

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME JOHN SISSON **15 ACCOUNT # (Ethics Commission Filers)**

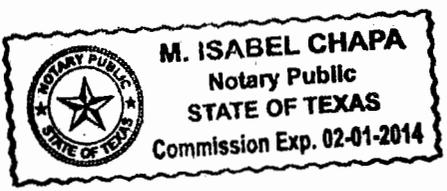
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 260.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,446.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 194.09
	4. TOTAL POLITICAL EXPENDITURES	\$ 50,106.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 845.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 52,089

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 21 day of May, 2012, to certify which, witness my hand and seal of office.

m. isabel chapa m. Isabel Chapa Notary
Signature of officer administering oath Printed name of officer administering oath 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 Sisson		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/24/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Russell Hodge	7 Amount of contribution (\$) 100.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10129 Channel Island Dr Austin TX 78747		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/24/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rene Vargas	Amount of contribution (\$) 250.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1900 W. 33rd Austin TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/24/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Schnaute	Amount of contribution (\$) 200.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 309 Commanche Circle Hutto TX 78634		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/25/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Fernando Martinez	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1604 San Antonio St Austin TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/25/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sylvia Acosta	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1208 Oakwood Blvd Round Rock TX 78681		(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>4/26/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Matthew Trevena</i>	7 Amount of contribution (\$) <i>150.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4618 Madrona Dr Austin TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/26/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul Parsons</i>	Amount of contribution (\$) <i>100.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7129 Valburn Dr Austin Tx 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/26/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alberto Garcia</i>	Amount of contribution (\$) <i>100.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1715 S. 1st St Austin TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/26/12</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>4/26/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Antonio Welnes</i>	Amount of contribution (\$) <i>250.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1602 E. 7th St Austin TX 78702</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

4/26/12

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

Sanchale Enterprises LLC

6 Contributor address; City; State; Zip Code

P.O. Box 152411

7 Amount of contribution (\$)

200.⁰⁰

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

4/22/12

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

MADELINE MAXWELL

Contributor address; City; State; Zip Code

405 W. 33rd ST, AUSTIN, TX
78705

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

4/28/12

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

Antonio Wehnes

Contributor address; City; State; Zip Code

1602 E. 7th ST
Austin TX 78702

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)

Date

5/3/12

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

Cynthia Valadez Mata

Contributor address; City; State; Zip Code

815 A BRAZOS ST
Austin TX 78701

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

5/3/12

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

Linda Ramirez

Contributor address; City; State; Zip Code

10301 River Plantation Dr

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date 5/3/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonard Martinez	7 Amount of contribution (\$) 100.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5803 Chesterfield Austin Tx 78752		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 5/3/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Kum	Amount of contribution (\$) 400.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10524 Roy Butler DR		(If travel outside of Texas, complete Schedule T)	

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

Date 5/11/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Demott	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2910 Stakey Hill SAN ANTONIO TX 78258		(If travel outside of Texas, complete Schedule T)	

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

Date 5/11/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Gibson	Amount of contribution (\$) 250.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 700 LAUACAST #1010-212 Austin TX 78701		(If travel outside of Texas, complete Schedule T)	

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

Date 5/11/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Sexton	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4526 Secure LN Austin TX 78725		(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 3 ACCOUNT # (Ethics Commission Filers)

4 Date 5/15/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Lobb	7 Amount of contribution (\$) 266.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1108 LAVACA ST #110-242 Austin TX 78701		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 5/15/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDALL DAUT	Amount of contribution (\$) 70.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2420 N 84TH ST WAUKATOSA WI 53226		(If travel outside of Texas, complete Schedule T)	

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

Date 5/17/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Sexton	Amount of contribution (\$) 50.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4526 Secure Ln Austin TX 78725		(If travel outside of Texas, complete Schedule T)	

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

Date 5/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MANUEL Quintero-Pozos	Amount of contribution (\$) 50.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5413 Grover Ave Austin TX 78756		(If travel outside of Texas, complete Schedule T)	

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

Date 5/7/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Luna	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8817 MINOT D Austin TX 78748		(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
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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:	
2 FILER NAME <i>JOHN SASSON</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/3/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>THOMAS ESPARZA</i>	7 Amount of contribution (\$) <i>\$1,000.00</i>	8 In-kind contribution description (if applicable) <i>TV ADS PRODUCTION</i>
6 Contributor address; City; State; Zip Code <i>1811 S. 1ST 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>5/9/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>THOMAS ESPARZA</i>	Amount of contribution (\$) <i>\$700.00</i>	In-kind contribution description (if applicable) <i>GRAPHIC DESIGN</i>
Contributor address; City; State; Zip Code <i>1811 S. 1ST AUSTIN, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/17/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>THOMAS ESPARZA</i>	Amount of contribution (\$) <i>\$1300.00</i>	In-kind contribution description (if applicable) <i>TV AD TIME</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)	
Date <i>5/17/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>THOMAS ESPARZA</i>	Amount of contribution (\$) <i>\$1,000.00</i>	In-kind contribution description (if applicable) <i>RADIO AD TIME</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)	
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)	

