SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instructio	n Guide explains how to com	plete this form	1 Filer ID (Ethics Commission filers)	2 Total pages filed:	
3 COMMITTEE NAME				OFFIC	E USE ONLY
	Campaign for Houston			Date Received	
4 COMMITTEE	ADDRESS / PO BOX	APT/SUITE # CITY	STATE ZIP CODE	10/26/2015	
ADDRESS	10500 Northwest Freew	ay Suite 212			
				Date Hand-delivered	or Date Postmarked
	Houston TX 77092				
Change of address					
5 CAMPAIGN	MS/MRS/MR	FIRST	MI	Receipt #	Amount
TREASURER		Larry	Μ	Date Processed	
NAME	NICKNAME	LAST	SUFFIX	Date Imaged	
	Hicks				
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLE	ASE);	APT/SUITE #;	CITY; STATE;	ZIP CODE
TREASURER'S	10500 Northwest Freew	ay Suite 212			
STREET ADDRESS					
Business	Houston TX 77092				
7 CAMPAIGN	STREET OR PO BOX;	APT/SUITE #;	CITY;	STATE;	ZIP CODE
TREASURER	10500 Northwest Freeway Suite 212		Houston	ТХ	77092
MAILING ADDRESS					
Change of Address					
8 CAMPAIGN	AREA CODE	PHONE #	EXTENSION		
TREASURER PHONE	(713)	785-5515			
9 REPORT TYPE					
	January 15	30th day before e	lection	Exceeded \$500 limit	
	July 15	X 8th day before ele	ection	Dissolution (attach PAC-DF	۶)
		Runoff		10th day after campa	aign treasurer termination
10 PERIOD	Month Day	Year		Month Day	Year
COVERED	9/25/2015	Т	HROUGH	10/24/2	2015
11 ELECTION	ELECTION DATE				
	Month Day Year				
	11/3/2015	Primary	Runoff	XGeneral	Special
	I	GO TO P/	AGE 2		

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC

COVER SHEET PG 2

12 COMMITTEE NAM	IE Camp	aign for Houston		13 Filer ID (Ethics C	Commission filers)
14 COMMITTEE			CANDIDATE / OFFICEH	OLDER NAME	
PURPOSE					
(Attached lists on plain paper to com	plete	CANDIDATE			
this report if necessary)			OFFICE SOUGHT (candi	date) / OFFICE HELD (o	fficeholder)
[] SUPPORT		OFFICEHOLDER	/		
(Candidate or Measure)					
[X] OPPOSE					
(Candidate or Measure)			BALLOT IDENTIFICATIO)N / #	ELECTION DATE
		χ MEASURE	Houston Prop 1		11/3/2015
[] ASSIST			DESCRIPTION		
(Officeholder)			Houston "Equal Right	nts" Ordinance	
15 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTION SES, LOANS, OR GUARANT			\$
		. POLITICAL CONTRIBUTIO R THAN PLEDGES, LOANS		OANS)	\$62,495.00
EXPENDITURE TOTALS	3 TOTAL	POLITICAL EXPENDITURE	S OF \$100 OR LESS, UNL	ESS ITEMIZED	\$
	4 ΤΟΤΑΙ	POLITICAL EXPENDITURE	ŝ		\$88,195.57
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTION PORTING PERIOD	NS MAINTAINED AS OF TH	HE LAST DAY	\$2,713.37
OUTSTANDING LOAN TOTALS	0	PRINCIPAL AMOUNT OF A DAY OF THE REPORTING P		SAS OF THE	\$50,000.00

16	AFFIDAVIT			
		acc info	vear, or affirm, under penalty of perjury companying report is true and correct a prmation reqired to be reported by me u ction Code.	nd includes all
			Larry M. Hicks	
			Signature of Campaign Tre	asurer
AFFI	X NOTARY STAMP / SEAL ABOVE			
Swo	rn to and subscribed before me, by	the said	, this the	day
of _	, 20	_ , to certify which, witness my hand a	and seal of office.	
Sigr	nature of officer administering oath	Printed name of officer administering	g oath Title of officer admi	nistering oath

SU	BTOTALS - SPAC		FORM SPAC
		C	OVER SHEET PG 3
17 C	OMMITTEE NAME Campaign for Houston	18 Filer ID (Ethics C	commission filers)
19	SCHEDULE SUBTOTALS		SUBTOTAL
	NAME OF SCHEDULE		AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ \$7,245.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	R ORGANIZATION	\$ \$55,250.00
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA ORGANIZATIOND	TION OR LABOR	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATIONS OR LABOR	ORGANIZATION	\$
7.	SCHEDULE E: LOANS		\$
8.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ \$88,195.57
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTIO	ONS	\$
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED TO FILER	\$

The Instruction G	Guide explains how to complete	this form.		1 Total Pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission filers)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	David Sheridan			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
09/28/2015		Katy	TX 77494	100.00
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Betty Foshee			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
09/28/2015		Houston	TX 77043	100.00
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Michael Taggart			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
09/28/2015		HOUSTON	TX 77070	200.00
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	etions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Susan Cunningham			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
09/29/2015		Kemah	TX 77565	100.00
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	l tions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	

