

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: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Jean Marie NICKNAME LAST SUFFIX "Jeannie" Kranz	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1013 Summer Cape Cir. League City, TX 77573	Date Received City of League City Received MAR 10 2016 Office of City Secretary	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 259-9022	Date Hand-delivered or Date Postmarked dstapp 3/10/16 9:00 am	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Brigid L. NICKNAME LAST SUFFIX Kranz-Bangle	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 405 Meadow Trail Ln. Friendswood, TX 77546		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 452-9185		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 15th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" 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 02 / 09 / 2016 THROUGH 03 / 09 / 2016		
11 ELECTION	ELECTION DATE Month Day Year 03 / 19 / 2016	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Mayor-League City TX	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Jean Marie Kranz 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	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

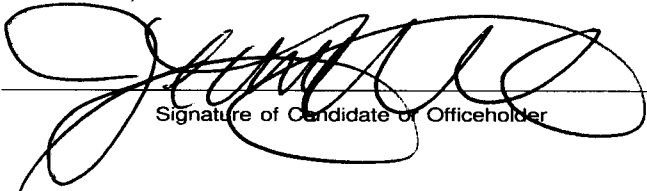
Additional Pages

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)	\$ 4680.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ 7071.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,346.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -

18 AFFIDAVIT

DIANA M STAPP
Notary ID # 6152012
My Commission Expires
September 29, 2019

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 Jean Marie Kranz, this the 10th day of March, 20 16, to certify which, witness my hand and seal of office.

Diana M. Stapp
Signature of officer administering oath

DIANA M. STAPP
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 *Jean Marie Kranz* 20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4680.00</i>
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	\$ <i>100.00</i>
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3605.03</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>3466.22</i>
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ —
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: 3
2 FILER NAME Jean Marie Kranz		3 Filer ID (Ethics Commission Filers)
4 Date 2-9-16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Matthew Barry	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 16911 Cottonwood Way Houston, TX 77059		
8 Principal occupation / Job title (See Instructions) Managing Director		9 Employer (See Instructions) Softisms
Date 2-16-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Godinich	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 9301 Paseo Lobo Texas City, TX 77591		
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions)
Date 2-20-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Colligan	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 1511 Linden Horst Ave. McLean, VA 22101		
Principal occupation / Job title (See Instructions) Gov't Relations		Employer (See Instructions) Brimley Group
Date 2-22-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Jezierski	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 3101 N. Hampton Dr. #404 Alexandria, VA 22302		
Principal occupation / Job title (See Instructions) Staff		Employer (See Instructions) U.S. Senate
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Jean Marie Kranz		3 Filer ID (Ethics Commission Filers)
4 Date 2-23-16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Dawson	7 Amount of contribution (\$) \$75.00
6 Contributor address; City; State; Zip Code 115 E. Street SE # 202 Washington DC 20003		
8 Principal occupation / Job title (See Instructions) Staff		9 Employer (See Instructions) U.S. House of Representatives
Date 2-27-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Coleman	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 6803 Hampshire Rd. McLean, VA 22101		
Principal occupation / Job title (See Instructions) Exec. Dir.		Employer (See Instructions) Space Transport Assoc.
Date 2-28-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Switoyus	Amount of contribution (\$) \$80.00
Contributor address; City; State; Zip Code 2126 Lisboa Lane League City, TX 77573		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) CCISD
Date 3-2-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galveston Bay Investors LLC	Amount of contribution (\$) \$ 1,500.00
Contributor address; City; State; Zip Code 3027 Marina Dr. Ste 110 League City, TX 77573		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Jean Marie Kranz		3 Filer ID (Ethics Commission Filers)
4 Date 3-3-16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Martin	7 Amount of contribution (\$) \$ 75.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-7-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael T. Godinich	Amount of contribution (\$) \$ 150.00
Contributor address; City; State; Zip Code 9301 Paseo Lobo Texas City, TX 77591		
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions)
Date 3-8-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Meador	Amount of contribution (\$) \$ 1,500.00
Contributor address; City; State; Zip Code 24N. Creekside Ct. Houston, TX 77055		
Principal occupation / Job title (See Instructions) Pinnacle Alliance Fund		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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>Jean Marie Kranz</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <u>2-9-16</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jean Marie Kranz</u>	9 Loan Amount (\$) <u>\$100.00</u>
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code <u>1013 Summer Cape Cir. League City, TX 77573</u>	10 Interest rate <u>—</u>
		11 Maturity date <u>—</u>
12 Principal occupation / Job title (See Instructions) <u>Congressional Staff</u>		13 Employer (See Instructions) <u>U.S. House of Reps.</u>
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 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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 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: <u>4</u>	2 FILER NAME <u>Jean Marie Krauz</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>2-9-16</u>	5 Payee name <u>PayPal</u>	
6 Amount (\$) <u>18.00</u>	7 Payee address; City; State; Zip Code <u>www.paypal.com</u> <u>San Jose, CA</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Processing Fees - Automated</u>	(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
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Date <u>2-16-16</u>	Payee name <u>Laramore Media Group</u>	
Amount (\$) <u>\$100.00</u>	Payee address; City; State; Zip Code <u>601 Cien Rd</u> <u>Kemah, TX 77565</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Consulting Fee</u>	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
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Date <u>2-13-16</u>	Payee name <u>Ready Go Signs</u>	
Amount (\$) <u>\$974.25</u>	Payee address; City; State; Zip Code <u>10100 Clay St., Ste G.</u> <u>Houston, TX 77080</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Signs - Other</u>	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
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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: 4	2 FILER NAME: Jean Marie Kranz	3 Filer ID (Ethics Commission Filers)
4 Date: Feb 20, 22, 23, 27, 2016	5 Payee name: PayPal	
6 Amount (\$): \$12.08	7 Payee address; City; State; Zip Code: San Jose, CA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Automated Trans. Fee @ time of Contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;"> { 2-20 = 3.20 2-22 = 1.75 2-23 = 2.48 2-27 = 4.65 Tot = \$12.08 </div>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date: 3-1-16	Payee name: Bison Signs	
Amount (\$): \$487.13	Payee address; City; State; Zip Code: 10100 Clay St., Ste G. Houston, TX 77080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Materials - Advertising Signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;"> { </div>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date: 3-2-16	Payee name: Voter Outreach	
Amount (\$): \$1,375.00	Payee address; City; State; Zip Code: 6757 Grant Lane, Plano, TX 75024	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Robo Calls (5)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;"> { </div>	
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 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: 4	2 FILER NAME Jean Marie Kranz	3 Filer ID (Ethics Commission Filers)
4 Date 3-2-16	5 Payee name Advantage Mail Service	
6 Amount (\$) \$140.40	7 Payee address; City; State; Zip Code 1800 S. Egret Bay Blvd. League City, TX 77573	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Postcard - Design & Labels Advertising	(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
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Date mar 3 and 8th 2016	Payee name PayPal	mar 3 = 248 mar 8 = 43.80
Amount (\$) \$46.28	Payee address; City; State; Zip Code San Jose, CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Automated Transac. Fee @ time of Contribution	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
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Date 3-3-16	Payee name Office Depot	
Amount (\$) \$32.89	Payee address; City; State; Zip Code 211 FM 2094 Kemah, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing - Advertising	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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 4	2 FILER NAME Jean Marie Kranz	3 Filer ID (Ethics Commission Filers)
4 Date 3-3-16	5 Payee name USPS - Kemah	
6 Amount (\$) \$119.00	7 Payee address; City; State; Zip Code 1129 Hwy 146 Kemah, TX 77565	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Postage Mailer	(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	Office sought	Office held
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Date 3-7-16	Payee name Laramore Media Group		
Amount (\$) \$300.00	Payee address; City; State; Zip Code P.O. Box 2911 League City, TX 77574		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad - The Dam Good Times	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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Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
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	

