

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

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

\$ 925.⁰⁰

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

\$ 8926.⁰⁰

EXPENDITURE
TOTALS

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

\$ 1025.71

4. TOTAL POLITICAL EXPENDITURES

\$ 19,150.79

CONTRIBUTION
BALANCE

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

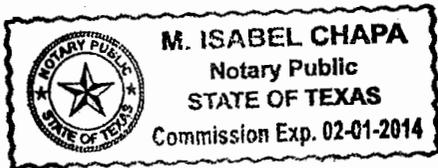
\$ 1,203.96

OUTSTANDING
LOAN TOTALS

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

\$ 17,400.⁰⁰

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.

John Sisson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Sisson, this the 30 day of April, 20 12, to certify which, witness my hand and seal of office.

m. isabel chapa
Signature of officer administering oath

m. Isabel Chapa
Printed name of officer administering oath

Notary
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:	
2 FILER NAME JOHN SASSON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/3/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAIG HOWARD	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 705 Clear Spring Cove Round Rock Tx 78665		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/9/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANNY THOMAS	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11721 Voelker Reinhardt Way MANOR TX 78653		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/25/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUE ROBERTS	Amount of contribution (\$) \$100.00	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 1/31/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T. THOMAS ESPARZA	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 18115. 1ST Austin Tx 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/31/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DREW MC ANGUS	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9204 Elm Crk Dr Austin Tx 78736		(If travel outside of Texas, complete Schedule T)	
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>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>JOHN SISSON</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1/31/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CARLA J. TRUE PC</i>	7 Amount of contribution (\$) <i>\$100.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1524 S. IH 35 STE 232 Austin TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>1/31/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>NICH. DUNCAN</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4422 Pucksaddle #101 Austin TX 78745</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/31/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TOM ELLIOT</i>	Amount of contribution (\$) <i>\$50.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2401 MAJOR RD, #122, AUSTIN, TX 78722</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/5/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>NOLA DAVIS</i>	Amount of contribution (\$) <i>\$50.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7904 WYKEHAM DR Austin TX 78749</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/9/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GARIC J. TRUE PC</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1524 S. IH 35 STE 232 Austin TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
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>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>JOHN SISSON</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/9/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOAN STODAK</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3204 Benbrook Dr Austin TX 78757</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/14/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARY NATION</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2020 Muldoon Rd #128 Anchorage AK 99504</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/20/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>VIRGINIA AGNEW J. CHARLES HERMAN</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1204 CASTLE HILL, AUSTIN, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/28/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAVID SOTO</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1253 TWIN COVE, KYLE, TX 78040</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/2/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LEONARD MARTINEZ</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>812 SAN ANTONIO #101, AUSTIN, TX 78721</i>		(If travel outside of Texas, complete Schedule T)	
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>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

JOHN SISSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/5/12

5 Full name of contributor out-of-state PAC (ID#: _____)

MICHAEL WALTERS

6 Contributor address; City; State; Zip Code

5012 BLUESTAR DR, AUSTIN, TX 78739

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)

10 Employer (See Instructions)

Date

3/21/12

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

BRADLEY HARGIS

Contributor address; City; State; Zip Code

707 WEST 14th, AUSTIN, TX 78701

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22/12

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

RICHARD DONNELLY

Contributor address; City; State; Zip Code

4107 LULLWOOD, AUSTIN, TX 78722

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/12

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

MICHAEL YOUNG

Contributor address; City; State; Zip Code

1018 BONHAM TERRACE, AUSTIN, TX 78704

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/27/12

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

ALBERTO GARCIA

Contributor address; City; State; Zip Code

1715 S. 1ST, AUSTIN, TX 78704

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>John Sisson</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/27/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Antonio Wehnes</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1602 E. 7th St Austin TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3/27/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAVID SOTO</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1253 Turn Cove Kyle TX 78640</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/27/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARtha Contera</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1502 Norris Dr Austin TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/27/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nick DUNCAN</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4422 Parksaddle #101 Austin TX 78745</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/27/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruben Barrera</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>606 E. 01th St Austin TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
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>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>John Sisson</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/29/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe Lopez</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>812 San Antonio St #118 Austin TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3/29/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gustavo Garcia</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1012 Rio Grande Austin TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/29/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hermes Flores</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>812 San Antonio #118 Austin TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/29/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike Luna</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8617 Mimot Cir Austin TX 78748</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/29/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J Terry Weeks</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1607 Nueces St Austin TX 78701</i>		(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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