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 <p style="text-align: center; font-size: 1.2em;">JOHAN SISSON</p>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan <p style="font-size: 1.2em;">5/2/12</p>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">JOHAN SISSON</p>	9 Loan Amount (\$) <p style="font-size: 1.2em;">\$ 33,759.⁰⁰</p>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <p style="font-size: 1.2em;">10216 B16 THICKET DR. AUSTIN, TX 78747</p>	10 Interest rate <p style="font-size: 1.2em;">0%</p>
		11 Maturity date <p style="font-size: 1.2em;">N/A</p>
12 Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">DEPUTY CONSTABLE</p>		13 Employer (See Instructions) <p style="font-size: 1.2em;">TRAVIS COUNTY</p>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input 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 <p style="font-size: 1.2em;">5/18/12</p>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">THOMAS ESPARZA</p>	Loan Amount (\$) <p style="font-size: 1.2em;">\$ 930.⁰⁰</p>
Is lender a financial institution? Y N	Lender address; City; State; Zip Code <p style="font-size: 1.2em;">1811 S. 1ST AUSTIN, TX 78704</p>	Interest rate <p style="font-size: 1.2em;">0%</p>
		Maturity date <p style="font-size: 1.2em;">N/A</p>
Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">ATTY</p>		Employer (See Instructions) <p style="font-size: 1.2em;">SELF</p>
Description of Collateral <input checked="" 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)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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)
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4 Date <i>4/25/12</i>	5 Payee name <i>NUEVO LEON</i>
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6 Amount (\$) <i>\$ 75.00</i>	7 Payee address; City; State; Zip Code <i>1501 E 6th St Austin TX 78702</i>
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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>DEPOSIT & FOOD</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/26/12</i>	Payee name <i>E-2 DRIVE</i>
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Amount (\$)	Payee address; City; State; Zip Code <i>4111 Todd Ln #H Austin TX 78744</i>
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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) <i>STAKES</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/24/12</i>	Payee name <i>AGE PRINTING</i>
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Amount (\$) <i>\$ 853.52</i>	Payee address; City; State; Zip Code <i>7807 DONCASTER</i>
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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>SIGNS</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/30/12</i>	Payee name <i>EL SOL</i>
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Amount (\$) <i>\$302.50</i>	Payee address; City; State; Zip Code <i>600 E. 6th St Austin TX 78701</i>
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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</i>
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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

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)
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4 Date <i>5/11/12</i>	5 Payee name <i>NATHI KIM</i>
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6 Amount (\$) <i>\$4,363.37</i>	7 Payee address; City; State; Zip Code <i>6804 W. CAPITAL TX HWY. #625, AUSTIN, TX 78731</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>CONSULTING EXPENSE</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/12/12</i>	Payee name <i>FRANK INC</i>
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Amount (\$) <i>\$30,725.00</i>	Payee address; City; State; Zip Code <i>8508 BLUFFSTONE COVE AUSTIN, TX 78759</i>
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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>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/3/12</i>	Payee name <i>NUOVO LEON</i>
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Amount (\$)	Payee address; City; State; Zip Code <i>1501 E. 6TH ST AUSTIN TX 78702</i>
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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</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/16/12</i>	Payee name <i>AUSTIN CHRONICLE</i>
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Amount (\$) <i>\$925.00</i>	Payee address; City; State; Zip Code <i>PO BOX 49066 AUSTIN TX 78765</i>
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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>AD</i>
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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

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 <i>JOHN SISSON</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/26/12</i>	5 Payee name <i>AUSTIN CHRONICLE</i>
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6 Amount (\$) <i>\$ 725.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>PO BOX 49066 AUSTIN TX 78765</i>
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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>AD</i>
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Date <i>4/27/12</i>	Payee name <i>AUSTIN CHRONICLE</i>
------------------------	---------------------------------------

Amount (\$) <i>\$ 725.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>PO BOX 49066 AUSTIN, TX 78765</i>
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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>AD</i>
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Date <i>5/10/12</i>	Payee name <i>QUICK PRINT</i>
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Amount (\$) <i>\$ 11,696.54</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>8371 SHOML CREEK AUSTIN, TX 78757</i>
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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>MAILER</i>
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED