

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT**

**FORM SC C/OH
COVER SHEET PG 1**

The SC C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 24px;">9</div>
3 CANDIDATE NAME	MS / MRS / <u>MR</u> FIRST MI <div style="text-align: center; font-size: 24px;">Sammy 9</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24px;">Farmer</div>	OFFICE USE ONLY Date Received <div style="text-align: center; font-size: 24px; border: 1px solid black; padding: 5px;">JAN 16 2018</div>	
4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5108 Fairway Dr. San Angelo TX 76904		
5 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 374 1810		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 24px;">Jeana M</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24px;">FARMER</div>	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5108 Fairway Dr. San Angelo Tx 76904		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 212 3886		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before convention / election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before convention / election <input type="checkbox"/> Final report (Attach SC C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 12 / 6 / 17 THROUGH 12 / 31 / 17		
11 CONVENTION / ELECTION DATE	Month Day Year 3 / 6 / 18	12 OFFICE SOUGHT County Commissioner Pct 2 Tom Green Co	<input type="checkbox"/> STATE CHAIR <input type="checkbox"/> COUNTY CHAIR
13 POLITICAL PARTY	COUNTY (If Applicable)		
GO TO PAGE 2			

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT**

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

14 CANDIDATE NAME Mr. Sammy G. Farmer 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)
 This box is for notice of political expenditures by political committees to support the candidate. These expenditures may have been made without the candidate's knowledge or consent. Candidates are required to report this information only if they receive notice of such expenditures.

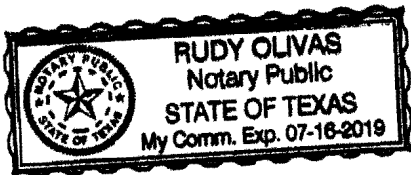
GENERAL
 SPECIFIC

Additional Pages

COMMITTEE TYPE: _____ COMMITTEE NAME: _____
 COMMITTEE ADDRESS: _____
 COMMITTEE CAMPAIGN TREASURER NAME: _____
 COMMITTEE CAMPAIGN TREASURER ADDRESS: _____

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3800.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6781.50</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>18.50</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>3,000.00</u>

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.

Sammy G. Farmer
Signature of Candidate

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sammy Farmer, this the 16th day of January, 20 18, to certify which, witness my hand and seal of office.

R. Olivas Signature of officer administering oath
Rudy Olivas Printed name of officer administering oath
Elec. Comm Title of officer administering oath

SUBTOTALS - SC C/OH

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

19. CANDIDATE NAME <i>Sammy G. Farmer</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		\$ <i>3800.⁰⁰</i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <i>0</i>
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ <i>0</i>
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ <i>2250.⁰⁰</i>
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>6031.50</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ <i>0</i>
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>0</i>
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ <i>0</i>
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ <i>750.⁰⁰</i>
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ <i>0</i>
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>0</i>
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ <i>0</i>

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>1</i>	2 FILER NAME <i>SAMMY G. FARMER</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12/15/17</i>	5 Payee name <i>Tom Green County Elections office</i>
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6 Amount (\$) <i>\$41.50</i>	7 Payee address; City; State; Zip Code <i>113 West Beau regard AVE, #2 San Angelo TX 76902</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing 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>Maps Pct. 2 of Tom Green Co</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/20/17</i>	Payee name <i>Stephen McLaughlin Advertising</i>
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Amount (\$)	Payee address; City; State; Zip Code <i>115 South Park San Angelo TX 76901</i>
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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>Signs etc.</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete ONLY 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

Sammy G. Farmer

3 Filer ID (Ethics Commission Filers)

4 Date

12/11/17

5 Full name of contributor

Rodney C. Floyd

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

200⁰⁰

6 Contributor address;

3206 ~~Mar~~grove Lane
San Angelo Texas

City; State; Zip Code

76904

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/14/17

Full name of contributor

John Conn

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address;

P.O. Box 62266
San Angelo TX 76906

City; State; Zip Code

500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/14/17

Full name of contributor

Mrs. John Conn

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address;

P.O. Box 62266
San Angelo TX 76906

City; State; Zip Code

500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/13/17

Full name of contributor

Steve Eustis

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address;

P.O. Box 3253
San Angelo, TX 76902

City; State; Zip Code

300⁰⁰

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: 3

2 FILER NAME
Sammy J. Farmer

3 Filer ID (Ethics Commission Filers)

4 Date: *12/14/17*
5 Full name of contributor: *Richard Mayer* out-of-state PAC (ID#: _____)
6 Contributor address; City; State; Zip Code:
*515 West Harris Ave.
San Angelo TX 76903*

7 Amount of contribution (\$)
100⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date: *12/14/17*
Full name of contributor: *Elizabeth Treadwell* out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code:
*326 West Concho #1-B
San Angelo Tex 76903*

Amount of contribution (\$)
100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: *12/21/17*
Full name of contributor: *Conley Brooks* out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code:
*P.O. Box 60673
San Angelo Texas 76906*

Amount of contribution (\$)
100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: *12/15/17*
Full name of contributor: *Joe Heartsill* out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code:
*P.O. Box 60010
San Angelo Texas 76906*

Amount of contribution (\$)
500⁰⁰

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:

3

2 FILER NAME

Sammy G. Farmer

3 Filer ID (Ethics Commission Filers)

4 Date

12/15/17

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

Nancy Heartsill

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

P.O. Box 60010
San Angelo TX 76906

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/18/17

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

Kevin D. Albright

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

4949 Rockwood
SAN ANGELO TX 76905

Principal occupation / Job title (See Instructions)

Employer (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; 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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Sammy G. Farmer		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ See below - 2250⁰⁰
5 Date of loan 12-22-17	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Sammy Farmer Jeana Farmer	9 Loan Amount (\$) 1500.⁰⁰
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 5108 Fairway Dr San Angelo TX 76904	10 Interest rate —
		11 Maturity date —
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 12-22-17	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Sammy Farmer Jeana Farmer	Loan Amount (\$) 750⁰⁰
is lender a financial institution? Y (N)	Lender address; City; State; Zip Code 5108 Fairway Dr San Angelo, Tx 76904	Interest rate —
		Maturity date —
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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 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: <i>1</i>	2 FILER NAME <i>Sammy G. Farmer</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-7-17</i>	5 Payee name <i>Tom Green County Republican Party</i>	
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>225 South Abe, San Angelo, Texas 76901</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees (Filing)</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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sammy G. Farmer, Tom Green County Commissioner Pct 2</i>	Office sought <i>Office sought</i> Office held
Date	Payee name	
Amount (\$) <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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 (\$) <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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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

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