John Sisson

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/30/12

5 Full name of contributor out-of-state PAC (ID# _____)

Orlando Mata

7 Amount of contribution (\$)

100.⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*1301 S. IH 35 #304
Austin TX 78741*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/10/12

Full name of contributor out-of-state PAC (ID# _____)

Kunda Nicce

Amount of contribution (\$)

50.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*6607 W. Hamette Dr
Austin TX 78723*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/12

Full name of contributor out-of-state PAC (ID# _____)

ANNE Peticolas

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*5730 Abilene Dr.
Austin TX 78749*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/3/12

Full name of contributor out-of-state PAC (ID# _____)

Melinda Ferrill

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*P.O. Box 5345
Austin TX 78763*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/12

Full name of contributor out-of-state PAC (ID# _____)

Louis Leichter

Amount of contribution (\$)

250.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*1602 E. 7th St
Austin TX 78701*

(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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>John Sisson</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/4/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>WANNAMAKER + ASSOCIATES</i>	7 Amount of contribution (\$) <i>500.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 2271 Austin TX 78768</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/6/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOE Pineda</i>	Amount of contribution (\$) <i>300.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>12500 Tabor Oaks Dr Austin 78739</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/6/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JASON L Gutzke</i>	Amount of contribution (\$) <i>100.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1602 E. 7th St Austin TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/6/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CAMARA INC</i>	Amount of contribution (\$) <i>100.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>510 S. Congress Ave 100 Austin TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/6/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Barbara Hines</i>	Amount of contribution (\$) <i>100.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1405 Wilshire Blvd Austin TX 78722</i>		(If travel outside of Texas, complete Schedule T)	
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>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

John Sisson

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/18/12

5 Full name of contributor out-of-state PAC (ID#: _____)

Vikram Malani

7 Amount of contribution (\$)

101.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*9106 Skye Cove
Austin TX 78750*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/10/12

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

Gloria Aleman

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2544 Stantwood Circle
Austin TX 78745*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/12

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

Linda Ramirez

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*10301 River Plantation Dr
Austin TX 78747*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/12

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

Alberto Garcia

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*1715 S. 1st St.
Austin TX 78704*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/12

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

Martha Contera

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*1502 Norris Dr.
Austin TX 78704*

(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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>John Sisson</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/11/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Gary + Randi Rodriguez</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4311 S. 1st St Austin TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/15/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Harshivinderjit S BAINS</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5509 Quail Creek Dr Tyler TX 75703</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/19/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Edward Carmona</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1301 S 1435 304 Austin TX 78741</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/19/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rene Reyes</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1403 Garden St Austin TX 78702</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/14/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>THOMAS ESPARZA</i>	Amount of contribution (\$) <i>\$2,000.00</i>	In-kind contribution description (if applicable) <i>COPIES & PRINTING</i>
Contributor address; City; State; Zip Code <i>1811 SO. 1ST AUSTIN, TX 78704</i>		(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:

2 FILER NAME

JOHN SISSON

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

4/14/12

7 Name of lender

THOMAS ESPARZA

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

\$1,000.00

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

*1811 SOUTH CONGRESS
AUSTIN, TX 78704*

10 Interest rate

0

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

2/28/12

Name of lender

JOHN SISSON

out-of-state PAC (ID#: _____)

Loan Amount (\$)