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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 Pages Schedule F4: <u>3</u>	2 FILER NAME <u>Jean Marie Kranz</u>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <u>2-11-16</u>	6 Payee name <u>Office Depot</u>	
7 Amount (\$) <u>\$ 50.76</u>	8 Payee address; City; State; Zip Code <u>211 FM 2094 Kemah, TX 77565</u>	
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) <u>Materials - Labels</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date <u>2-13-16</u>	Payee name <u>American Fence & Supply Co.</u>	
Amount (\$) <u>\$ 175.23</u>	Payee address; City; State; Zip Code <u>2215 I-45 League City, TX 77573</u>	
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) <u>Materials - T-Posts</u>	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | 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 F4: 3	2 FILER NAME Jean Marie Krauz	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 2-16-16	6 Payee name Advantage Mail Service
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7 Amount (\$) \$ 2,694.76	8 Payee address; City; State; Zip Code 1800 S. Egret Bay Blvd. League City, TX 77573
-------------------------------------	--

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) Advertisement - lex 9 Pushcard	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
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Date 2-28-16	Payee name Rudy's Country Store + BBQ
------------------------	---

Amount (\$) \$ 313.38	Payee address; City; State; Zip Code 21361 Gulf Freeway Webster, TX 77598
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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) Event Expense	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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 F4: 3	2 FILER NAME Jean Marie Kranz	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 3-3-16	6 Payee name Constant Contact	
7 Amount (\$) \$37.24	8 Payee address; City; State; Zip Code 1601 Trapelo Rd. Ste 329 Waltham, MA 02451	
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) Other- Email Services / broad distrib.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 3-5-16	Payee name Fast Signs - Clearlake		
Amount (\$) \$194.85	Payee address; City; State; Zip Code 16040 Hwy 3 Webster, TX 77598		
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) Advertising Car Magnets (3) sets	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED