CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR) FIRST	MI L	OFFICE USE ONLY
NAME	NICKNAME LAST		Date Received
	TIM NELSON		RECEIVED
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	JAN 18 2016
MAILING ADDRESS	10412 NOEC DR		City Secret
Change of Address	Felsco, TX 75035		A
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (972) 898-8461	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS MR FIRST	MI	Receipt # Amount \$
NAME	NICKNAME LAST		Date Processed
	PAUL		Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	UITE #; CITY; STATE;	ZIP CODE
ADDRESS (Residence or Business)	623 DOGWOOD TR. McKINNEY, TX 750 70		
(residence of business)	Mc KINNEY, TX 75070		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (972) 562-7248	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 / 01 / 2015	THROUGH 12	Day Year 31 / 2015
11 ELECTION	Month Day Year Primary	ELECTION TYPE Runoff Other	
	General	Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	FRISCO CITY GONGIL, RACE	€5	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	yy H. NEC	50N 1	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	NOTICE FROM 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			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
_		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		ø
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	750.00
EXPENDITURE TOTALS	1 3 TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS		\$	ø
	4. TOTAL	POLITICAL EXPENDITURES	\$	214.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 945.32			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$	0.00
18 AFFIDAVIT	JENNY PAGE y Public, State of Te: m. Expires 09-09-20	I swear, or affirm, under penalty of pertrue and correct and includes all information under Title 15, Election Code.		
Notary ID 12467618-1 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said Tim Welson , this the				
day of anycoun	, 20 , 1	to certify which, witness my hand and seal of office.	Mata	14 Ash Qarata
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of o	officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Con			mmission Filers)		
	TIMOTHY H, NECS				
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 750.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE E: LOANS		\$		
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$		
7.	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			\$ 214.23		
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$		
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	TIMOTHY H, NECSON		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC IREPAC / TEXAS ASSOCIATION OF REAL 6 Contributor address; City; State	Z 70/2S PAC	7 Amount of contribution (\$)
9 Principal con	PO Box 2246 AUSTIN, TX		d\
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City; State	; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State	; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State	; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF	ETHIS SCHEDI II E AS NE	EDED

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

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment			Travel Out Of District Other (enter a category not listed above)
Ordan Garar ayrnon	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule G:	2 FILER NAME TIMOTHY H. NEUSW	3	3 Filer ID (Ethics Commission Filers)
4 Date 7/2/2015	5 Payee name Go DADDY		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
10,13	14455 NORTH HAYDEN RO		
Reimbursement from political contributions intended	SCOTTSDALE, AZ 85260		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	ADVERTISING EXPENSE		Texas. Complete Schedule T. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date 7/28/2015	Payee name Go Dodd 7		
Amount (\$)	Payee address; City; State; Zip Code 14455 North Hayben RD.		
Reimbursement from political contributions intended	ScottsDALE, AZ 85260		
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	Texas. Complete Schedule T.
OF EXPENDITURE	DUERTISMG EXPENSE		officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
9/14/2015	GO DO004		
Amount (\$)	Payee address; City; State; Zip Code		
18.17	14455 NORTH HAYDEN RD		
Reimbursement from political contributions intended	Scotts DALE AZ 85260		
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	ADVERTISING EXPENSE		Texas. Complete Schedule T. fficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising 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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
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 TIMOTHY H, NECEN		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
11/28/2015	Go D0004			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
10.99 Reimbursement from	14455 NORTH HAYDEN RO			
political contributions intended	SCOTTSTALE, AZ 85260	(h) December		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	of Texas. Complete Schedule T.	
OF EXPENDITURE	ADVERTISING EXPENSE		, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name			
7/20/2015	HOOTSUITE			
Amount (\$)	Payee address; City; State; Zip Code			
9.99	SEAST STH AVE.			
Reimbursement from political contributions intended	VANCOUVER, VST IRG CAN	ADA		
	Category (See Categories listed at the top of this schedule)	(b) Description	A Time Complete Schoolule T	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE		e of Texas. Complete Schedule T. X, officeholder living expense	
Complete ONLY if direct expenditure to benefit Co		Office sought	Office held	
Dete	Payee name			
8/20 /2015	HOOTSUITE			
Amount (\$)	Payee address; City; State; Zip Code			
9.99	5 EAST 8TH AVE			
Reimbursement from political contributions intended	5 EAST 8TH AVE VANCOUNER, V5T IR6 CANA	DA		
	Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	ADMERTISING EXPLENSE		de of Texas. Complete Schedule T. X, officeholder living expense	
EXPENDITURE	MUNERIISING EXPENSE		Office held	
Complete ONLY if direct expenditure to benefit C		Office sought	Office neid	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising 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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Political Committee Credit Card Payment Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form.				
	The mondonen dates expense			
1 Total pages Schedule G: 3/4	2 FILER NAME TIMOTHY H, NELSON		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
9/20/2015	HOOTSUIRE			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
9.99	5 EAST 8TH AVE.			
Reimbursement from political contributions intended	VANCOUVER, VST IRG CANAL	1		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Λ -		e of Texas. Complete Schedule T.	
EXPENDITURE	ADVERTISING EXPENSE	Check if Austin, T.	X, officeholder living expense	
9 Gomplete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
O.Apononio.				
Date ,	Payee name			
10/20/2015	HOOTSUITE			
Amount (\$)	Payee address; City; State; Zip Code			
9,99	C-1 1/1-			
	5 EAST 8TH AVE			
political contributions intended	political contributions VAANCE IN SERVICE VISIT IRLA CANADA			
	Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	A #		de of Texas. Complete Schedule T.	
EXPENDITURE	ADVERTISING EXPENSE	Check if Austin, T	X, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date ,	Payee name			
11/20/2015	1			
1720 / 2013	HOSTSUITE			
Amount (\$)	Payee address; City; State; Zip Code			
9.99	5 EAST 8TH AVE			
Reimbursement from political contributions intended	5 EAST 8TH AVE VANCOUVER, VST IRL CANA	DA		
	Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	`	Check if travel outs	ide of Texas. Complete Schedule T.	
OF EXPENDITURE	NOVERTISING EXPENSE	Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C.	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising 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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

	Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Tota	al pages Schedule G:	2 FILER NAME TIMOTHY H. NECSON		3 Filer ID (Ethics Commission Filers)	
4 Dat	te 2/20/2015	5 Payee name			
6 Am	Reimbursement from	7 Payee address; City; State; Zip Code 5 EAST 8 M NE. WANCOUVER, V5T IR6 CA	ua>l		
	PURPOSE OF (PENDITURE	(a) Category (See Categories listed at the top of this schedule) AUSLITSING EXPENSE	Check if travel outside	of Texas. Complete Schedule T.	
	mplete <u>ONLY</u> if direct penditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held	
Da	ate	Payee name			
Ar	Reimbursement from political contributions intended	Payee address; City; State; Zip Code			
E	PURPOSE OF XPENDITURE	Category (See Categories listed at the top of this schedule)	I	e of Texas. Complete Schedule T. X, officeholder living expense	
	omplete <u>ONLY</u> if direct spenditure to benefit C		Office sought	Office held	
D	ate	Payee name			
A	mount (\$) Reimbursement from political contributions	Payee address; City; State; Zip Code			
E	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		de of Texas. Complete Schedule T. "X, officeholder living expense	
	complete <u>ONLY</u> if direct xpenditure to benefit C		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				