\$3,000.00

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

*10216 B16 THARLTON DR.
AUSTIN, TX 78747*

Interest rate

0

Maturity date

N/A

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

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 SISSOW</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1/3/12</i>		5 Payee name <i>HOME DEPOT</i>			
6 Amount (\$) <i>\$159.25</i>		7 Payee address; City; State; Zip Code <i>3600 S. I-35, AUSTIN, TX 78704</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>SIGN SUPPLIES</i>		(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 <i>1/5/12</i>		Payee name <i>CRICKET</i>			
Amount (\$) <i>\$76.00</i>		Payee address; City; State; Zip Code <i>730 W. STASSNEY #148, AUSTIN, TX 78745</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>CELL PHONE</i>		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 <i>1/12/12</i>		Payee name <i>PATRICIA CERDA</i>			
Amount (\$) <i>\$100.00</i>		Payee address; City; State; Zip Code <i>703 PRINCE AVE, AUSTIN, TX 78745</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>		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 <i>1/17/12</i>		Payee name <i>TRAVIS COUNTY DEMOCRATIC PARTY</i>			
Amount (\$) <i>\$125.00</i>		Payee address; City; State; Zip Code <i>1311 E 6TH, AUSTIN, TX 78702</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>FLING DINNER</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 SISSON</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1/18/12</i>		5 Payee name <i>ACT BLUE</i>			
6 Amount (\$) <i>\$60.⁰⁰</i>		7 Payee address; City; State; Zip Code <i>14 ARROW ST, STE 11, CAMBRIDGE, MA 02138</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>ADVERTISING</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>1-18/12</i>		Payee name <i>WORLEY PRINTING</i>			
Amount (\$) <i>\$2,469.18</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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>1/23/12</i>		Payee name <i>ADLAVON MARKETING</i>			
Amount (\$) <i>\$60.⁰⁰</i>		Payee address; City; State; Zip Code <i>916 ROCHESTER CIRCLE WAY, PFLUGERVILLE, TX 78660</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)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>1/31/12</i>		Payee name <i>HOME DEPOT</i>			
Amount (\$) <i>\$64.82</i>		Payee address; City; State; Zip Code <i>3600 S. I-35, AUSTIN, TX 78704</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>SIGN SUPPLIES</i>		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	

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	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	---------------------	---

4 Date 1/27/12	5 Payee name SCHOLZ GARTEN
--------------------------	--------------------------------------

6 Amount (\$) \$ 189.44	7 Payee address; City; State; Zip Code 1607 SAN JACINTO, AUSTIN, TX 78701
-----------------------------------	---

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

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

Date 01/31/12	Payee name SCHOLZ GARTEN
------------------	-----------------------------

Amount (\$) \$ 447.31	Payee address; City; State; Zip Code 1607 SAN JACINTO, AUSTIN, TX 78701
--------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE	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
---	-------------------------------	---------------	-------------

Date 2/5/12	Payee name PATRICIA CERDA
----------------	------------------------------

Amount (\$) \$ 100.00	Payee address; City; State; Zip Code 703 PRINCE ANN, AUSTIN TX 78745
--------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	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
---	-------------------------------	---------------	-------------

Date 2/9/12	Payee name ACE PRINTING
----------------	----------------------------

Amount (\$) \$ 944.42	Payee address; City; State; Zip Code 7807 PONCASTER, AUSTIN, TX 78745
--------------------------	--

