

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> ACCOUNT # (Ethics Commission Filers)	<b>2</b> Total pages filed:  <div style="text-align: center; font-size: 24px;">21</div>	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>MR.</i> NICKNAME <i>Jim</i>	FIRST <i>JAMES</i> LAST <i>TOLBERT</i>	MI <i>H.</i> SUFFIX	<b>OFFICE USE ONLY</b>
	<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">                 2013 APR 10 PM 4:23 CITY CLERK DEPT.             </div>			
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>2701 FRAANKFORT EL PASO, TX 79930</i>			Date Received
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(915) 525-7364</i>			Date Hand-delivered or Postmarked
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <i>MS.</i> NICKNAME	FIRST <i>SANDRA</i> LAST <i>MUTCHINS</i>	MI <i>A.</i> SUFFIX	Receipt # Amount Date Processed Date Imaged
<b>7</b> CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>4733 FAIRBANKS EL PASO, TX 79924</i>			
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(915) 757-9394</i>			
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)			
<b>10</b> PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>01 / 09 / 13    04 / 10 / 13</i>			
<b>11</b> ELECTION	ELECTION DATE Month Day Year <i>05 / 11 / 13</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any)  <i>N/A</i>		<b>13</b> OFFICE SOUGHT (if known)  <i>DISTRICT 2</i>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

JAMES H. TOLBERT

15 ACCOUNT # (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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

CITY CLERK DEPT.  
2013 APR 10 PM 4:23

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)

\$ 5021.76

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 7110.66

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 5610.17

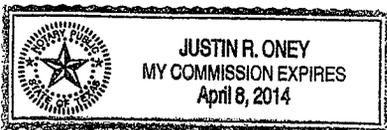
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —

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.



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said JAMES H. TOLBERT, this the 9<sup>TH</sup> day of APRIL, 20 13, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

JUSTIN R. ONEY  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

CITY CLERK DEPT.

The Instruction Guide explains how to complete this form.

2013 APR 10 PM 4:23

Total pages Schedule A:

1087

<b>2 FILER NAME</b> JAMES H. TOLBERT		<b>3 ACCOUNT #</b> (Ethics Commission Filers) 1087	
<b>4 Date</b> 1/29/13	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: SUZANNE S. AZAR	<b>7 Amount of contribution (\$)</b> 100.00	<b>8 In-kind contribution description</b> (if applicable)
<b>6 Contributor address; City; State; Zip Code</b> 2424 ALTURA AVE. EL PASO, TX 79930		(If travel outside of Texas, complete Schedule T)	
<b>9 Principal occupation / Job title</b> (See Instructions) OWNER		<b>10 Employer</b> (See Instructions) BLUE FEATHER ARCHW	
<b>Date</b> 1/29/13	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: CHARLES WAKSEEM	<b>Amount of contribution (\$)</b> 100.00	<b>In-kind contribution description</b> (if applicable)
<b>Contributor address; City; State; Zip Code</b> 741 SOMERSET EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
<b>Principal occupation / Job title</b> (See Instructions) TEACHER		<b>Employer</b> (See Instructions) RETIRED	
<b>Date</b> 1/28/13	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: XAVIER M. MIRANDA	<b>Amount of contribution (\$)</b> \$25.00	<b>In-kind contribution description</b> (if applicable)
<b>Contributor address; City; State; Zip Code</b> 6625 SOUTHWIND EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
<b>Principal occupation / Job title</b> (See Instructions) TEACHER		<b>Employer</b> (See Instructions) EPISD	
<b>Date</b> 1/29/13	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: LAURENCE D. SEARS	<b>Amount of contribution (\$)</b> \$15.00	<b>In-kind contribution description</b> (if applicable)
<b>Contributor address; City; State; Zip Code</b> 1528 RAYNOLDS EL PASO, TX 79903		(If travel outside of Texas, complete Schedule T)	
<b>Principal occupation / Job title</b> (See Instructions) ADJUNCT PROFESSOR		<b>Employer</b> (See Instructions) EL PASO COMMUNITY COLLEGE	
<b>Date</b> 1/29/13	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: LAURENCE A. GIBSON	<b>Amount of contribution (\$)</b> \$1000.00	<b>In-kind contribution description</b> (if applicable)
<b>Contributor address; City; State; Zip Code</b> 3120 RED SAILS DR. EL PASO, TX 79936		(If travel outside of Texas, complete Schedule T)	
<b>Principal occupation / Job title</b> (See Instructions) ASSOC. PROF MUSIC		<b>Employer</b> (See Instructions) UTEP	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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**SCHEDULE A**

2013 APR 10 PM 4:23

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 of 7	
2 FILER NAME JAMES H. TOLBERT		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/29/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CONSTANCE R. CRAWFORD 6 Contributor address; City; State; Zip Code 1010 MADELINE DR EL PASO, TX 79902	7 Amount of contribution (\$) 100 <sup>00</sup>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) SUBSTITUTE TEACHER		10 Employer (See Instructions) EPISD	
Date 1/29/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: T. W. ROBINSON Contributor address; City; State; Zip Code 3324 SHEPPARD AVE #16 EL PASO, TX 79904	Amount of contribution (\$) 50 <sup>00</sup>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) RETIRED	
Date 1/29/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FRANCISCO DOMINGUEZ Contributor address; City; State; Zip Code 2515 W. STANTON EL PASO, TX 79902	Amount of contribution (\$) 200 <sup>00</sup>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) DOMINGUEZ + COTLE PLLC	
Date 1/28/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: A. MARK BENITEZ Contributor address; City; State; Zip Code 9268 McFALL DRIVE EL PASO, TX 79925	Amount of contribution (\$) 75 <sup>00</sup>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) RETIRED	
Date 1/30/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DEBRA J. KELLY Contributor address; City; State; Zip Code 1511 RIM ROAD EL PASO, TX 79902	Amount of contribution (\$) 25 <sup>00</sup>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) RETIRED	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 of 7	
2 FILER NAME JAMES H. TOLBERT		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/29/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RAMONA DE LA PAZ TORRES 6 Contributor address; City; State; Zip Code 2706 FRANKFORT AVE. EL PASO, TX 79930	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) RETIRED	
Date 1/30/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARCIA TURNER Contributor address; City; State; Zip Code 5755 KINGSFIELD AVE. EL PASO, TX 79912	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LEWIS C. COLE Contributor address; City; State; Zip Code 340 W. 55th STREET APT. 7D NEW YORK, NY 10019-3750	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CHIEF FINANCIAL OFFICER		Employer (See Instructions) PLAYBILL MAGAZINE	
Date 2/3/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN L. MOSES Contributor address; City; State; Zip Code 3221 MOUNTAIN WALK DR. EL PASO, TX 79904	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) RETIRED	
Date 2/6/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT J. BARRIE Contributor address; City; State; Zip Code 9152 TURRENTINE DR. EL PASO, TX 79925	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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**SCHEDULE A**

2013 APR 10 PM 4:23

The Instruction Guide explains how to complete this form. **1** Total pages Schedule A: 4 OF 7

**2** FILER NAME: JAMES H. TOLBERT **3** ACCOUNT # (Ethics Commission Filers)

**4** Date: 2/11/13 **5** Full name of contributor: BEA GARCIA **6** Contributor address; City; State; Zip Code: 3504 JACKSON AVE. EL PASO, TX 79930 **7** Amount of contribution (\$): 50.00 **8** In-kind contribution description (if applicable): (If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions): OWNER **10** Employer (See Instructions): RTB RENTALS

Date: 2/7/13 Full name of contributor: SHELLEY SUTHERLAND Contributor address; City; State; Zip Code: 910-K E. REDD RD. EL PASO, TX 79912 Amount of contribution (\$): 250.00 In-kind contribution description (if applicable): (If travel outside of Texas, complete Schedule T)

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

Date: 3/5/13 Full name of contributor: DAVID R. WEBSTER Contributor address; City; State; Zip Code: 5747 MIRA GRANDE EL PASO, TX 79912 Amount of contribution (\$): 1,000.00 In-kind contribution description (if applicable): (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Employer (See Instructions): RETIRED

Date: 3/1/13 Full name of contributor: BENJAMIN ACKERMAN Contributor address; City; State; Zip Code: 3344 EILEEN DRIVE EL PASO, TX 79904 Amount of contribution (\$): 200.00 In-kind contribution description (if applicable): (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Employer (See Instructions): RETIRED

