 78550</i>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>1/26/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>M. Renee & Kenny Simpson</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>15701 Perkins Rd, Harlingen, TX 78552</i>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>2/3/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Friends of Jim Young (Strip boil fundraiser)</i>	Amount of contribution (\$) <i>800.00</i>
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Jim Young		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth & Belinda Reininger 6 Contributor address; City; State; Zip Code 27908 Doane Rd, Harlingen, TX 78552	7 Amount of contribution (\$) 100⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/23/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Sokolusky Contributor address; City; State; Zip Code 305 E Jackson St, Harlingen, TX 78550	Amount of contribution (\$) 100⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of Jim Young (pulled back fundraiser) Contributor address; City; State; Zip Code	Amount of contribution (\$) 855⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/25/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Sokolusky Contributor address; City; State; Zip Code 305 E Jackson St, Harlingen, TX 78550	Amount of contribution (\$) 100⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Jim Young		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernesto Silva 6 Contributor address; City; State; Zip Code 1118 S O St, Harlingen, TX 78550	7 Amount of contribution (\$) 500⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/9/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of Jim Young (Shrimp Gumbo Fundraiser) Contributor address; City; State; Zip Code	Amount of contribution (\$) 755⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/9/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce Hamilton Contributor address; City; State; Zip Code 1617 Sunnyside Dr, Harlingen, TX 78550	Amount of contribution (\$) 25⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John & Ann Phillips Contributor address; City; State; Zip Code 222 E Austin Ave, Harlingen, TX 78550	Amount of contribution (\$) 100⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Jim Young		3 Filer ID (Ethics Commission Filers)
4 Date 3/28/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dick Terrace Apts., L.P. 6 Contributor address; City; State; Zip Code 902 S Loop 499, Harlingen, TX 78550	7 Amount of contribution (\$) 200⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/9/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yolanda & Ramon De Leon Contributor address; City; State; Zip Code 2313 Arbor, Harlingen, TX 78552	Amount of contribution (\$) 100⁰⁰
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 (\$)
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 (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Jim Young	3 Filer ID (Ethics Commission Filers)
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4 Date 2/2/18	5 Payee name Office Depot
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6 Amount (\$) 24.89	7 Payee address; City; State; Zip Code 605 S Expy 83, Harlingen, TX 78550
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Signage
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/2/18	Payee name Feldman's Liquor & Wine
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Amount (\$) 204.00	Payee address; City; State; Zip Code 621 S 77 Sunshine Strip, Harlingen, TX 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Beverages & related supplies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/22/18	Payee name RLGV Medic Group
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Amount (\$) 500.00	Payee address; City; State; Zip Code 221 W Poplar Street, San Antonio, TX 78212
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Management
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Jim Young	3 Filer ID (Ethics Commission Filers)
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4 Date 2/26/18	5 Payee name Rudy V. Hyde d/b/a Artwork Unlimited
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6 Amount (\$) 506. ⁰⁰	7 Payee address; City; State; Zip Code 499 Whalen Rd, San Benito, TX 78586
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/1/18	Payee name Rudy V. Hyde d/b/a Artwork Unlimited
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Amount (\$) 792. ³⁹	Payee address; City; State; Zip Code 499 Whalen Rd, San Benito, TX 78586
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Large Signs (4'x8')
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/9/18	Payee name Anedot
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Amount (\$) 1.30	Payee address; City; State; Zip Code anedot.com
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Jim Young	3 Filer ID (Ethics Commission Filers)
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4 Date 3/16/19	5 Payee name RGV Media Group
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6 Amount (\$) 5000	7 Payee address; City; State; Zip Code 221 W Nolter St, San Antonio, TX 78212
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Management
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/19/18	Payee name Rudy V. Hyde d/b/a Artwork Unlimited
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Amount (\$) 528.26	Payee address; City; State; Zip Code 499 Whalen Rd, San Benito, TX 78586
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Large Signs (4'x8')
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/21/18	Payee name Rudy V. Hyde d/b/a Artwork Unlimited
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Amount (\$) 253.05	Payee address; City; State; Zip Code 499 Whalen Rd, San Benito, TX 78586
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>4</i>	2 FILER NAME <i>Jim Yang</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/29/18</i>	5 Payee name <i>Rudy V. Hyde d/b/a Artworx Unlimited</i>	
6 Amount (\$) <i>117.00</i>	7 Payee address; City; State; Zip Code <i>499 Whalen Rd, San Benito, TX 78586</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	
	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Small add-on signs</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>1</i>	2 FILER NAME <i>Jim Young</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ <i>217.62</i>
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5 Date <i>3/25/18</i>	6 Payee name <i>Print Place</i>
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7 Amount (\$) <i>218.36</i>	8 Payee address; City; State; Zip Code <i>PrintPlace.com</i>
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Push Cards</i>
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/28/18</i>	Payee name <i>Facebook</i>
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Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>facebook.com</i>
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Social Media Post Boost</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED