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: 23

OFFICE USE ONLY

Date Received: Jan 18, 2017 to

Date Hand Delivered or Date Postmarked: Jan 18, 2017

Receipt #:

Amount $:

Date Processed:

Date Imaged:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR. FIRST: HORACE MI: JEROME

NICKNAME: — LAST: REKTORIK SUFFIX: —

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE

437 CHIMNEY HILL DRIVE
College Station, TEXAS 77840

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (979) PHONE NUMBER: 846-2727 EXTENSION: —

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR. FIRST: JAMES MI: —

NICKNAME: JIM LAST: ROSS SUFFIX: —

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE

702 Putter Court
College Station, TEXAS 77845

8 CAMPAIGN TREASURER PHONE

AREA CODE: (979) PHONE NUMBER: 224-4475 EXTENSION: —

9 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: Nov. / 1 / 2016 THROUGH Month / Day / Year: Jan. / 15 / 2017

11 ELECTION

ELECTION DATE: Month / Day / Year: Nov. / 8 / 2016

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any): NONE

13 OFFICE SOUGHT (if known): College Station City Council, Place 2

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: HORACE JEROME REKTORIK

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
☐ GENERAL	N.A.
☐ 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	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$
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

NOTARY PUBLIC STATE OF TEXAS
IAN WHITTENTON
12946552-2
Notary Public, State of Texas
My Commission Expires
June 20, 2017

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 Horace Jerome Rektorik, this the 10th day of January, 2017, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	Ian Whittenton	Records Administrator

Revised 9/8/2015

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~~Oct 10, 2016~~ ~~Nov~~ ~~Oct 31, 2016~~ Jan 15, 2017

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME: Horace Jerome Rektorik

20 Filer ID (Ethics Commission Filers):

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
		$
1. ☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 4205.00
2. ☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0
3. ☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0
4. ☐	SCHEDULE E: LOANS	$ 0
5. ☑	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 3,802.30
6. ☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0
7. ☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
8. ☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0
9. ☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 0
10. ☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0
11. ☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
12. ☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0

Jan 15, 2017

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME: HORACE JEROME KEKTORIK

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)
June 1, 2016	Chuck Ellison 2902 Carville Dr, College Station, Tx 77845	$250.00

8 Principal occupation / Job title (See Instructions): Attorney

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)
June 1, 2016	Jerome Kektorik 431 Chimney Hill, College Station, TX 77840	$500.00

Principal occupation / Job title (See Instructions): Retired

Employer (See Instructions):

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)
June 6, 2016	Frank Mulloy 431 Chimney Hill Dr, College Station, TX 77840	$250.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)
June 19, 2016	Robert Reinhardt 1101 Oakhaven Cir, College Station, TX 77840	$250.00

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.

Page 1 ~~Oct 10, 2016~~ ~~Oct 31, 2016~~ Jan 15, 2017 $1250

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME: HORACE JEROME REKTORIK

3 Filer ID (Ethics Commission Filers):

4 Date: August 7, 2016

5 Full name of contributor: Ken Matthews

6 Contributor address, City, State, Zip Code: 602 West Dexter, College Station Tx 77840

7 Amount of contribution ($): $250.00

8 Principal occupation / Job title (See Instructions): —

9 Employer (See Instructions): —

Date	Full name of contributor	Amount of contribution ($)
Aug 8, 2016	Tom Aughinbaugh Contributor address, City, State, Zip Code: 1036 Rose Circle, College Station Tx 77840	$100.00

Principal occupation / Job title (See Instructions): —

Employer (See Instructions): —

Date	Full name of contributor	Amount of contribution ($)
Aug 10, 2016	Jim Palinosar Contributor address, City, State, Zip Code: 1014 Muirfield Vlg. College Station Tx 77845	30.00

Principal occupation / Job title (See Instructions): —

Employer (See Instructions): —

Date	Full name of contributor	Amount of contribution ($)
Aug 15, 2016	Jim Jett Contributor address, City, State, Zip Code: 6166 Imperial Loop College Station Tx 77845	250.00

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.

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Page 2 ~~Oct 10, 2016~~ Jan 15, 2017 $630.—

~~Oct 31, 2016~~

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME: HORACE JEROME REKTORIK

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor	6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)
Aug 18, 2016	Jerome Rektorik	437 Chimney Hill Dr College Station TX 77840	$25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor	Contributor address, City, State, Zip Code	Amount of contribution ($)
Aug 20, 2016	Mike Workman	4719 Stone Brook Circle College Station Tx 77845	$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor	Contributor address, City, State, Zip Code	Amount of contribution ($)
Aug 22, 2016	Thomas Saving	1402 Post Oak Circle, College Station, Tx 77840	$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor	Contributor address, City, State, Zip Code	Amount of contribution ($)
Aug 22, 2016	Penrod Thornton	1113 Royal Adelade Dr College Station TX 77845	$100.00

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.

