SPECIFIC-PURPOSE COMMITTEE

FORM SPAC

CAMPAIGN	FINANCE REPORT	COVER SHEET PG 1
The SPAC Instruction G	uide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 COMMITTEE NAME		OFFICE USE ONLY
Houstonians	For Family Values	Date Received
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
change of address	5600 W 34th St., Houston, TX 77092	Date Hand-delivered of Postmarked
		Receipt# Amount
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI	Date Processed
V	NICKNAME LAST SUFFIX Dave 4 1504	Date Imaged
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE#: CITY; STATE: 5600 W 34th St Houston, TX	ZIP CODE 77092
7 CAMPAIGN TREASURER'S MAILING ADDRESS Change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (7(3) 202-798)	
9 REPORTTYPE	January 15 30th day before election July 15 8th day before election Runoff	Exceeded \$500 limit Dissolution (attach PAC-DR) 10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year	Month Day Year
	THROUGH	6/30/14
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year	
	15 Primary Runoff	General Special
	GO TO PAGE 2	

SPECIFIC-PURPOSE COMMITTEE REPORT: **PURPOSE AND TOTALS**

FORM SPAC COVER SHEET PG 2

	·····				
12 COMMITTEE NAME		, ,	ACCOUNT # (Ethics C	ommission Filers)	
Houstonians	For Eamily	y Values		•	
13 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME			
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE				
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (of	ficeholder)		
OPPOSE (Candidate or Measure)		BALLOT IDENTIFICATION / # Mon	ELECTION DATE		
ASSIST (Officeholder)	MEASURE	DESCRIPTION Prohibit Cyty From enforcing Exe	of House	uton les 1-50	
14 CONTRIBUTION TOTALS		L CONTRIBUTIONS OF \$50 OR LESS (OTHER TH IS, OR GUARANTEES OF LOANS), UNLESS ITEM		68287	
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2	193.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		EMIZED \$		
	4. TOTAL POLITICAL EXPENDITURES		\$ (2	175,87	
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAS ING PERIOD	ST DAY \$	-0-	
OUTSTANDING LOAN TOTALS		AL AMOUNT OF ALL OUTSTANDING LOANS AS O HE REPORTING PERIOD	F THE \$ 9	682.87	
15 AFFIDAVIT					
ANA ALVARADO NOTARY PUBLIC STATE OF TEXAS MY COMM, EXP. 10/18/17 I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code Signature of Campaign Treasurer					
AFFIX NOTARY STAMP / SEA	L ABOVE				
Sworn to and subscribe	contribution	said David Wilson. 14., to certify which, witness my		this the	
Signature of officer administer	ing oath Printe	d name of officer administering oath	Title of officer admi	nistering oath	
_			ing or omeer autili	motoring cate	

Texas Ethics Commission P.O. Box 12070 Austin, Texas	s 78711-2070 (512) 463-5800 (TDD 1-800-735-29
POLITICAL CONTRIBUTIONS	(1221,000,100,100,100,100,100,100,100,100
OTHER THAN PLEDGES OR LOAN	S SCHEDULE A
DAN LOAN	2 COULTDOKE W
The Instruction Guide explains how to complete this f	orm. 1 Total pages Schedule A:
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
Houstoniaus for Family Valu	HEEV (Lancs Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC (ID#:	123 ()
1/1/ Flair 1 aux) 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable
6/2/14 Elsie Lew 6 Contributor address: City: State: Zip Code 1/8/9 Kirkbrier Dr	
11819 Kirkbrier DI	. 25
Houten TV 775	7-10
9 Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T)
	© Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution
11 RW Sens	Amount of In-kind contribution contribution (\$) description (if applicable)
63/14 Contributor address; City; State; Zip Code	
1218 Neutucket Dr	25
Harry + 77-5	
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T)
	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#	
James Neal	contribution (\$) description (if applicable)
Contributor address: City: State; Zip Code Or KChestet Dy	and
	50-
Houston, TX 77019	
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution
6/3/14 Contributor address; City; State; Zip Code	contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	0000
1230 (asthedale Dr	20
Houston, tx 77037	
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) Employer (See Instructions)
	,
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution
Later Eucletia Galinao	contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	1000
LOUI Early OCK ST	20
Houston, TX 17089	(If the colon states of the
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) Employer (See Instructions)
ATTACHLANGUM	
ATTACH ADDITIONAL COPIES OF TH If contributor is out-of-state PAC, please see instruction	IS SCHEDULE AS NEEDED
mana . Ao, piedse see mstructio	yurue toradditional reporting requirements.

Texas Linus C	ommission P.O. Box 12070 Austin, Te	exas 78711-2070	(512) 463-5800	(TDD 1-800-735-298
POLIT	TCAL CONTRIBUTIONS			en de la companya de La companya de la companya del la companya de la companya de la companya del la companya de la companya del la companya de la compa
OTHE	R THAN PLEDGES OR LOA	AIC		SCHEDULE A
				The state of the s
T	he instruction Guide evaluing to		1 Total pages Sch	and the A
and the state of t	he Instruction Guide explains how to complete th	is form.	i Total pages SCI	ledule A:
2 FILER NAV	grown, American	The second secon	3 ACCOUNT# (E	thics Commission Filers)
1 .	tonians for Family Va	Lung (HEFY)		,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of	8 In-kind contribution
1.151111	6 Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
VILIC	6 Contributor address; City; State; Zip Code	· · · · · · · ·	0000	
	2531 Haverhill		20 -	
	Houston, TX 7700%		45	
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See	(If travel outside o	of Texas, complete Schedule T)
Date	Full name of contributor		Amount of	In-kind contribution
	Janice Brumbough Contributor address: City; State; Zip Code 11900 Wickchester Ln		contribution (\$)	description (if applicable)
6/2/14	Contributor address; City; State; Zip Code		1000	
0 (" ! /	House to a second	und 1703		
	Houston, TX 17043			
Principal occu	ipation / Job title (See Instructions)	Employer (See In	(If travel outside on Instructions)	f Texas, complete Schedule T)
Date	F. 9			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution
10/11/	Irvin Willard		continuation (\$)	description (if applicable)
4/2/14	Contributor address; City; State; Zip Code		7500	
	Houston, TX 770 43			
Delination			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	totad, domptete denedale 1)
Date	Full name of contributor Quit-of-state PAC/ID#			
	7 1 10)	Amount of contribution (\$)	In-kind contribution description (if applicable)
0/2/14	Contributor address; City; State; Zip Code			, and the approaching
*	10227 Neadow Lake In		0500	
	Houston, TX 17042		a - 1	
Principal occup	ation / Job title (See Instructions)		(If travel outside of	Texas, complete Schedule T)
		Employer (See Ins	structions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	
	B.S. Chandler		contribution (\$)	In-kind contribution description (if applicable)
6314	Contributor address; City; State; Zip Code 5521 Jackwood Ln		- 00	
			50	
	Houston, TX 17096		u voi	**************************************
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	(If travel outside of T	exas, complete Schedule T)
		, , , , , , , , , , , , , , , , , , ,		Planting
			ATTENDED AND COMPANY AND	\$10-88[94] 619 2222 (Anni American (2007) 2004) 2004 (Anni American (2004) 2004) 2004 (2004) 2004 (2004) 2004 (Anni American (2004) 2004) 2004 (2004) 2004 (2004) 2004 (2004) 2004 (2004) 2004 (2004) 2004 (2004) 2004 (2004)
15 ~~	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS	SNEEDED	
13 00	entributor is out-of-state PAC, please see instruc	ction guide foradditi	onal reporting red	quirements.

