

# 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:            |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / (MRS) MR <input checked="" type="radio"/> MR   | FIRST<br><i>Julie</i>   | MI<br><i>Ann</i>                |
|  | NICKNAME  | LAST<br><i>Jaehne</i>   | SUFFIX                          |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><i>9029 Kenilworth<br/>Houston, TX 77024</i>  |   |                                 |
|  | 5 CANDIDATE / OFFICEHOLDER PHONE  | AREA CODE<br><i>(713)</i>   | PHONE NUMBER<br><i>818-9053</i> |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / (MR) <input checked="" type="radio"/> (MR)   | FIRST<br><i>Keith</i>   | MI<br><i>C</i>                  |
|  | NICKNAME  | LAST<br><i>Jaehne</i>   | SUFFIX                          |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><i>9029 Kenilworth<br/>Houston, TX 77024</i>   |   |                                 |
|  | 8 CAMPAIGN TREASURER PHONE  | AREA CODE<br><i>(713)</i>   | PHONE NUMBER<br><i>254-3181</i> |
| 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)<br><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<br><i>Jan. / 20 / 2016</i> <i>THRU</i> <i>4 / 7 / 2016</i>  |   |                                 |
| 11 ELECTION  | ELECTION DATE   | ELECTION TYPE   |                                 |
|  | Month Day Year<br><i>5 / 7 / 2016</i>   | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special <i>School Board</i> |                                 |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)<br><i>Position 5</i>  |                                 |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Julie Ann Jaehne 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

|   |                |                                      |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME                       |
|   |                | 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 | \$          |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 3,700.00 |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$          |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 3,673.00 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$          |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$          |

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.

Julie Jaehne  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Julie Ann Jaehne, this the 7<sup>th</sup> day of April, 2016, to certify which, witness my hand and seal of office.

Diane Dickens  
Signature of officer administering oath

Diane Dickens  
Printed name of officer administering oath

notary  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME<br><i>Julie Ann Jaehne</i>  |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 2,200.00                            |
| 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   | \$ 2,173.00                            |
| 6.  | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                | \$ 476.91                              |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                                     |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                                     |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | \$ 1,500.00                            |
| 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:                         |
| 2 FILER NAME<br><i>Julie Ann Jaehne</i>   |   | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br><i>2/22/16</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Carl + LaVerne Jaehne</i>       | 7 Amount of contribution (\$)<br><i>\$2,000.00</i> |
| 6 Contributor address; City; State; Zip Code<br><i>#17 Hickory Shadows, Houston, TX 77055</i> |   |  |
| 8 Principal occupation / Job title (See Instructions)<br><i>Retired in-laws</i>               |   | 9 Employer (See Instructions)                      |
| Date<br><i>4/2/16</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Debbie Ann Brownstein Axelrad</i> | Amount of contribution (\$)<br><i>\$200.00</i>     |
| Contributor address; City; State; Zip Code<br><i>8820 Memorial Dr. Houston, TX 77024</i>      |   |  |
| Principal occupation / Job title (See Instructions)<br><i>Retired</i>                         |   | Employer (See Instructions)                        |
| Date<br><i>2-26-16</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Keith Jaehne</i>                  | Amount of contribution (\$)<br><i>\$1,500.00</i>   |
| Contributor address; City; State; Zip Code<br><i>9029 Kenilworth Houston, TX 77024</i>        |   |  |
| Principal occupation / Job title (See Instructions)<br><i>Campaign Treasurer-</i>             |   | Employer (See Instructions)                        |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of contribution (\$)                        |
| Contributor address; City; State; Zip Code  |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                        |

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |  |  |   |                               |               |
|---|--|--|---|-------------------------------|---------------|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br><i>Julie Ann Jaehne</i>   | <b>3</b> Filer ID (Ethics Commission Filers)   |   |                               |               |
| <b>4</b> Date<br><i>2/12/16</i>                                     | <b>5</b> Payee name<br><i>J+N Enterprises Inc.</i>   |  |   |                               |               |
| <b>6</b> Amount (\$)<br><i>\$272.25</i>                             | <b>7</b> Payee address; City; State; Zip Code<br><i>2015 West 34th, Suite F<br/>Houston, TX 77018</i>  |  |   |                               |               |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i>  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |                               |               |
|   | <table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> |  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought  | Office held   |                               |               |
| Date<br><i>3/1/16</i>   | Payee name<br><i>J+N Enterprises Inc</i>   |  |   |                               |               |
| Amount (\$)<br><i>\$1,855.75</i>                                    | Payee address; City; State; Zip Code<br><i>2015 West 34th, Suite F<br/>Houston, TX 77018</i>   |  |   |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i>   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |   |                               |               |
|   | <table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> |  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought  | Office held   |                               |               |
| Date<br><i>4-6-16</i>   | Payee name<br><i>Mike Sullivan Tax Assessor - Collector</i>  |  |   |                               |               |
| Amount (\$)<br><i>\$45.00</i>                                       | Payee address; City; State; Zip Code<br><i>Harris County Tax Office<br/>P.O. Box 4663, Houston, TX 77210</i>   |  |   |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><i>Polling Expense</i>   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |   |                               |               |
|   | <table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> |  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| <b>9</b> 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

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### 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 F2: | 2 FILER NAME<br><i>Julie Ann Jaehnle</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--|---------------------------------------|

|   |                  |
|---|------------------|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ <i>476.91</i> |
|---|------------------|

|                            |                                  |
|----------------------------|----------------------------------|
| 5 Date<br><i>3-18-2016</i> | 6 Payee name<br><i>UPrinting</i> |
|----------------------------|----------------------------------|

|                                  |   |
|----------------------------------|---|
| 7 Amount (\$)<br><i>\$118.60</i> | 8 Payee address; City; State; Zip Code<br><i>8000 Haskell Ave.<br/>Van Nuys, CA 91406</i> |
|----------------------------------|---|

|                       |  |
|-----------------------|--|
| 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)<br><i>Advertising Expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                         |  |
|-------------------------|--|
| Date<br><i>4-7-2016</i> | Payee name<br><i>J+N Enterprises Inc</i> |
|-------------------------|--|

|                                |   |
|--------------------------------|---|
| Amount (\$)<br><i>\$358.31</i> | Payee address; City; State; Zip Code<br><i>2015 West 34th Suite F<br/>Houston, TX 77018</i> |
|--------------------------------|---|

|                     |  |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|---|

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

## 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 G: | 2 FILER NAME<br><i>Julie Ann Jaehne</i> | 3 Filer ID (Ethics Commission Filers) |
|---------------------------|---|---------------------------------------|

|                           |   |
|---------------------------|---|
| 4 Date<br><i>3-1-2016</i> | 5 Payee name<br><i>J+N Enterprises, Inc</i> |
|---------------------------|---|

|   |   |
|---|---|
| 6 Amount (\$) <i>\$1,500.00</i><br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br><i>2015 West 34th Suite F<br/>Houston, TX 77018</i> |
|---|---|

|                          |  |   |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|--------------------------|--|---|

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

|                         |            |
|-------------------------|------------|
| Date<br><i>1-1-2016</i> | Payee name |
|-------------------------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$) <i>1,500.00</i><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|---|

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

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$) <i>1,500.00</i><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|---|

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**