Revised 9/8/2015

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page 3 ~~Oct 14, 2016~~ Jan. 15, 2017 $475

~~Oct 31, 2016~~

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME: HORACE JEROME KEKTORIK

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor	6 Contributor address	City	State	Zip Code	7 Amount of contribution ($)
Aug 24, 2016	BO Milo	PO Box 10467	College Station	TX	77842	$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor	Contributor address	City	State	Zip Code	Amount of contribution ($)
Aug 25, 2016	Richard West	411 Chimney Hill Dr	College Station	TX	77840	$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor	Contributor address	City	State	Zip Code	Amount of contribution ($)
Aug 29, 2016	Harry Jones	1900 Comal Circle	College Station	TX	77840	$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor	Contributor address	City	State	Zip Code	Amount of contribution ($)
Aug 29, 2016	Larry Patton	1304 Agelina Court	College Station	TX	77840	$100

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.

Revised 9/8/2015

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$400

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~~Oct 10, 2016~~ Jan 15, 2017

~~Oct 31, 2016~~

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME: HORACE JEROME KERTORIK

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor	6 Contributor address	City, State, Zip Code	7 Amount of contribution ($)
Aug 31, 2016	Don House	1008 Shady Drive	College Station Tx 77840	$250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor	Contributor address	City, State, Zip Code	Amount of contribution ($)
Sept 3, 2016	Jeffrey Harris	5205 Cascade Drive	College Station TX 77845	$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor	Contributor address	City, State, Zip code	Amount of contribution ($)
Sept 3, 2016	Jack Callapper	1708 George Bush Drive	College Station TX 77840	$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor	Contributor address	City, State, Zip Code	Amount of contribution ($)
Sept 5, 2016	Pat Murphy	4204 Serrano Court	Bryan TX 77802	$100

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.

Revised 9/8/2015

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$650

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~~Oct 31, 2016~~

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME: HORACE JEROME REKTORIK

3 Filer ID (Ethics Commission Filers):

4 Date: Sept 6, 2016

5 Full name of contributor: Bill Armstrong

☐ out-of-state PAC (Id#: ____)

6 Contributor address: 405 Chimney Hill Dr. City: College State: Zip Code: Station TX 77840

7 Amount of contribution ($): $50.00

8 Principal occupation / Job title (See Instructions): ____

9 Employer (See Instructions): ____

Date: Sept 12, 2016

Full name of contributor: James Murr

☐ out-of-state PAC (Id#: ____)

Contributor address: 4003 Muncaster, City: College State: Zip Code: Station TX 77845

Amount of contribution ($): $100.—

Principal occupation / Job title (See Instructions): ____

Employer (See Instructions): ____

Date: Sept 22, 2016

Full name of contributor: Larry Hodges

☐ out-of-state PAC (Id#: ____)

Contributor address: 5301 Woodall City: College State: Zip Code: Station TX 77845

Amount of contribution ($): $100.—

Principal occupation / Job title (See Instructions): ____

Employer (See Instructions): ____

Date: Sept 26, 2016

Full name of contributor: Andrew Natsios

☐ out-of-state PAC (Id#: ____)

Contributor address: 4929 Firestone Dr. City: College State: Zip Code: Station TX 77845

Amount of contribution ($): $200.—

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.

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$450.—

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~~Oct 14, 2016~~ Jan. 15, 2017

~~Oct 31, 2016~~

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME: HORACE JEROME REKTORIK

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
Sept. 27, 2016	MARK Humphrey 6 Contributor address; City; State; Zip Code 5532 STRAUB Rd. College Station TX 77845	$250 —

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
Nov 1, 2016	Terry Oddson Contributor address; City; State; Zip Code 10780 Rivercrest Dr. Little Rock Ark, 72212	$100 00

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

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.

$ 350 —

page 7 Jan. 15, 2017

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 8

2 FILER NAME: HORACE JEROME RENTRIX

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS $ N/A

5 Date

6 Full name of contributor ☐ out-of-state PAC (ID#:

7 Contributor address: City: State: Zip Code

8 Amount of Contribution $

9 In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

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

Contributor address: City: State: Zip Code

Amount of Contribution $

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

~~Oct 31, 2016~~ ~~Oct 31, 2016~~ Jan 15, 2017

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: 0

2 FILER NAME: HORACE JEROME REKTORIK

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:)	8 Amount of Pledge $	9 In-kind contribution description
	7 Pledgor address: City: State: Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

Date	Full name of pledgor ☐ out-of-state PAC (ID#:)	Amount of Pledge $	In-kind contribution description
	Pledgor address: City: State: Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor ☐ out-of-state PAC (ID#:)	Amount of Pledge $	In-kind contribution description
	Pledgor address: City: State: Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor ☐ out-of-state PAC (ID#:)	Amount of Pledge $	In-kind contribution description
	Pledgor address: City: State: Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.
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.