Date: 3/5/13 Full name of contributor: RICHARD PROVENCIO Contributor address; City; State; Zip Code: 416 CINCINNATI EL PASO, TX 79902 Amount of contribution (\$): 20.00 In-kind contribution description (if applicable): (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Employer (See Instructions): RETIRED

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

2013 APR 10 PM 4:23 SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5 of 7	
2 FILER NAME JAMES H. TOLBERT		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/6/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JUDITH P. ACKERMAN	7 Amount of contribution (\$) 180 <sup>00</sup>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3344 EILEEN DRIVE EL PASO, TX 79904		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) RETIRED	
Date 3/29/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROBERT ARDOVINO	Amount of contribution (\$) 250 <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1-4 ARDOVINO DRIVE SUNLAND PARK, NM 88063		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) ARDOVINO'S DESERT CROSSING	
Date 3/14/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DENISE B. LAMBETH	Amount of contribution (\$) 100 <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4800 HASTINGS EL PASO, TX 79903		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) MANICURIST		Employer (See Instructions) NAILS BY DENISE	
Date 3/14/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BEA GARCIA	Amount of contribution (\$) 50 <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3504 JACKSON AVE EL PASO, TX 79930		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) R+B RENTALS	
Date 3/12/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HO BARON	Amount of contribution (\$) 25 <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2830 AURORA AVE. EL PASO, TX 79930		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ARTIST		Employer (See Instructions) SELF-EMPLOYED	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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2013 APR 10 PM 4:23

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>6 of 7</b>	
2 FILER NAME <b>JAMES N. TOLBERT</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/21/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LAURENCE D. SEARS</b>	7 Amount of contribution (\$) <b>25<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1528 RAYNOLDS EL PASO, TX 79903</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>ADJUNCT PROFESSOR</b>		10 Employer (See Instructions) <b>EL PASO COMMUNITY COLLEGE</b>	
Date <b>3/7/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MIGUEL MENDEZ</b>	Amount of contribution (\$) <b>20<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3020 MCKINLEY EL PASO, TX 79930</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/6/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARY E. KARISMAHER</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>35 SUN POINT EL PASO, TX 79925</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>OWNER</b>		Employer (See Instructions) <b>CSA DESIGN GROUP INC</b>	
Date <b>2/6/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PETER BESTE</b>	Amount of contribution (\$) <b>50<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>417 VAL PLANO DR. EL PASO, TX 79912</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>PUBLISHER</b>		Employer (See Instructions) <b>CICKID PRESS</b>	
Date <b>2/10/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JACOB BOYARS</b>	Amount of contribution (\$) <b>20<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>916 W. BELGRADE RD. SILVER SPRING, MD 20902</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7 of 7	
2 FILER NAME JAMES H. TOLBERT		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/24/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARY E. KARLSRUHER	7 Amount of contribution (\$) \$416.76 IN KIND	8 In-kind contribution description (if applicable) food for fundraiser
6 Contributor address; City; State; Zip Code 35 SUN POINT EL PASO TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) OWNER		10 Employer (See Instructions) CSA DESIGN GROUP INC	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: YOLANDA BANBE	Amount of contribution (\$) 25 <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2901 MCKINLEY AVE. EL PASO, TX 79930		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) RETIRED	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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 (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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 (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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# PLEGGED CONTRIBUTIONS

2013 APR 10 PM 4:23 SCHEDULE B

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: <b>1 OF 1</b>
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2 FILER NAME <b>JAMES H. TOLBERT</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED PLEDGES:      ⇒      ⇒      ⇒      ⇒      ⇒      ⇒      \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  7 Pledgor address;      City;    State;    Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
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(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City;    State;    Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City;    State;    Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City;    State;    Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
------	--	-----------------------	-------------------------------------

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City;    State;    Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
------	--	-----------------------	-------------------------------------

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**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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# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: <i>1 OF 1</i>
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2 FILER NAME <i>JAMES H. TOLBERT</i>	3 ACCOUNT # (Ethics Commission Filers)
---	--

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$

5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
----------------	--	--------------------

6 Is lender a financial institution?  Y    N	8 Lender address;    City;    State;    Zip Code	10 Interest rate
		11 Maturity date

12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
--	--------------------------------

14 Description of Collateral <input type="checkbox"/> none	15 Check if personal funds were deposited into political account <input type="checkbox"/>
---	--

16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address;    City;    State;    Zip Code	

20 Principal Occupation (See Instructions)	21 Employer (See Instructions)
--	--------------------------------

Date of loan	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 <input type="checkbox"/>
--	---

GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address;    City;    State;    Zip Code	

Principal Occupation (See Instructions)	Employer (See Instructions)
---	-----------------------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

CITY CLERK DEPT.