Texas Ethics C	Commission P.O. Box 12070 Austin, Te	exas 78711-2070	(512) 463-5800	(TDD 1-800-735-298
POLIT	TICAL CONTRIBUTIONS		00000 11100 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2
OTHE	R THAN PLEDGES OR LOA	Me		SCHEDULE A
		142		And the second s
	ha Instruction Co. 1		Tabella Co	
	he Instruction Guide explains how to complete th	is form.	1 Total pages Sch	nedule A;
2 FILER NAM	4*****		3 ACCOUNT# (E	thics Commission Filers)
	toniaus for Family Va	Lues (HEEV)		,
4 Date	5 Full name of contributor Out-of-state PAC (ID#		7 Amount of	8 In-kind contribution
are consistent and the constitution of the con	A.B. V roushington		contribution (\$)	description (if applicable)
4/3/14	A.B. Vernington 6 Contributor address; City; State; Zip Code 10906 Chevy Chase Dr	•	50 99	
	10400 Chevy Chase Dr			
	Houston, TX 11042		(If travel outside	of Texas, complete Schedule T)
9 Principal occ	cupation / Job title (See Instructions)	10 Employer (See	Instructions)	or rexas, complete Schedule T)
Date	Full page of a vill de la			
	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution
¥ 2 ± Å	Stephen Lecatz Contributor address; City; State; Zip Code 33 NOak Dr		(4)	description (if applicable)
6/2/14	33 North Code		0 2-	
	Houston, IX 77096		1	
Principal con	4		(If travel outside of	f Texas, complete Schedule T)
- micipat occi	upation / Job title (See Instructions)	Employer (See I	nstructions)	They complete ocheane 1)
Date	Full name of contributor out-of-state PAC (ID#_		A	
	Bob Nichilo		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/2/4	Contributor address; City; State; Zip Code	* * * * * * * * v v	AC 00	
7121	La Caracia A		37-	
Principal occu	pation / Job title (See Instructions)	Employer (See II	(If travel outside of	f Texas, complete Schedule T)
	,	Litiployer (See II	istructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
12/0/11/	Betty Jones	and the state of t	contribution (\$)	description (if applicable)
WIZIM	Contributor address; City; State; Zip Code		500	
	&202 tarbell Rd)	
	Houston, TX 77034		(If travel autoids at	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	Texas, complete Schedule T)
Date	E. III no proceed and the second			
	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution
Services Commence Com	Contributor address: City Contributor		(4)	description (if applicable)
VIPI	Contributor address; City; State; Zip Code S136 HUCKLEBERRY CSY		5000	
	Houston, TX 71056	a version de la constante de l		
Principal occum	ation / Job title (See Instructions)		 (If travel outside of 7	Texas, complete Schedule T)
	(ese mandellons)	Employer (See Ins	structions)	
	The state of the s	BBCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC		
**	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE A	SNEEDED	

	P.O. Box 12070 Austin, T	exas 78711-2070	(512) 463-5800	(TDD 1-800-735-298)
POLIT OTHE	TICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	INS	and of Landborgh (Clarker) through the land of the Charles and Cha	SCHEDULE A
T	he Instruction Guide explains how to complete th	ils form.	1 Total pages Sch	edule A:
2 FILER NAM	toniang For Family Va	Luca (HEEV	3 ACCOUNT#(E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#) Alfene Hartman 6 Contributor address; City; State; Zip Code 1 1 62 Curtain Houston, TX 77018		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See	(If travel outside o	of Texas, complete Schedule T)
Date 6/2/14	Full name of contributor Out-of-state PAC (1D#) Marilyn Bitsis Contributor address; City; State; Zip Code 1102 Brian brook		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occi	Houston, TX 11042 upation / Job title (See Instructions)	Employer (See	(If travel outside of Instructions)	Texas, complete Schedule T)
Date (13/14	Full name of contributor out-of-state PAC (ID#_ Elizabeth York Contributor address; City; State; Zip Code 15 Thicket LN		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principa l occu	pation / Job title (See Instructions)	Employer (See	(If travel outside of Instructions)	Texas, complete Schedule T)
Date 6/2/14	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occur	pation / Job title (See Instructions)	Employer (See I	(If travel outside of T nstructions)	Texas, complete Schedule T)
Date (1/2/14)	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
Physical	Houston, 1x 71099		(If travel outside of T	OVOQ COMPLETE O L. L. C. T.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

(If travel outside of Texas, complete Schedule T)

Texas Etrics Co	Austin,	Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-298
POLIT OTHE	ICAL CONTRIBUTIONS R THAN PLEDGES OR LO	respondituate de companya de la comp	The second secon	SCHEDULE A
-	ne Instruction Guide explains how to complete	this form.	1 Total pages Sch	edule A:
1	toniaus For Family Va	- Lues (HEEV	3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC (IE		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/2/14	12232 Beamer Rd	de	2500	
O Daireitani	Houston, TX 77089		(If travel outside o	f Texas, complete Schedule T)
	upation / Job title (See Instructions)	10 Employer (See	Instructions)	mas, complete concedure 1)
Date	Full name of contributor Out-of-state PAC(IE)	#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/2/14	Contributor address; City; State; Zip Co 9507 Meadowcroff Houston, TX 77063	de Dr	1000	
Deireiten	-1		(If travel outside of	Texas, complete Schedule T)
Fillicipal occu	pation / Job title (See Instructions)	Employer (See I	Instructions)	roxes, complete Scriedule 1)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
01411	1744 Nina Lee LN Haustan, TX 77019	le	25 99	
Datastall	<u> </u>		(If travel outside of	Texas, complete Schedule T)
Fillicipal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	rosae, complete defieddie 1)
Date	Full name of contributor		Amount of	In-kind contribution
6/2/4	Contributor address; City; State; Zip Cod 10211 Cedar (reek D	Υ.	contribution (s)	description (if applicable)
	Houston, TX 11048	200		