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

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**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 SYSSON</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/19/12</i>		5 Payee name <i>PATRICIA CELPA</i>			
6 Amount (\$) <i>\$100.00</i>		7 Payee address; City; State; Zip Code <i>703 PRINCE ANN, AUSTIN, TX 78745</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>2/24/12</i>		Payee name <i>TEXAS DEMOCRATS</i>			
Amount (\$) <i>250.00</i>		Payee address; City; State; Zip Code <i>168 CUMAROW PARK LOOP, BOCA, TX 78661</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)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3/1/12</i>		Payee name <i>BORN7 ORANGE REPORT</i>			
Amount (\$) <i>\$200.00</i>		Payee address; City; State; Zip Code <i>1512 PENNSYLVANIA, AUSTIN, TX 78702</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>GIFT / DONATION</i>		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	
Date <i>3/2/12</i>		Payee name <i>AUSTIN CHRONICLE</i>			
Amount (\$) <i>\$1,845.00</i>		Payee address; City; State; Zip Code <i>PO BOX 49066, AUSTIN, TX 76165</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)	
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**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 SISSON</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>3/2/12</i>	5 Payee name <i>KATHI KIM</i>	
6 Amount (\$) <i>\$1,500.00</i>	7 Payee address; City; State; Zip Code <i>804 NORTH CAPITAL TX HWY #625, AUSTIN TX 78731</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>CONSULTANTS EXPENSE</i>	(b) Description (if travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3/7/12</i>	Payee name <i>PATRICIA CERPA</i>	
Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>703 PRINCE ARN, AUSTIN, TX 78745</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	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
Date <i>3/26/12</i>	Payee name <i>JOE ALVARDO</i>	
Amount (\$) <i>\$46.76</i>	Payee address; City; State; Zip Code <i>4609 S. CONGRESS #C, AUSTIN TX 78745</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>T SHIRTS</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3/22/12</i>	Payee name <i>OFFICE DEPOT</i>	
Amount (\$) <i>\$108.72</i>	Payee address; City; State; Zip Code <i>2101 S. LAMAR, AUSTIN, TX 78704</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>OFFICE SUPPLIES</i>	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

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 SISSON</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/28/12</i>		5 Payee name <i>JOVITAS</i>			
6 Amount (\$) <i>\$ 153.46</i>		7 Payee address; City; State; Zip Code <i>1619 SO. 1ST, AUSTIN, TX 78704</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
Date <i>4/10/12</i>		Payee name <i>KATHI KIM</i>			
Amount (\$) <i>\$ 180.70</i>		Payee address; City; State; Zip Code <i>6804 N. CAPITAL OF TX HWY, #125 AUSTIN, TX 78731</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>OFFICE SUPPLIES</i>		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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
Date <i>4/17/12</i>		Payee name <i>BLACK AUSTIN DEMOCRATS</i>			
Amount (\$) <i>\$ 50.00</i>		Payee address; City; State; Zip Code <i>PO BOX 212, AUSTIN, TX 78767</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>GIFTS / DONATION</i>		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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
Date <i>4/10/12</i>		Payee name <i>INC</i> FRANK ADVERTISING			
Amount (\$) <i>3,000.00</i>		Payee address; City; State; Zip Code <i>8500 BLUFFSTONE LOVE, AUSTIN, TX 78759</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>		Description (If travel outside of Texas, complete Schedule T) <i>TV AD TIME</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		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 SISSON</i>	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	---	---

4 Date <i>4/18/12</i>	5 Payee name <i>TRAVIS COUNTY DEMOCRATIC PARTY</i>
---------------------------------	--

6 Amount (\$) <i>\$100.00</i>	7 Payee address; City; State; Zip Code <i>1311 E. 6TH, AUSTIN, TX 78702</i>
---	---

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

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

Date <i>4/13/12</i>	Payee name <i>KATHI KIM</i>
------------------------	--------------------------------

Amount (\$) <i>1,500.00</i>	Payee address; City; State; Zip Code <i>6804 W. CAPITAL OF TX HWY #675, AUSTIN, TX 78731</i>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONSULTING EXPENSE</i>	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
---	-------------------------------	---------------	-------------

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
---	-------------------------------	---------------	-------------

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
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	---------------------	---

4 Date 1/12/12	5 Payee name QUICK PRINT
--------------------------	------------------------------------

6 Amount (\$) \$3,729.32 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 8311 SAGE CREEK, AUSTIN, TX 78759
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING & MAILING	(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