**SCHEDULE F**

2013 APR 10 PM 4:23

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 5	2 FILER NAME JAMES H. TOLBERT	3 ACCOUNT # (Ethics Commission Filers)
-------------------------------------	----------------------------------	--

4 Date 1/25/13	5 Payee name PDX PRINTING
-------------------	------------------------------

6 Amount (\$) 120.33	7 Payee address; City; State; Zip Code 100 PORFIRO DIAR EL PASO TX 79902
-------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) POSTCARDS
--------------------------	--	--

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

Date 1/29/13	Payee name DISPLAY SERVICES, INC
-----------------	-------------------------------------

Amount (\$) 48.71	Payee address; City; State; Zip Code 821 N. RAYNOR EL PASO, TX 79903
----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) BANNER
------------------------	---	---

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

Date 1/29/13	Payee name AARON BARRAZA
-----------------	-----------------------------

Amount (\$) 20.00	Payee address; City; State; Zip Code 1107 RIM RD. EL PASO, TX 79902
----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRECINCT MAPS	Description (If travel outside of Texas, complete Schedule T) PRECINCT MAPS DIST. 2
------------------------	---	--

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

Date 2/7/13	Payee name ALL CITY T-SHIRTS
----------------	---------------------------------

Amount (\$) 125.00	Payee address; City; State; Zip Code 6493 GYSEER EL PASO TX 79932
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) T-SHIRTS
------------------------	---	---

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**

CITY CLERK DEPT.

**SCHEDULE F**

2013 APR 10 PM 4:23

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 2 of 5	<b>2</b> FILER NAME JAMES H. TOLBERT	<b>3</b> ACCOUNT # (Ethics Commission Filers)
--	---	---

<b>4</b> Date 2/8/13	<b>5</b> Payee name DISPLAY SERVICES
-------------------------	---

<b>6</b> Amount (\$) 3,252.91	<b>7</b> Payee address; City; State; Zip Code 821 N. RAYNOR EL PASO, TX 79903
----------------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) SIGNS (YARD)
---------------------------------	---	---

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 2/13/13	Payee name STANTON STREET
-----------------	------------------------------

Amount (\$) \$1,932.00	Payee address; City; State; Zip Code 500 W. OVERLAND #200 EL PASO, TX 79901
---------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) MAILING/WALK LISTS	Description (If travel outside of Texas, complete Schedule T) ACTI-VOTE LIST BUILDER SYSTEM - DIST. 2
------------------------	--	--

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

Date 2/13/13	Payee name MF - PHOTOS
-----------------	---------------------------

Amount (\$) 360.00	Payee address; City; State; Zip Code 4200 O'Keefe Dr. EL PASO, TX 79902
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) PHOTOS / PUSH CARD DESIGN
------------------------	---	--

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

Date 2/15/13	Payee name ALL CITY T-SHIRTS
-----------------	---------------------------------

Amount (\$) 125.00	Payee address; City; State; Zip Code 6493 GEYSER EL PASO, TX 79932
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) T-SHIRTS
------------------------	---	---

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**

CITY CLERK DEPT.

**SCHEDULE F**

2013 APR 10 PM 4:23

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 3 OF 4	<b>2</b> FILER NAME JAMES H. TOLBERT	<b>3</b> ACCOUNT # (Ethics Commission Filers)
--	---	---

<b>4</b> Date 2/15/13	<b>5</b> Payee name KWIK KOPY
--------------------------	----------------------------------

<b>6</b> Amount (\$) \$161.02	<b>7</b> Payee address; City; State; Zip Code 3500 N. MESA, STE C EL PASO, TX 79902
----------------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) RACK CARDS
---------------------------------	---	---

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 2/22/13	Payee name KWIK KOPY
-----------------	-------------------------

Amount (\$) 161.02	Payee address; City; State; Zip Code 3500 N. MESA, STE C EL PASO, TX 79902
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) RACK CARDS
------------------------	---	---

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

Date 2/22/13	Payee name CITY OF EL PASO
-----------------	-------------------------------

Amount (\$) 250.00	Payee address; City; State; Zip Code 2 CIVIC CENTER PLAZA EL PASO, TX 79901
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) FILING FEE
------------------------	--	---

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

Date 3/15/13	Payee name KWIK KOPY
-----------------	-------------------------

Amount (\$) 202.97	Payee address; City; State; Zip Code 3500 N. MESA, STE C EL PASO, TX 79902
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) RACK CARDS & LABELS
------------------------	---	--

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

CITY CLERK DEPT.

