

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: 8	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MS. Rhonda R NICKNAME LAST SUFFIX SKILLERN-JONES	OFFICE USE ONLY Date Received JAN 18 2018 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4810 Lavender Houston TX 77026			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 387-4165			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MRS. Carol MIMS NICKNAME LAST SUFFIX Galloway			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4810 Lavender Houston TX 77026			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 676-1316			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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 Month Day Year 7 / 01 / 17 THROUGH 12 / 31 / 17			
11 ELECTION	ELECTION DATE Month Day Year / / 	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) School Board Trustee	13 OFFICE SOUGHT (if known)		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Rhonda Skillern-Jones 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

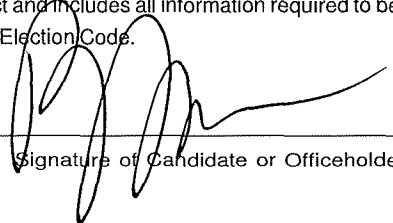
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> 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	\$ 0,000.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 75.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3654.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2395.49
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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rhonda Skillern-Jones, this the 18th day of January, 2018, to certify which, witness my hand and seal of office.

Veronica Mabasa
Signature of officer administering oath

Veronica Mabasa
Printed name of officer administering oath

Team Lead
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Rhonda R. Skillern-Jones

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,000
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3654.54
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME R. HONDA R. SKILLERN-JONES		3 Filer ID (Ethics Commission Filers)
4 Date 8-15-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wretha Thomas	7 Amount of contribution (\$) 300.00
6 Contributor address; City; State; Zip Code Houston TX 77047		
8 Principal occupation / Job title (See Instructions) union President		9 Employer (See Instructions) H.E.S.P.
Date 8-15-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard Jefferson	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code Houston TX 77035		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 8-15-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlene Johnson	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code Houston TX 77292		
Principal occupation / Job title (See Instructions) energy employee		Employer (See Instructions) Reliant
Date 8-15-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerald Womack	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code Houston TX 77004		
Principal occupation / Job title (See Instructions) realtor		Employer (See Instructions) Womack Realty

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: **RHONDA L. SKILLERN-JONES**

3 Filer ID (Ethics Commission Filers)

4 Date: **8-15-17**
 5 Full name of contributor out-of-state PAC (ID#: _____)
Julian Boddy
 6 Contributor address; City; State; Zip Code
Houston TX 77066

7 Amount of contribution (\$)
2000.00

8 Principal occupation / Job title (See Instructions)
inspections co. owner

9 Employer (See Instructions)
Boddy Inspections

Date: **8-15-17**
 Full name of contributor out-of-state PAC (ID#: _____)
Alane M. Lillie
 Contributor address; City; State; Zip Code
Houston TX 77095

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)

Date: **8-15-17**
 Full name of contributor out-of-state PAC (ID#: _____)
Tony Council
 Contributor address; City; State; Zip Code
Houston TX 77042

Amount of contribution (\$)
500.00

Principal occupation / Job title (See Instructions)
architect

Employer (See Instructions)
TLC Engineering

Date: **8-15-17**
 Full name of contributor out-of-state PAC (ID#: _____)
Randy Bates
 Contributor address; City; State; Zip Code
Houston TX 77004

Amount of contribution (\$)
200.00

Principal occupation / Job title (See Instructions)
attorney

Employer (See Instructions)
Bates + Coleman Professional Group

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Rhonda R. Skillern-Jones		3 Filer ID (Ethics Commission Filers)
4 Date 8-15-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karla D. Brown	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code Houston Tx 77047		
8 Principal occupation / Job title (See Instructions) educator		9 Employer (See Instructions) currently unemployed
Date 8-15-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews + Kurth Texas PAC	Amount of contribution (\$) 1,000
Contributor address; City; State; Zip Code Houston Tx 77002		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
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)
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
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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: <p style="text-align:center; font-size: 2em;">2</p>	2 FILER NAME <p style="font-size: 1.5em;">Rhonda Skillern Jones</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="font-size: 1.5em;">8-10-17</p>	5 Payee name <p style="font-size: 1.5em;">Kinkos</p>	
6 Amount (\$) <p style="font-size: 1.5em;">213.47</p>	7 Payee address; City; State; Zip Code <p style="font-size: 1.5em;">1777 Walker Houston TX 77010</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="font-size: 1.5em;">Advertising Expense Solicitation F/R expense</p>	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <p style="font-size: 1.5em;">9-2-17</p>	Payee name <p style="font-size: 1.5em;">Walmart</p>	
Amount (\$) <p style="font-size: 1.5em;">1557.82 1557.82</p>	Payee address; City; State; Zip Code <p style="font-size: 1.5em;">111 Yale Houston TX 77007</p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="font-size: 1.5em;">Donations (Harvey)</p>	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 <p style="font-size: 1.5em;">10-7-17</p>	Payee name <p style="font-size: 1.5em;">Top Ladies of Distinction Humble Int. Chapter</p>	
Amount (\$) <p style="font-size: 1.5em;">500.00</p>	Payee address; City; State; Zip Code <p style="font-size: 1.5em;">N/A (organization)</p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="font-size: 1.5em;">advertising (ad in program)</p>	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

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	Rhonda R. Skillem-Jones	
4 Date	5 Payee name	
10-7-17	Top Teen Intercontinental Humble Chapter	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
1,000	N/A (organization)	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Donation (scholarship)	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10-24-17	Dominoe's pizza	
Amount (\$)	Payee address; City; State; Zip Code	
108.25	3209 Houston Ave Houston Tx 77009	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Food Expense	<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	
12-13-17	Miles of Giving/Veteran's Organization	
Amount (\$)	Payee address; City; State; Zip Code	
200.00	27543 Velvet Skyway Spr. Tx 77386	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Donation (Fundraiser)	<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

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