Principal occupation / Job title (See Instructions)

(If travel outside of Texas, complete Schedule T)

Employer (See Instructions)

Aneta Cupp Contributor address; City; State; Zip Code 1237 Althea Dr

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

Amount of contribution (\$) In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Houston, TX 11018

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

lexas Etnics C	ommission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-298
POLIT	ICAL CONTRIBUTIONS	and the second s		militare constitutive con exercisis in the constitutive c
	R THAN PLEDGES OR LO.	ANC		SCHEDULE A
		AN2		The state of the s
The same of	he Instruction Guide explains how to complete	this form.	1 Total pages Sch	edule A:
2 FILER NAN	Principles (China China	COMMONICIES (AND STATE AND		
	tonians for Family Va	clues (HFFV	3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (IE	D#	7 Amount of	8 In-kind contribution
	Levoy Velk		contribution (\$)	description (if applicable)
WIZIW	6 Contributor address; City; State; Zip Co	ode	1000	
	Houghow HICKORY LA	1 5/ 44100		
	I (PUSTONT IX KINGNOOD	1, TX 71339	(If travel outside o	of Texas, complete Schedule T)
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See	Instructions)	r rexas, complete Schedule 1)
Date	Full name of contributor			
	Full name of contributor Out-of-state PAC (IE	D#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
:./^/11	Contributor address; City; State; Zip Co		70	accompliant (it applicable)
VBIH	17 Kingwood Villag Ct	de	5	
Principal occi	Ingwood, TX 11339 Ipation / Job title (See Instructions)		(If travel outside of	Texas, complete Schedule T)
· · · · · · · · · · · · · · · · · · ·	Abaden / 300 title (366 instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID	77	Amount of	
	L. G. Gennusa		contribution (\$)	In-kind contribution description (if applicable)
6/2/14	Contributor address; City; State; Zip Coo		16 00	
W12/11	1702 Shadowdate Dr		10-	
	Houston, tx 71043	All and a second a	j	
Principal occu	pation / Job title (See Instructions)	Employer (See I	(If travel outside of	Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
1.12111	Contributor address; City; State; Zip Cod		contribution (\$)	description (if applicable)
4121H	Contributor address; City; State; Zip Cod	е	1600	
	Houston, TX 77087		V	
Principal accur			(If travel outside of	Texas, complete Schedule T)
1 molpai occup	pation / Job title (See Instructions)	Employer (See In	structions)	ionac, complete Scriedule 1)
Date	Full name of contributor out-of-state PAC (ID#	1	Amount of	In kind part 1
THE STATE OF THE S	Michael Gage		contribution (\$)	In-kind contribution description (if applicable)
0/3/14	Contributor address; City; State; Zip Code	• • • • • • • • • • • •	00	The state of the s
V 1 -	306 E. Wellington		25	
	Houston, TX 71076			
Principal occup	ation / Job title (See Instructions)	Employer (See In:	(If travel outside of T structions)	exas, complete Schedule T)
CONTRACTOR				
	ATTACHARRY			And the second s
If co	ATTACH ADDITIONAL COPIES (entributor is out-of-state PAC, please see inst	OF THIS SCHEDULE A	SNEEDED	
	, product out mat	Series Integall	ional reporting rec	quirements.

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	e Instruction Guide explains how to complete th	is form.	1 Total pages Sc	hedule A:
	onians for Family Va	Lues (HEEV)	3 ACCOUNT# (I	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/2/14	6 Contributor address; City; State: Zip Code 5712 Tanglewood Cove	· · · · · · · · · · · · · · · · · · ·	35 00	-
9 Principal occur	pation / Job title (See Instructions)	1	(If travel outside	of Texas, complete Schedule T)
	parion 1 300 title (3ee mistructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/2/14	Contributor address; City; State; Zip Code		000	
Part - A - A	Houston, TX 77043		(If travel outside a	of Texas, complete Schedule T)
rintcipal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	- 19.66, somplete defieurie ()
Date	Full name of contributor out-of-state PAC (ID:#		Amount of contribution (\$)	In-kind contribution
6/3/14	Contributor address; City; State; Zip Code WA 14914 Perthshire Houston TX 711	Rd 019	(0 00	description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See In	(If travel outside o	of Texas, complete Schedule T)
Date			istructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Donald Dargen		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/2/14	Contributor address: City: State; Zip Code 1502 Contrad Sauer DI Houston, TX 77043		1000	
Principal occupa	ation / Job title (See Instructions)	Employer (See In	(If travel outside of structions)	f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
6/2/14	Amy Cagle Contributor address? City; State: Zip Code 12915 Figure Dr		2009	description (if applicable)
	Houston, TX 11024	-	///	
Principal occupa	tion / Job title (See Instructions)	Employer (See Ins	(IT travel outside of structions)	Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	1.0. Dox 12070 Austin, 16	exas 78711-2070	(512) 463-5800) (TDD 1-800-735-298
POLI	TICAL CONTRIBUTIONS			CORDIC Landschaper of Cordic Landschaper of Cordical Action (Cordical Action Cordinal Action C
OTHE	R THAN PLEDGES OR LOA	AIC		SCHEDULE A
		.143		the said a grown grown grown of grown of the said
jour	he Instruction Guide explains how to complete th	is form.	1 Total pages Sci	nedule A:
2 FILER NAM	ME	ormania arrollo ha erro que est dan ampania de altra de la manera de la companya e aproxessa e al fare de la companya de del la companya de	3 ACCOUNTY /	
Hous	itoniaus for Family Va	/ HEEV	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	wes C	32	
			7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/2/14	Damon Brotherton 6 Contributor address; City; State; Zip Code 1043 Chamboard Ln		-	1
y	1043 Chamboard Lo	9	2000	
	Houston, TX 17019		030	1
0 0			(If travel outside	of Texas, complete Schedule T)
9 Principal oc	cupation / Job title (See Instructions)	10 Employer (See	Instructions)	reaction description of the date (1)
Date	Full name of contributor ☐ out-of-state PAC(ID#:			
			Amount of contribution (\$)	In-kind contribution
6/3/4	Robert Gabrysch Contributor address; City; State; Zip Code 1841 Beth Lehem	* * * * * * *	(\$)	description (if applicable)
W/3/14	Contributor address; City; State; Zip Code		1000	
	1691 Demunan		10-1	
	Houston, TX 17018			
Principal occ	upation / Job title (See Instructions)	Employer (See I	(If travel outside c	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Rosalie Tipton		contribution (\$)	description (if applicable)
0/3/14	Contributor address; City; State; Zip Code		000	
. *	8830 Froulon Dr		20-1	
	Houston, TX 77036			
Principal occu	ipation / Job title (See Instructions)	Employer (See In	(li travel outside o	f Texas, complete Schedule T)
		, , , , , , , , , , , ,	- Tractional	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Maurice Legrand		contribution (\$)	description (if applicable)
6/2/14	Contributor address; City; State; Zip Code		1000	
ive t	140 Lu Carolarest		20-	
	Houston, 1x 17019			
Principal occu	pation / Job title (See Instructions)	Employer (See In	(If travel outside of	Texas, complete Schedule T)
			on actions)	
Date	Full name of contributor out-of-state PAC (ID#) [Amount of	In-kind contribution
E	Trevia Beverly		contribution (\$)	description (if applicable)
V/3/W	Contributor address; City; State; Zip Code		. 10	
- : : : :	2507 Tannehill Dr		10-	
	Houston, TX 17008		-	
Principal occup	pation / Job title (See Instructions)	Employer (See In-	(If travel outside of	Texas, complete Schedule T)
THE RESIDENCE OF THE PROPERTY	Sentence grant control on a surprise manufacturing and a surprise control of the surprise control of t	Employer (See Ins	u uctions)	
	The state of the s			TO SOURCE COMPANY TO THE WARRENCE OF COMMAND AND AND AND AND AND AND AND AND AND
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDI II F A	SNEEDED	
If co	ontributor is out-of-state PAC, please see instruc	ction guide foradditi	onal reporting re	quirements.
			. 5.4	,