2013 APR 10 PM 4:24

SCHEDULE F

**POLITICAL EXPENDITURES**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 4 of 5	<b>2</b> FILER NAME JAMES N. TOLBERT	<b>3</b> ACCOUNT # (Ethics Commission Filers)
--	---	---

<b>4</b> Date 3/15/13	<b>5</b> Payee name DISPLAY SERVICES INC
--------------------------	---

<b>6</b> Amount (\$) 48.71	<b>7</b> Payee address; City; State; Zip Code 821 N. RAYNOR EL PASO, TX 79903
-------------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) BANNER
---------------------------------	---	---

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/18/13	Payee name KWIK KOPY
-----------------	-------------------------

Amount (\$) 239.77	Payee address; City; State; Zip Code 3500 N. MESA, STE C EL PASO, TX 79902
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) BACK CARDS + LABELS
------------------------	---	--

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

Date 3/25/13	Payee name PAY PAL
-----------------	-----------------------

Amount (\$) 6.71	Payee address; City; State; Zip Code
---------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FUNDRAISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) FEES
------------------------	---	---

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

Date 4/6/13	Payee name FRED EILAND
----------------	---------------------------

Amount (\$) 50.83	Payee address; City; State; Zip Code 3344 EISEN DRIVE EL PASO TX 79904
----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BLOCK WALKING	Description (If travel outside of Texas, complete Schedule T) FOOD FOR VOLUNTEERS
------------------------	---	--

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**

CITY CLERK DEPT.

**SCHEDULE F**

2013 APR 10 PM 4:24

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <i>5 OF 5</i>	<b>2</b> FILER NAME <i>JAMES A. TOLBERT</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
---	--	---

<b>4</b> Date <i>3/20/13</i>	<b>5</b> Payee name <i>DISPLAY SERVICES</i>
---------------------------------	--

<b>6</b> Amount (\$) <i>205.68</i>	<b>7</b> Payee address; City; State; Zip Code <i>821 W. RAYNOR EU PRAO, TX 79903</i>
---------------------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>ADVERTISING</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>SIGNS</i>
---------------------------------	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	--	---

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 PERSONAL FUNDS

CITY CLERK DEPT.

SCHEDULE G

2013 APR 10 PM 4:24

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME JAMES H. TOLBERT	<b>3</b> ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---	---

<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code
--	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
---------------------------------	---	--

Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

CITY CLERK DESCHEDULE H  
2013 APR 10 PM 4:24

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H: 1	<b>2</b> FILER NAME JAMES H. TOLBERT	<b>3</b> ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---	---

<b>4</b> Date	<b>5</b> Business name
---------------	------------------------

<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code
----------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
---------------------------------	---	--

Complete <u>ONLY</u> 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 (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> 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 (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> 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 (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> 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

CITY CLERK DEPT. SCHEDULE I

2013 APR 10 PM 4:26

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <b>1</b>	2 FILER NAME <b>JAMES H. TOLBERT</b>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---	--

4 Date	5 Payee name
6 Amount (\$)	7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
--------------------------	--	--

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

CITY CLERK DEPT SCHEDULE K  
2013 APR 10 PM 4:24

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K: 1
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2 FILER NAME JAMES H. TOLBERT	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	--

4 Date	5 Name of person from whom amount is received  6 Address of person from whom amount is received; City; State; Zip Code  7 Purpose for which amount is received	8 Amount (\$)
--------	--	---------------

Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received	Amount (\$)
------	--	-------------

Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received	Amount (\$)
------	--	-------------

Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received	Amount (\$)
------	--	-------------

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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

CITY CLERK DEPT. **SCHEDULE T**

The Instruction Guide explains how to complete this form.

2013 APR 10 PM 4:26  
Total pages Schedule T: 1

2 FILER NAME **JAMES H. TOLBERT**

3 ACCOUNT # (Ethics Commission Filers)

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

5 Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

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 A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

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 A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

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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