Oct 10, 2016

~~Oct 31, 2016~~ Jan 15, 2017

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 0

2 FILER NAME: HORACE JEROME RESTORIK

3 Filer ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED LOANS: $ N.A.

5 Date of loan:

6 Is lender a financial institution? Y N

7 Name of lender: ☐ out-of-state PAC (ID#)

8 Lender address: City: State: Zip Code

9 Loan Amount ($):

10 Interest rate:

11 Maturity date:

12 Principal occupation / Job title (See Instructions):

13 Employer (See Instructions):

14 Description of Collateral: ☐ none

15 Check if personal funds were deposited into political account (See Instructions): ☐

16 GUARANTOR INFORMATION: ☐ not applicable

17 Name of guarantor:

18 Guarantor address: City: State: Zip Code

19 Amount Guaranteed ($):

20 Principal Occupation (See Instructions):

21 Employer (See Instructions):

Date of loan:

Is lender a financial institution? Y N

Name of lender: ☐ out-of-state PAC (ID#)

Lender address: City: State: Zip Code

Loan Amount ($):

Interest rate:

Maturity date:

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Description of Collateral: ☐ none

Check if personal funds were deposited into political account (See Instructions): ☐

GUARANTOR INFORMATION: ☐ not applicable

Name of guarantor:

Guarantor address: City: State: Zip Code

Amount Guaranteed ($):

Principal Occupation (See Instructions):

Employer (See Instructions):

~~Sept 10, 2016~~

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

~~Oct 31, 2016~~

Jan 15, 2017

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Fund/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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2

2 FILER NAME: Horace Jerome Rektorik

3 Filer ID (Ethics Commission Filers):

4 Date: June 29, 2016

5 Payee name: Go Daddy Website - Go Daddy Operating Co.

6 Amount ($): $1.17

7 Payee address: City; State; Zip Code: all was done online. Go Daddy.Com

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): advertising Expense get website

(b) Description
- [ ] Check if travel outside of Texas. Complete Schedule T
- [ ] 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: July 24, 2016

Payee name: Copy Corner

Amount ($): $230.90

Payee address: City; State; Zip Code: 1404 Texas Ave, College Station TX 77840

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising Expense Intro letter, donation card, push cards.

Description
- [ ] Check if travel outside of Texas. Complete Schedule T
- [ ] Check if Austin, TX, officeholder living expense

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

Date: Aug 22, 2016

Payee name: Audience Media

Amount ($): $570.23

Payee address: City; State; Zip Code: 702 Potter Ct College Station, Tx 77845

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising Expense set up web page

Description
- [ ] Check if travel outside of Texas. Complete Schedule T
- [ ] 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

Revised 9/8/2015

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Horace Jerome Rektorik	3 Filer ID (Ethics Commission Filers)
4 Date Nov. 16, 2016	5 Payee name War Room Strategies - campaign	
6 Amount ($) $3,000.00	7 Payee address; City; State; Zip Code 211 Chimney Hill Dr. College Station, Tx 77840	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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

Jan 15, 2017

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 8	2 FILER NAME Horace Jerome Ricktorik	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		$
5 Date	6 Payee name N/A	
7 Amount ($)	8 Payee address: City: State: Zip Code	
9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T ☐ 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	Payee name	
Amount ($)	Payee address: City: State: Zip Code	
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description ☐ Check if travel outside of Texas. Complete Schedule T ☐ 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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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F3**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3: 6

2 FILER NAME: Horace Jerome Rekfonk

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased: N/A

6 Address of person from whom investment is purchased: City: State: Zip Code

7 Description of investment

8 Amount of investment ($)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased: City: State: Zip Code

Description of investment

Amount of investment ($)

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 6	2 FILER NAME Horace Texas Ricketts	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ N/A

5 Date	6 Payee name
7 Amount ($)	8 Payee address: City: State: Zip Code
9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) / (b) Description ☐ Check if travel outside of Texas. Complete Schedule T ☐ 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	Payee name
Amount ($)	Payee address: City: State: Zip Code
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) / Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Computing Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
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)

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 8	2 FILER NAME: Horace Jerome Ralston	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name: N/A	
6 Amount ($) ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	Payee name	
Amount ($) ☐ 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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 ($) ☐ 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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 0	2 FILER NAME: Horace Jerome Reddock	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name: N/A	
6 Amount ($)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Business name	
Amount ($)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Business name	
Amount ($)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description ☐ Check if travel outside of Texas. Complete Schedule T ☐ 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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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 0	2 FILER NAME: Horace Jerome ReKoait	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name: N. A.	
6 Amount ($)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 0

2 FILER NAME: Horace Jerom Rektorik

3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received: N. A. 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount ($)
	7 Purpose for which amount is received ☐ Check if political contribution returned to filer	
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	Purpose for which amount is received ☐ Check if political contribution returned to filer	
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	Purpose for which amount is received ☐ Check if political contribution returned to filer	
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: Ø

2 FILER NAME: Horace Jerom Rektorik

3 Filer ID (Ethics Commission Filers):

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee: N.A.

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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