Texas Entites of	enimission P.O. Box 12070 Austin, Te	exas 78711-2070	(512) 463-5800	(TDD 1-800-735-298
POLIT	ICAL CONTRIBUTIONS		TO COLUMN THE PROPERTY OF THE COLUMN THE PROPERTY OF THE COLUMN TH	maketakan penganakan pengangan penganakan kalan penganan pengangan pengangan pengangan pengangan pengangan pen
OTHE	R THAN PLEDGES OR LOA	5. g		SCHEDULE A
	TO STATE OF LOA	7M2		VOILLUIL A
	he Instruction Guide explains how to complete th	is form.	1 Total pages Sche	đule A;
2 FILER NAM	E goong Amore		3 ACCOUNT # /Fth	nics Commission Filers)
_tlous	toniaus for Family Va	L. HEEV	(20	noo oommission (ners)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	1967	7 Amount of	8 In-kind contribution
	6 Contributor address: City; State; Zip Code 2131 Goldsmith		contribution (\$)	description (if applicable)
	6 Contributor address; City; State: Zip Code		~ ~ ~ ~ ~ ~	
*	2131 Goldsmith		25=	
	Houston TX 11030			
9 Principal occ	upation / Job title (See Instructions)	10 Employer (C	(If travel outside of	Texas, complete Schedule T)
	,	10 Employer (See	instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
	Tom Houston		contribution (\$)	description (if applicable)
1.10/14	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	000	
6/2/14	1 30 14 CROW CROPEL +	71	19-	
	(touston, tx 1705%	<i>y</i> •		
Principal occu	upation / Job title (See Instructions)	Employer (See I	(If travel outside of	Texas, complete Schedule T)
		Employer (See)	nsudciions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution
	James Inglish		contribution (\$)	description (if applicable)
4/2/14	Contributor address; City; State: Zip Code		20001	
No.				
	Houston, TX 71024			
Principal occu	pation / Job title (See Instructions)	Employer (See In	(If travel outside of I	fexas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
	Rucky Lane		contribution (\$)	description (if applicable)
4/2/14	Contributor address; City; State; Zip Code		700	
*			25 - 1	
	Houston, 1/ 11031		(If travel outside of To	exas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	exas, complete Schedule T)
Date	Euli soore of and it			
	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution
/ [Contributor address; City; State; Zip Code			description (if applicable)
12/14/	16302 Brookvilla Dr.		989!	
,	Houston, TX 17059			de manuel de la constante de l
Principal occup	ation / Job title (See Instructions)		 (If travel outside of Te	xas, complete Schedule T)
	and the (See Hattuctions)	Employer (See Ins	structions)	
				POPULATION TO A REAL AND A PROPERTY OF THE MALE AND A PROPERTY OF THE AREA OF
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDING - A	Co B & See has hard been hard	
If co	ontributor is out-of-state PAC, please see instru	ction guide foraddit	oneenen ional reporting rem	uirements.

Texas Ethics Co	ommission P.O. Box 12070 Austin, Te	exas 78711-2070	(512) 463-5800	0 /TDD 1-800 725 200
POLIT	ICAL CONTRIBUTIONS	THE PROPERTY OF THE PROPERTY O	ACCOUNTS OF THE PARTY OF THE PA	0 (TDD 1-800-735-298
	R THAN PLEDGES OR LOA	NS.		SCHEDULE A
	he Instruction Guide explains how to complete th	is form.	⁴ Total pages Sc	chedule A:
2 FILER NAM	toniaus for Family Va	Lues (HEEV	3 ACCOUNT# (I	Ethics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PAC (ID#)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/2/14	Irma Alvarez 6 Contributor address; City; State; Zip Code (1010 Wickersham Ln		30 00	
	Houston, TX 11042		(If travel outside	of Texas, complete Schedule T)
	upation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/2/14	00:0 1:01 01	· · · · · · · · · · · · · · · · · · ·	200	
Principal occu	Houston, TX 11036 Ipation / Job title (See Instructions)		(If travel outside	of Texas, complete Schedule T)
		Employer (See I	Instructions)	1 2 20 100 1/
Date	Full name of contributor Out-of-state PAC (ID#_ Teannine Cunhingham		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/4/14	Jeannine (unhingham Contributor address; City; State; Zip Code 2110 Lalexo Dr.		250	
Principal occup	Houston, TX 71019 pation / Job title (See Instructions)	Employer (See I	(If travel outside on natructions)	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#			
Date .	Catherine Lemm		Amount of contribution (\$)	In-kind contribution description (if applicable)
0/2/14	Contributor address; City; State; Zip Code 6405 Muckle Yoy St. Houston, TX 11076		2500	
			1	,

Principal occupation / Job title (See Instructions)

(If travel outside of Texas, complete Schedule T)

Employer (See Instructions)

Full name of contributor ____ out-of-state PAC (ID#; Amount of contribution (\$) 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 foradditional reporting requirements.

