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Official Public Records of  
Harris County  
Diane Trautman  
County Clerk

COPY

### Campaign Finance Report

		
		COUNTY CLERK HARRIS COUNTY, TEXAS
FileNo:	202020	
Received By Clerk:	1/13/2020	
File Date:	January 13, 2020	
Office:	County Tax Assessor-Collector	
Candidate:	Terence, Jack J.	
Treasurer:	Terence, Jack J.	
Category:	Contributions And Expenditures	
Delivered By:	Personal Appearance	
Type:	COR	

Harris County No Fee

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">5</div>																		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; font-size: small;">FIRST</td> <td style="width:15%; font-size: small;">MI</td> <td style="width:35%;"></td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 1.5em;">JACK</td> <td style="text-align: center; font-size: 1.5em;">J.</td> <td></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="text-align: center; font-size: 1.5em;">TERENCE</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> </table>	MS / MRS / MR	FIRST	MI			JACK	J.		NICKNAME	TERENCE	LAST	SUFFIX	<b>OFFICE USE ONLY</b>							
MS / MRS / MR	FIRST	MI																			
	JACK	J.																			
NICKNAME	TERENCE	LAST	SUFFIX																		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:25%; font-size: small;">APT / SUITE #;</td> <td style="width:25%; font-size: small;">CITY;</td> <td style="width:25%; font-size: small;">STATE; ZIP CODE</td> </tr> <tr> <td colspan="4" style="text-align: center; font-size: 1.5em;">7265 SIMS HOUSTON TX 77061</td> </tr> </table> <input type="checkbox"/> Change of Address		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE	7265 SIMS HOUSTON TX 77061													
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<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">AREA CODE</td> <td style="width:25%; font-size: small;">PHONE NUMBER</td> <td style="width:25%; font-size: small;">EXTENSION</td> <td></td> </tr> <tr> <td style="text-align: center; font-size: 1.5em;">(832)</td> <td style="text-align: center; font-size: 1.5em;">434 -</td> <td style="text-align: center; font-size: 1.5em;">7998</td> <td></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION		(832)	434 -	7998											
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	JACK	J.																			
NICKNAME	TERENCE	LAST	SUFFIX																		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:20%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:10%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; font-size: 1.5em;">7265 SIMS HOUSTON TEXAS 77061</td> </tr> </table>		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	7265 SIMS HOUSTON TEXAS 77061												
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<b>10 PERIOD COVERED</b>																					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">Month</td> <td style="width:25%; font-size: small;">Day</td> <td style="width:25%; font-size: small;">Year</td> <td style="width:25%;"></td> </tr> <tr> <td style="text-align: center; font-size: 1.5em;">11</td> <td style="text-align: center; font-size: 1.5em;">/ 18</td> <td style="text-align: center; font-size: 1.5em;">/ 19</td> <td></td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center; font-size: 1.5em;">THROUGH</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em;">12</td> <td style="text-align: center; font-size: 1.5em;">/ 31</td> <td style="text-align: center; font-size: 1.5em;">/ 19</td> <td></td> </tr> </table>				Month	Day	Year		11	/ 18	/ 19					THROUGH	12	/ 31	/ 19			
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<b>12 OFFICE</b>		<b>13 OFFICE SOUGHT (if known)</b>																			
OFFICE HELD (if any) <div style="font-size: 1.5em;">NONE</div>		HARRIS COUNTY TAX ASSESSOR, COLLECTOR																			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME JACK JOSEY TERENCE 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <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, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ "0"
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1000.
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ "0"
	4. TOTAL POLITICAL EXPENDITURES	\$ 1400.
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ "0"
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ "0"

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.

NOREEN ZAIDI  
Notary ID #129862308  
My Commission Expires  
September 19, 2022

Jack Terence  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jack Josey Terence, this the 9<sup>th</sup> day of January, 2020, to certify which, witness my hand and seal of office.

Noreen Zaidi  
Signature of officer administering oath

Noreen Zaidi  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME <b>JACK JOSEY TERENCE</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1000. <sup>00</sup>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1400. <sup>00</sup>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1</b>	
2 FILER NAME <b>JACK JOSEY TERENCE</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>12-1-19</b> <b>12-31-19</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>THOMAS JEFFREY TERENCE</b> 7 Contributor address; City; State; Zip Code <b>4502 S.W. FINDLAY SEATTLE WA, 98136</b>	8 Amount of Contribution \$ <b>\$1000</b>	9 In-kind contribution description <b>SOCIAL MEDIA</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>ATTORNEY</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>SELF EMPLOYED</b>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>2</b>	2 FILER NAME <b>JACK JOSEY TERENCE</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11-26-19</b>	5 Payee name <b>HARRIS COUNTY DEMOCRATIC PARTY</b>	
6 Amount (\$) <b>1250.</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>4619 LYONS AVE. HOUSTON TEXAS 77020</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FILING FEE</b>	(b) Description <b>FILING FEE</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JACK JOSEY TERENCE</b>	Office sought <b>HARRIS CO. TAX ASSESSOR</b>
		Office held <b>NONE</b>
Date <b>12-3-19</b>	Payee name <b>OFFICE DEPOT</b>	
Amount (\$) <b>70.</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>6888 GULF FWY. 300 HOUSTON TEXAS 77087</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OFFICE SUPPLIES</b>	Description <b>COMPUTER PAPER</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JACK TERENCE</b>	Office sought <b>HARRIS CO. TAX ASSESSOR</b>
		Office held <b>NONE</b>
Date <b>12-27-19</b>	Payee name <b>AT + T</b>	
Amount (\$) <b>30.</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>PO BOX 5014 CAROL STREAM ILLINOIS <del>60197-5014</del></b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>INTERNET</b>	Description <b>ESTIMATED SHARE INTERNET</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JACK JOSEY TERENCE</b>	Office sought <b>HARRIS CO. TAX ASSESSOR</b>
		Office held <b>NONE</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
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Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>2</b>	2 FILER NAME <b>JACK JOSEY TERENCE</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>12-27-19</b>	5 Payee name <b>AT+T</b>
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6 Amount (\$) <b>35.</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>PO BOX 5014 CAROL STREAM ILLINOIS 60197-5014</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>CELL PHONE</b>	(b) Description <b>PRO-RATA USE CELL PHONE</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JACK JOSEY TERENCE HARRIS CO. TAX ASSESSOR</b>	Office sought <b>HARRIS CO. TAX ASSESSOR</b>	Office held <b>NONE</b>
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Date <b>12-2-2019</b> <b>12-31-2019</b>	Payee name <b>U.S. POSTAGE STAMPS FROM CANDIDATE'S EXISTING SUPPLY</b>
---	---

Amount (\$) <b>15.</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>U.S. POSTAGE STAMPS - ACQUIRED FROM VARIOUS SOURCES OVER SEVERAL YEARS</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>U.S. POSTAGE</b> <b>3 CERTIFIED LETTERS</b>	Description <b>3 CERTIFIED LETTERS TO CHAN. 2</b> <b>+ 13 TELEVISION, HOUSTON CHRONICLE</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JACK JOSEY TERENCE HARRIS CO. TAX ASSESSOR</b>	Office sought <b>HARRIS CO. TAX ASSESSOR</b>	Office held <b>NONE</b>
---	--	---	----------------------------

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>RECORDER'S MEMORANDUM: At the time of recordation, this instrument was found to be inadequate for the best photographic reproduction because of illegibility, carbon or photo copy, discolored paper, etc. All blockouts, additions and changes were present at the time the instrument was filed and recorded.</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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