

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7735

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 24px;">8</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24px;">JOHN C SISSON</div>	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 24px;">10216 B16 THICKET DR AUSTIN, TX 78747</div>	FILED FOR RECORD JAN 7 7 33 AM '12	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 620-7990		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24px;">JOHN C SISSON</div>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 24px;">10216 B16 THICKET DR AUSTIN, TX 78747</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 620-7990		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="text-align: center; font-size: 24px;">7 / 1 / 11 12 / 31 / 11</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 24px;">4 / 3 / 12</div>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 24px;">SHERIFF TRAVIS COUNTY</div>	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

JOHN C SISSON

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

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *1,041.15*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *4,666.15*

EXPENDITURE
TOTALS

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

\$ *945.70*

4. TOTAL POLITICAL EXPENDITURES

\$ *11,365.68*

CONTRIBUTION
BALANCE

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

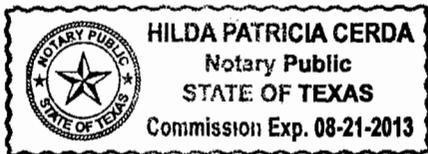
\$ *3,472.47*

OUTSTANDING
LOAN TOTALS

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

\$ *13,400.00*

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Sisson, this the 17 day of Jan, 20 12, to certify which, witness my hand and seal of office.

Hilda P. Cerda
Signature of officer administering oath

Hilda P. Cerda
Printed name of officer administering oath

Clerk 1
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME JOHN C SISSON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/27/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS DEMOCRATIC PARTY	7 Amount of contribution (\$) \$ 3,000.00	8 In-kind contribution description (if applicable) VOTE FILE ACCESS
6 Contributor address; City; State; Zip Code 502 W 12TH #200 AUSTIN, TX 78701		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/13/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELIZABETH CRAWFORD	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5116 GREEN HEART AUSTIN, TX 78745		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/19/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ACE PRINTING	Amount of contribution (\$) \$ 225.00	In-kind contribution description (if applicable) ARTWORK DESIGN FOR PUSH CARDS
Contributor address; City; State; Zip Code 7807 DOWNCASTER AUSTIN, TX 78745		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STACY SUITS	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7807 DOWNCASTER AUSTIN, TX 78745		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL & ELIZABETH WALTERS	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5012 BLUESTAIR AUSTIN, TX 78739		(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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME JOHN C SISSON		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan 7/22/11	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN C SISSON	9 Loan Amount (\$) \$13,400
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code 16216 B16 THICKET DR AUSTIN, TX 78747	10 Interest rate 0%
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) DEPUTY CONSTABLE		13 Employer (See Instructions) TRAVIS COUNTY
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <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 <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

SCHEDULE F

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:		2 FILER NAME <i>JOHN G SISSON</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8/25/11</i>		5 Payee name <i>WOALEY PRINTING</i>			
6 Amount (\$) <i>352.90</i>		7 Payee address; City; State; Zip Code <i>3217 N I-35, AUSTIN, TX 78722</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>PRINTING</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>BUSINESS CARDS</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>9/13/11</i>		Payee name <i>AUSTIN GAY & LESBIAN PRIDE FOUNDATION</i>			
Amount (\$) <i>250.00</i>		Payee address; City; State; Zip Code <i>Po Box 49216, AUSTIN, TX 78765</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>FEES</i>		Description (If travel outside of Texas, complete Schedule T) <i>PARADE & BOOTH FEES</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>9/15/11</i>		Payee name <i>ACE PRINTING</i>			
Amount (\$) <i>642.85</i>		Payee address; City; State; Zip Code <i>7807 DONCASTER, AUSTIN, TX 78745</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>PRINTING</i>		Description (If travel outside of Texas, complete Schedule T) <i>ROLL LABELS, BUMPER STICKERS, BANNERS</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>9/10/11</i>		Payee name <i>CHANCE NAVARRATE</i>			
Amount (\$) <i>200.00</i>		Payee address; City; State; Zip Code <i>9801 CHUKAR CIRCLE, AUSTIN, TX 78758</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>ADVERTISING</i>		Description (If travel outside of Texas, complete Schedule T) <i>WEBSITE DESIGN</i>	
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

SCHEDULE F

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:	2 FILER NAME <i>JOHN C SISSON</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>9/27/11</i>	5 Payee name <i>TEXAS DEMOCRATIC PARTY</i>	
6 Amount (\$) <i>750.00</i>	7 Payee address; City; State; Zip Code <i>505 W 12TH, STE 200, AUSTIN, TX 78701</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>OTHER</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>VOTER FILE ACCESS</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/31/11</i>	Payee name <i>KRISTIN FINE</i>	
Amount (\$) <i>750.00</i>	Payee address; City; State; Zip Code <i>6800 MC NEIL DR # 838, AUSTIN, TX 78729</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>SALARIES</i>	Description (If travel outside of Texas, complete Schedule T) <i>CAMPAIGN MGR</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>11/18/11</i>	Payee name <i>KRISTIN FINE</i>	
Amount (\$) <i>1,500.00</i>	Payee address; City; State; Zip Code <i>6800 MC NEIL DR # 838, AUSTIN, TX 78729</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>SALARIES</i>	Description (If travel outside of Texas, complete Schedule T) <i>CAMPAIGN MGR</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>11/29/11</i>	Payee name <i>TRAVIS COUNTY DEMOCRATIC PARTY</i>	
Amount (\$) <i>1,250.00</i>	Payee address; City; State; Zip Code <i>1311 E. 6TH #B, AUSTIN, TX 78702</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FEES</i>	Description (If travel outside of Texas, complete Schedule T) <i>FILEING FEE</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

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:		2 FILER NAME <i>JOHN C SISSON</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12/3/11</i>		5 Payee name <i>LOWE'S</i>			
6 Amount (\$) <i>213.43</i>		7 Payee address; City; State; Zip Code <i>5510 S. I-35, AUSTIN, TX 78745</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>SUPPLIES</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>12/9/11</i>		Payee name <i>L EAST POULTRY CO</i>			
Amount (\$) <i>136.00</i>		Payee address; City; State; Zip Code <i>2615 E. 1ST, AUSTIN, TX 78702</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>		Description (If travel outside of Texas, complete Schedule T) <i>FOOD ITEMS</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>12/9/11</i>		Payee name <i>ROLAND WATTS</i>			
Amount (\$) <i>300.00</i>		Payee address; City; State; Zip Code <i>1205-B CHRISTOPHER AVE, ROUND ROCK, TX 78661</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>		Description (If travel outside of Texas, complete Schedule T) <i>BAND FOR FUNDRAISER</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>12/10/11</i>		Payee name <i>SAMB'S CLUB</i>			
Amount (\$) <i>270.80</i>		Payee address; City; State; Zip Code <i>5107 S. I-35, AUSTIN, TX 78748</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>		Description (If travel outside of Texas, complete Schedule T) <i>FOOD ITEMS</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

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:		2 FILER NAME <i>JOHN C SISSON</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12/19/11</i>		5 Payee name <i>KRISTINE FINE</i>			
6 Amount (\$) <i>1500.00</i>		7 Payee address; City; State; Zip Code <i>6800 MCNEIL PR # 838, AUSTIN, TX 78729</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>SALARIES</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>CAMPAIGN MGR</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>12/20/11</i>		Payee name <i>ACE PRINTING</i>			
Amount (\$) <i>1,871.29</i>		Payee address; City; State; Zip Code <i>7807 POWCASTER, AUSTIN, TX 78745</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>PRINTING</i>		Description (If travel outside of Texas, complete Schedule T) <i>SIGNS</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>12/29/11</i>		Payee name <i>WORLEY PRINTING</i>			
Amount (\$) <i>216.21</i>		Payee address; City; State; Zip Code <i>3217 N I-35, AUSTIN, TX 78722</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>PRINTING</i>		Description (If travel outside of Texas, complete Schedule T) <i>PUSH CARDS</i>	
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 (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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