Texas Lines of	ommission P.O. Box 12070 Austin, To	exas 78711-2070	(512) 463-5800	(TDD 1-800-735-298
POLIT	ICAL CONTRIBUTIONS	The state of the s		
OTHE	R THAN PLEDGES OR LOA	B. S. co.		SCHEDULE A
	N TIMIN PLEDGES OR LOA	MS		SOUEDOFE W
Th	e Instruction Guide explains how to complete th	is form.	1 Total pages Sch	nedule A:
2 FILER NAMI		COS Soldenman a grant program y consistency of the Cost of the Cos		
	toniaus for Family Va	1 (HEEV	3 ACCOUNT# (E	thics Commission Filers)
4 Date	E Full C (III	1963		
			7 Amount of contribution (\$)	8 In-kind contribution
1 /2/11/	Clifton Honeycutt		Contribution (3)	description (if applicable)
11/19	Clifton Honeycutt 6 Contributor address: City; State; Zip Code (102 Walnut Bend In	e	1000	
	102 Valmut Bend Ln		10	
	Houston, TX 71042			
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See	(If travel outside	of Texas, complete Schedule T)
	·	to Employer (See	instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	
	Trene Robles		contribution (\$)	In-kind contribution description (if applicable)
1,17,114				
4/2/11	Contributor address; City; State; Zip Code 400 6 SI VEX WOOD Dr	-	2500	
	Houston, TX 77025		a -	
Drive in the	<u> </u>		(If travel outside o	f Texas, complete Schedule T)
Principal occul	pation / Job title (See Instructions)	Employer (See I	Instructions)	rickas, complete Schedule 1)
Date	Full name of contributor] out-of-state PAC (ID+			
			Amount of contribution (\$)	In-kind contribution
	Contributor address: City: State: Zip Code		σοτιαισσαση (φ)	description (if applicable)
0/2/14	Contributor address; City; State; Zip Code		CINOZI	
			2001	
	Houston, TX 77024		061	
Principal occup	pation / Job title (See Instructions)	Employer (See I	(If travel outside o	f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
1.10 Mil	taul Pressler		contribution (\$)	description (if applicable)
VILIY	Contributor address; City; State; Zip Code		00 00	
	5118 Holly Terrace Dr		200 = 1	
and the second of the second o	Houston, TX 77056			
Principal occupa	ation / Job title (See Instructions)	Employer (O	(If travel outside of	Texas, complete Schedule T)
		Employer (See In	istructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amagustas	
	Neal Made)	Amount of contribution (\$)	In-kind contribution description (if applicable)
0/2/14	Contributor address; City; State; Zip Code		100 101	
	5900 Longmont Dr		100-	
	Houston, TX -17056			
Principal occurs	tion / Job title (See Instructions)		(If travel outside of	Texas, complete Schedule T)
opar occupa	mon , you fills (See Iustractious)	Employer (See In:	structions)	,
u Malandaria wakon wako kalinda kata araya a waki waki kalinda kata a da kalinda kata waki waki kata waki kata				
	ATTACU ADDITIONAL CONTRA	NA TOPO D & E. Alba, eds., and a		
If co	ATTACH ADDITIONAL COPIES OF ntributor is out-of-state PAC, please see instru	- THIS SCHEDULE A	SNEEDED	
	The state of the s	vuon guide foraddit	ional reporting re	quirements.

P.O. Box 12070

1		The second secon	(012)-700-0000	(100 1-800-735-298
POLIT	ICAL CONTRIBUTIONS			
Ulte	R THAN PLEDGES OR LOA	NS		SCHEDULE A
A CONTRACTOR OF THE PROPERTY O	ne Instruction Guide explains how to complete th	is form.	Total pages Sci	nedule A:
2 FILER NAM	I me from the state of the stat	A Company of the Comp	3 ACCOUNT# (E	Ethics Commission Filers)
Пои5 ³	5 Full name of contributor Doublefeets DAC UNIV.	Lues (HFFV)		
- Control of the Cont	S Full name of contributor Out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/2/4	6 Contributor address; City; State; Zip Cod		1000	
VIZI	6618 Sivley St		IV-	
	Houston, TX 17055		(If travel outside	of Texas, complete Schedule T)
9 Principal occi	upation / Job title (See Instructions)	10 Employer (See	Instructions)	or rexas, complete Schedule T)
53-1-			,	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10/2/14	. W.W. Norris		contribution (\$)	description (if applicable)
4/-/11	Contributor address; City; State; Zip Code	•	00 00	
	Houston, TX 77008		XU	
Principal occu	pation / Job title (See Instructions)	F	(If travel outside o	of Texas, complete Schedule T)
		Employer (See I	nstructions)	
Date	Full name of contributor) [Amount of	In-kind contribution
	Marianna Jayson		contribution (\$)	description (if applicable)
6/2/14	Manana Jayson Contributor address; City; State; Zip Code 4502 KWY Ln		00 00	
	Houston, TX 77008		X9 -	
			(If travel outside o	f Texas, complete Schedule T)
Pilincipal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	Toxas, complete Scriedule 1)
Date	Full name of contributor			
TO THE PARTY OF TH	rull name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/2/14	Contributor address: City State 7 Contributor		(4)	acsoription (ii applicable)
W/ Z/ \	1901 Buracuno		0000	
	Houston IX 11062		00	
Principal occup	ation / Job title (See Instructions)		(If travel outside of	Texas, complete Schedule T)
	die (See Instructions)	Employer (See In	structions)	The state of the s
Date	Full name of contributor			
The state of the s	NAC 4		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/14	Contributor address; City; State; Zip Code			(ii applicable)
	P.O. Box 66561		100-1	
	Houston, TY 71266			
Principal occupa	ation / Job title (See Instructions)		(If travel outside of	Texas, complete Schedule T)
	v= v= metrodiona)	Employer (See Ins	tructions)	
	A STATE OF THE STA			The second secon
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
if co	ntributor is out-of-state PAC, please see instru	ction guide foradditi	oneevev Ional reporting re	auiremente
			-F	you cilicité.

-	F.O. BOX 12070 Austin, 18	exas 78711-2070	(512) 463-5800	(TDD 1-800-735-298
POLIT	ICAL CONTRIBUTIONS			And the second security of the second
OTHER	R THAN PLEDGES OR LOA	NG		SCHEDULE A
		r a A 🗻		
in Care	e Instruction Guide explains how to complete th	is form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT#/F	
_tlous	oniaus for Family Va	Luas (HEEV)	9 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	Florence Kearns 6 Contributor address; City: State; Zip Code 9638 Oak Thicket		contribution (\$)	description (if applicable)
0/0/4	6 Contributor address; City; State; Zip Code	·····	1000	
	Houston to accept			
S District	Houston, TX 11040		(If travel outside o	f Texas, complete Schedule T)
a Eurobai occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	Transfer dempote deflecting 1)
Date	Full name of contributor out-of-state PAC(ID#:			
£ 1	Christine Wright		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/5/14	Contributor address; City; State; Zip Code	* * * * * * * * * * * * * * * * * * *	00	,
	1342 Twinbrooke		20-	
	Houston, TX 17088			
Principal occup	pation / Job title (See Instructions)	Employer (See I	(If travel outside o	f Texas, complete Schedule T)
Trad-	F. 4			
Date	Full name of contributor Out-of-state PAC (ID#_ Samule Herrera		Amount of contribution (\$)	In-kind contribution
. / . /	Contributor address: City State 7100		(4)	description (if applicable)
6/4/4	Contributor address; City; State; Zip Code 11022 Sage burrow Dr		(1000	
	Houston, TX 71089			
Principal occup	ation / Job title (See Instructions)	Employer (See Ir	(If travel outside o	f Texas, complete Schedule T)
		Fulhioyat (246 It	istructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
6/3/14	Joan Gatton	7	contribution (\$)	description (if applicable)
V/2/[1	Contributor address; City; State; Zip Code 14107 Carol Crest City	` ` ` ` ` ` ` `	0001	
	Houston, 1X 77019		20-1	
Principal occupa	ation / Job title (See Instructions)		(If travel outside of	Texas, complete Schedule T)
	and 7 300 title (See Instructions)	Employer (See In	structions)	process of the second s
Date	Full name of contributor out-of-state PAC (ID#:	\[\]	Amount of	La lain d
	Alison Gardner		contribution (\$)	In-kind contribution description (if applicable)
0/1/14	Contributor address; City; State; Zip Code		1 2007	
	10118 Sugar Hill Dr	Manufacture (Manufacture (Manuf	15 45	
	Houston, TX 17042		(16.4	
Principal occupa	tion / Job title (See Instructions)	Employer (See Ins	(if travel outside of tructions)	Texas, complete Schedule T)
elegiskostationista taratailaataajailiseleenna valtatailisiksi ona Ciepromotota				
	ATTACH ADDITIONAL COPIES OF	THE COURSE	PO R g pass from pas- com wa-	
lf cor	ntributor is out-of-state PAC, please see instru	ction guide foradditi	onal reporting re	Muiremente
				gonesticita,

	Austin, Te	exas 78711-2070	(512) 463-5800	(TDD 1-800-735-298
POLIT	FICAL CONTRIBUTIONS OR THAN PLEDGES OR LOA	NS		SCHEDULE A
	he Instruction Guide explains how to complete th	is form.	1 Total pages Sch	nedule A:
2 FILER NAM HOUS	toniaus For Family Va	Lues (HEFV)	3 ACCOUNT# (E	ethics Commission Filers)
e la lu	5 Full name of contributor out-of-state PAC (ID#_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/0/0	Alfred Phillips 6 Contributor address: City: State: Zip Code 11430 Ash Creek Or	· · · · · · · · · · · · · · · · · · ·	2000	
9 Principal occ	Supation / Job title (See Instructions)	10 Employer (See	(If travel outside of	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/8/14	Contributor address; City: State; Zip Code 415 Bayland	· · · · · · · · · · · · · · · · · · ·	5000	
Principal occ	thouston, the 1000 pation / Job title (See Instructions)	Employer (See I	(If travel outside o	f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/12/14	Robert Femendu Contributor address: City; State; Zip Code 2429 Bissonnet Houston, TX 77005	,	20 9	
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	(If travel outside on tractions)	f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ Twilta Turres Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Houston, TX 17042	apt 26		
Principal occu	pation / Job title (See Instructions)	Employer (See In	(If travel outside of structions)	Texas, complete Schedule T)
Date (/ 7 / 14	Full name of contributor out-of-state PAC (ID#:	241	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	Howston, TV 1009 ration / Job title (See Instructions)	Employer (See Ins	(If travel outside of	Texas, complete Schedule T)
If co	ATTACH ADDITIONAL COPIES OF pontributor is out-of-state PAC, please see instru	THIS SCHEDULE A	S NEEDED	quirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OF LOANS

SCHEDIUE A

	All FLEDGES OR LOA			SUMEDULE A
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sc	hedule A:
2 FILER NAME Houst	oniaus For Family Va	Les (HFFV	3 ACCOUNT# (I	Ethics Commission Filers)
	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/>/17	Norma Jones 6 Contributor address; City; State; Zip Code 14302 Appletree Dr		विष्ठ ००	
	Houston IX 1019		(If travel outside	of Texas, complete Schedule T)
		10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/4/14	Contributor address; City; State; Zip Code 8703 DOVEN St.		au 99	
Principal occur	ation / Job title (See Instructions)		(If travel outside of	of Texas, complete Schedule T)
		Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/14/14	Marian Reed Contributor address; City; State; Zip Code 13727 Queens buy Ln Houston, TX 71019		2000	
Principal occupa	ation / Job title (See Instructions)	Employer (See I	(If travel outside on structions)	of Texas, complete Schedule T)
Date	Full name of contributor Out-of-state PAC (ID#			
1 /- 1			Amount of contribution (\$)	In-kind contribution description (if applicable)
6/3/14	Contributor address; City; State; Zip Code 5527 Sylmar Rd		10-1-	
Principal occupa	Houston, TX 71081	Employer (See In	(If travel outside of structions)	Texas, complete Schedule T)
Date	Full name of contributor			
N 40 W	RF Bauman)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/3/14	Contributor address; City; State; Zip Code 430 Winter Oaks D	۲	1000	
Principal occupat	ion / Job title (See Instructions)	Employer (See Inc	(If travel outside of structions)	Texas, complete Schedule T)
econsularity entrological association (vinitarity confidence of the confidence of th	ATTACH ADDITIONAL COPIES OF	THIS SCUENIII MA	Con R. I. Proc. proc. proc. proc. proc.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

3 3 8 5 6 6 6 6	VIIIAIA PLEDGES OR LOA	NVS		SUMEDULE A
	e Instruction Guide explains how to complete th	nis form.	1 Total pages So	chedule A:
2 FILER NAME Hous	onians for Family Va	lues (HFFV)	3 ACCOUNT#(Ethics Commission Filers)
6/2/14	6 Contributor address; City: State; Zip Cod 2539 Pine Village		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
V/ >/\1		Or	15 9	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	(If travel outside	of Texas, complete Schedule T)
Date	Editor		metractions)	
	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
0/2/14	Contributor address; City; State; Zip Code 9614 Birch MWH Houston, TX 71092	e	10 00	
Principal occup	pation / Job title (See Instructions)	Employer (See I	(If travel outside nstructions)	of Texas, complete Schedule T)
Date	Full name of contributor Out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
W/3/14	Contributor address: City; State; Zip Code 1119 Twin brooke Dr Howston, TX 77088		29 00	
Principal occup	ation / Job title (See Instructions)	Employer (See In	(If travel outside on structions)	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ WM VOSOM Contributor address; City; State; Zip Code 8800 Noaway Or	. ,	Amount of contribution (\$)	In-kind contribution description (if applicable)
V/3/17	Hon, TX 71063		2500	
Principal occupa	ition / Job title (See Instructions)	Employer (See In	(If travel outside of structions)	f Texas, complete Schedule T)
Date .	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/2/14	Contributor address; City; State; Zip Code (10016 Ella Lee Ln	• • • • • • • • • • • •	1500	
Principal occupat	HOUSTON, TV 11042	Employer (See Ins	(If travel outside of tructions)	Texas, complete Schedule T)
лет отношнивания предоставления на предоставления на предоставления на предоставления на предоставления на пре			an Lamanum phoi il mai Lagainne dh'inn athainn a na bhainn in in an Aigheil inn aith an an an ann an ann an an	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL	CONTRIBUTIONS
	N PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A:
Houstoniaus For Family Value	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#: MWHAI Thomas 6 Contributor address; City; State; Zip Code 1211 Briar Dr	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
9 Principal course in Land	(If travel outside of Texas, complete Schedule T)
10	Employer (See Instructions)
Full name of contributor out-of-state PAC(ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
307 FavnLake Dr trouston, TX 77079	25 00
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T)
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T)
Date Full name of contributor out-of-state PAC(ID#	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) En	(If travel outside of Texas, complete Schedule T)
Date Full name of contributor out-of-state PAC (ID#:) Amount of In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T)
Em	ployer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

		4142		Const. Co
Th	e Instruction Guide explains how to complete t	his form.	1 Total pages Sc	hedule A:
2 FILER NAMI	toniaus For Family Va	lues (HFFV)	3 ACCOUNT# (I	Ethics Commission Filers)
	5 Full name of contributor Out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/3/14	235 Chimney Rock Rd		1500	
	Houston, 1x 77024		(If travel autilia	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	of Texas, complete Schedule T)
Date 6/2/14	Full name of contributor out-of-state PAC (ID# Out-of-state PAC (ID# Contributor address; City; State; Zip Cod		Amount of contribution (\$)	In-kind contribution description (if applicable)
VIZI	2807 Crystal Falls Dr	e	25 9	
Principal occu	King Wood TX 17345 pation / Job title (See Instructions)	Employer (See I	(If travel outside onstructions)	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
0/2/14	J. Lee Lydick Contributor address; City; State; Zip Code [0919 Oasis Dr	. , , , . , , , , , , , , , , , , , , ,	contribution (\$)	description (if applicable)
	Houston, TX Mogle			
Principal occup	ation / Job title (See Instructions)	Employer (See Ir	(If travel outside on structions)	of Texas, complete Schedule T)
Date	Full name of contributor Out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
14/14	Contributor address; City; State; Zip Code 12434 Carriage Hill Dr	• • • • • • • • • • • • • • • • • • • •	1500	
	Houston, TX 11011		(If traval nutrity	
Principal occupa	ation / Job title (See Instructions)	Employer (See In	structions)	Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
0/4/14	Contributor address: City: State: Zip Code 11922 Kemp Hollow Ln Houston, TX 77043		5000	(in depricable)
	Houston, TX 77043	TOTAL MARKET MAR	//E hannel	
Principal occupa	tion / Job title (See Instructions)	Employer (See Ins	ur travel outside of structions)	Texas, complete Schedule T)
- Annual Market de Charles Conference de Cha		SEAAng kemilipasu, pakang pulipasu Panda ng langgan Androng palang panggan Androng panggan panggan panggan panggan	698-1807-1608-194-1989-1-0-0-223-184-844-1849-8-1849-18-18-18-18-18-18-18-18-18-18-18-18-18-	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission	P.O. Box 12070 Austin, 1	Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-298
POLITICAL	CONTRIBUTIONS		erentere en electroma esta en electroma en electroma en electroma en electroma en electroma en electroma en el	
OTHER THA	AN PLEDGES OR LOA	\ NIC		SCHEDULEA
V 11 21 21		4142		
The Instruct	ion Guide explains how to complete t	hie f	1 Total pages Sch	nedule A:
2 FILER NAME	The contract of the contract o	IIIS TOTM.	, , , , , ,	
1 1 1 7	general frames	1 /1100	3 ACCOUNT# (E	thics Commission Filers)
4 Date 5 Full	name of contributor Control PACING	Lues (HFFV)		
	nda Wardson		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Cont	tributor address; City; State; Zip Coo	de	2000	
(A)	uston, TX 71079		(15.4	
9 Principal occupation / Jo	ob title (See Instructions)	10 Employer (See	(If travel outside of Instructions)	of Texas, complete Schedule T)
Date Full-			,	
I Citi I	name of contributor		Amount of contribution (\$)	In-kind contribution
Cont	ributor address		(4)	description (if applicable)
Ce/5/14 49	isa Spigle ributor address; City; State; Zip Cod Blu Golden Pund	e	2500	
	hanvood, TX 17345			
Principal occupation / Jol	b title (See Instructions)		(If travel outside of	f Texas, complete Schedule T)
	- matricelons)	Employer (See I	nstructions)	and the second s
	ame of contributor		Amount of	In-kind contribution
100	hard Hartman		contribution (\$)	description (if applicable)
6/4/14 Contri	ibutor address; City; State; Zip Code	<u> </u>	001	
	Withe Rd apt &	55		
	buston, 1× 11000		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job	title (See Instructions)	Employer (See In	structions)	Toxas, complete schedule 1)
Date Full na	ame of contributor			
La	uren Glass)	Amount of contribution (\$)	In-kind contribution description (if applicable)
a/4/14 Contrib	butor address; City; State; Zip Code		0000	
(069)			20	
	ouston, TX 17043			
Principal occupation / Job	title (See Instructions)	Employer (See In	(If travel outside of structions)	Texas, complete Schedule T)
Date Full na				
Puli na	me of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution
6/3/14 Contrib	MACA COMPONI outor address; City; State; Zip Code		τοπισακοπ (Φ)	description (if applicable)
58	Ol Lumberdale Ro	1 apt 197	2000	
	Houston, TX 11002			
Principal occupation / Job t		Employer (See In-	(If travel outside of T	exas, complete Schedule T)
		Employer (See Ins	structions)	Viene
		A SECURITY OF THE PROPERTY OF		MACAAN AMBAN CERCINI COM AND
lf contributor i	ATTACHADDITIONAL COPIES O	F THIS SCHEDULE A	SNEEDED	
The same of the Board of the Bo	is out-of-state PAC, please see instru	uction guide foradditi	onal reporting red	quirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-207	70 (512) 463-5800 (TDD 1-800-735-2989
POLITICAL CONTRIBUTIONS	(1221000-133-22309
OTHER THAN PLEDGES OR LOANS	Constant and the
OE. MAIN FLEDGES OR LOANS	SCHEDULE A
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME	
Houstoniaus For Family Value (HI	3 ACCOUNT # (Ethics Commission Filers)
1 5-1-	and the same of th
5 Full name of contributor □ out-of-state PAC (ID#	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
1010 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	contribution (\$) description (if applicable)
6 Contributor address; City; State; Zip Code	(1) 00
6 Contributor address; City; State; Zip Code 12031 Sugar Springs Dr	
Houston, TX 17077	(If traval autoida of T.
9 Principal occupation / Job title (See Instructions) 10 Employer	(If travel outside of Texas, complete Schedule T) (See Instructions)
	,
Date Full name of contributor Out-of-state PAC (ID#:	Amount of In-kind contribution
Lillie Futch	contribution (\$) description (if applicable)
Q/4/14 Contributor address: City; State; Zip Code	1/200
7711 Glenheath St	
- Houston, TX MOW	
Principal occupation / Let viv (0)	(If travel outside of Texas, complete Schedule T) (See Instructions)
, cmpoyer	(See Instructions)
Date Full name of contributor Out-of-state PAC (ID#:) Amount of In-kind contribution
Lynn Mayfield	contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	18 00
2205 Southgate Blvd	119 = 1
Houston, DX 71030	
Principal occupation / Joh Mile (2)	(If travel outside of Texas, complete Schedule T)
Employer ((See Instructions)
Date Full name of contributor out-of-state PAC (ID#;	
Sandra Vaughn Contributor address; City; State; Zip Code 1410 Brian Rose Dr	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address: City: State: Zin Code	
1410 Brian Rice Dr	0 - 0/3
Houston, TX 17077	1 26 2 1
Principal occuration / Ltd. (3)	(If travel outside of Texas, complete Schedule T)
Employer (See Instructions)
Date Full name of contributor Out-of-state PAC (IDH-	
MANILUM DESCRIPTION OF STREET	
Contributor address: City Swin 77 3 11 11 11	(adplicable)
Contributor address; City; State: Zip Code (2610 Westleigh Dy	100
Houston, TX 11077	
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (S	See Instructions)
A CONTROL OF THE PROPERTY OF T	
ATTACHARAMA	
ATTACH ADDITIONAL COPIES OF THIS SCHEDUNG If contributor is out-of-state PAC, please see instruction guide for	ULE AS NEEDED
s and began age manachou daige to	radditional 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:	
Houstoniaus For Family Values (HFFV)			3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
0/1/1	6 Contributor address; City; State; Zip Code (3711 Rebblebrook Houston, TX 77079		5,00	
9 Principal occu	upation / Job title (See Instructions)		(If travel outside	of Texas, complete Schedule T)
			Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Sue Reininger		Amount of contribution (\$)	In-kind contribution description (if applicable)
0/4/14	Contributor address; City; State; Zip Code		1000	
Principal occu	pation / Job title (See Instructions)	Employer (See I	(If travel outside on tractions)	of Texas, complete Schedule T)
Date	Full name of contributor		Amount of	In-kind contribution
	Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ii	nstructions)	- Toxas, complete contentie 1)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See In	(If travel outside o	f Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See In:	(If travel outside of structions)	Texas, complete Schedule T)
	ATTACH ADDITIONAL CODIES OF	THIC COUPDING P		mineral manufactura de la compansa de constante de la compansa de la compansa de la compansa de la compansa de

MAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commi	ssion P.O. Box 12070 Austir	n, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-298
LOANS				SCHEDULE E
The	Instruction Guide explains how to com	plete this form.	1 Total pa	ges Schedule E:
2 FILER NAME	saus For Family V	alues	3 ACCOL	NT # (Ethics Commission Filers)
ТОТА	LOF UNITEMIZED LOANS:		⇒ ⇒	\$
5 Date of loan 6 Is lender a financial	David B W. 1609 8 Lender address; City; State;	out-of-state PAC (ID#:		9 Loan Amount (\$) 9 Loan Amount (\$) 10 Interest rate
Institution?	5600 w 34745t, H	11 Maturity date		
12 Principal occupat Electri 14 Description of Col		13 Employer (See Instruction Southwest		& Electrical
none none	ia (0) ai		*	
15 GUARANTOR INFORMATION	16 Name of guarantor 17 Guarantor address; City;	State; Zip Code		18 Amount Guaranteed (\$)
not applicable				
19 Principal Occupat	ion (See Instructions)	20 Employer (See Instruct	tions)	
Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N				Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructi	ions)	
Description of Coll	ateral			
none				
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		

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

Employer (See Instructions)

Principal Occupation (See Instructions)

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	CATEGORIES I Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Distr Office Overhead/Ro	ontract Labor ising Expense rict ental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
	The Instruction Guide	explains how to a	complete this for	rm.	
1 Total pages Schedule F:	2 FILER NAME Loustonians For	from the state of the	1/2/400	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/4/14	5 Payee name Mekera Pri	1 5h00	VEIRES		
6 Amount (\$)	7 Payee address; City; Sta				
709566	508 Cortland	- 5% Hou	usby Tex	۵.	
8 PURPOSE OF	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)	
EXPENDITURE	or rather				
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date ,	Pavee name				
1/1////	11/ PX	<i>L</i> _			
6/4/17 Amount (\$)	Payee address; City; St	tate; Zip Code			
508021	Downtown &	Houston	TX		
PURPOSE OF	Category (See categories listed at the top	o of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
EXPENDITURE	rostage				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	ht Office held	
Date	Payee name				
Amount (\$)	Payee address; City; Sta	ate; 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/C	Candidate / Officeholder name OH	I	Office sough	ht Office held	
Date	Payee name				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	nt Office held	
	ATTACH ADDITIONAL C	ODIES OF THIS	SCHEDINE VO	NEEDED	