The	e Instruction G	uide explains how to complete	this form.		1 Total Pages Schedule A1:
2 F	ILER NAME				3 Filer ID (Ethics Commission filers)
		Jason Williams			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	09/30/2015		Houston	TX 77079	25.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor William Walker	out of state	PAC(ID#)	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/01/2015		Houston	TX 77027	50.00
8	Principal occu	I pation / Job title (See Instructions)		9 Employer (See Instruc	L tions)
4	Date	5 Full name of contributor Matthew G Wylie	out of state	PAC(ID#)	7 Amount of contributions (\$)
	10/01/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77009	50.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	itions)
4	Date	5 Full name of contributor Daniel Land	out of state	I PAC(ID#)	7 Amount of contributions (\$)
	10/02/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77062	100.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	L tions)
4	Date	5 Full name of contributor Patricia Jasper	out of state	PAC(ID#)	7 Amount of contributions (\$)

ne Instruction (Guide explains how to complete	e this form.		1 Total Pages Schedule A1:
FILER NAME				3 Filer ID (Ethics Commission filers)
10/02/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77062-2827	- 50.00
Principal occ	upation / Job title (See Instructions)		9 Employer (See Instru	ictions)
Date	5 Full name of contributor Ray Taft	out of state	PAC(ID#)	7 Amount of contributions (\$)
10/14/2015	6 Contributor address;	City; Bacliff	State; Zip Code TX 77518	- 25.00
Principal occ	upation / Job title (See Instructions)		9 Employer (See Instru	Ictions)
Date	5 Full name of contributor David P Vrshek	out of state	PAC(ID#)	7 Amount of contributions (\$)
10/03/2015	6 Contributor address;	City; Richmond	State; Zip Code TX 77469	- 25.00
Principal occ	upation / Job title (See Instructions)		9 Employer (See Instru	ictions)
Date	5 Full name of contributor collin carpenter	out of state	PAC(ID#)	7 Amount of contributions (\$)
10/03/2015	6 Contributor address;	City; texascity	State; Zip Code TX 77590	- 25.00
Principal occ	upation / Job title (See Instructions)		9 Employer (See Instru	ictions)
Date	5 Full name of contributor Donald Kehoe	out of state	PAC(ID#)	7 Amount of contributions (\$)

	Guide explains how to complet			1 Total	Pages Schedule A1:
FILER NAME				3 Filer ID (E	Ethics Commission filers)
	6 Contributor address;	City;	State; Zip Code		
10/05/2015		Westhampto Beach	n NY 11978		20.00
Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instru	uctions)	
Date	5 Full name of contributor	out of state	PAC(ID#)		
	Peggy Tinsley			7	Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code		
10/05/2015		Houston	TX 77077		25.00
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instru	uctions)	
Principal oco	cupation / Job title (See Instructions) 5 Full name of contributor	out of state	9 Employer (See Instru PAC(ID#)	uctions)	
		out of state		uctions)	Amount of contributions (\$)
	5 Full name of contributor	out of state		7	Amount of contributions (\$)
	5 Full name of contributor Patrick Howard		PAC(ID#)	7	Amount of contributions (\$) 25.00
Date 10/05/2015	5 Full name of contributor Patrick Howard	Li City;	PAC(ID#) State; Zip Code	7	
Date 10/05/2015	5 Full name of contributor Patrick Howard 6 Contributor address;	City; Houston	PAC(ID#) State; Zip Code TX 77079	7	
Date 10/05/2015 Principal occ	5 Full name of contributor Patrick Howard 6 Contributor address; cupation / Job title (See Instructions)	City; Houston	PAC(ID#) State; Zip Code TX 77079 9 Employer (See Instru	7	
Date 10/05/2015 Principal occ	5 Full name of contributor Patrick Howard 6 Contributor address; cupation / Job title (See Instructions) 5 Full name of contributor	City; Houston	PAC(ID#) State; Zip Code TX 77079 9 Employer (See Instru	7 uctions)	25.00
Date 10/05/2015 Principal occ	5 Full name of contributor Patrick Howard 6 Contributor address; cupation / Job title (See Instructions) 5 Full name of contributor W. Weaver	City; Houston	PAC(ID#) State; Zip Code TX 77079 9 Employer (See Instru PAC(ID#)	7 uctions)	25.00

The Instruction (Guide explains how to comple	ete this form.		1 Total Pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission filers)
4 Date	5 Full name of contributor	out of stat	te PAC(ID#)	
	Vim Head			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
10/05/2015		Katy	TX 77493	1,000.00
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of stat	te PAC(ID#)	
	Joe Hootman			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/06/2015		Austin	TX 78758	25.00
8 Principal occ	L cupation / Job title (See Instructions)		9 Employer (See Instruc	L ctions)
4 Date	5 Full name of contributor	out of stat	te PAC(ID#)	
	Mindy Bressert			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/06/2015		Wylie	TX 75098	10.00
8 Principal occ	L cupation / Job title (See Instructions)		9 Employer (See Instruc	L Stions)
4 Date	5 Full name of contributor	out of stat	te PAC(ID#)	
	TriStar Freight	_		7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/07/2015		Houston	TX 77028	2,500.00
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	L ctions)
4 Date	5 Full name of contributor	out of stat	te PAC(ID#)	

The	Instruction G	uide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 FI	LER NAME				3 Filer ID (Ethics Commission filers)
		Jennifer Haar			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/07/2015		Katy	TX 77494	20.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor Dawn Jones	out of state	PAC(ID#)	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/07/2015		Sugar Land	TX 77498	25.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor IIra Jones	out of state	PAC(ID#)	7 Amount of contributions (\$)
	10/07/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77009	100.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor Eric Crank	out of state	PAC(ID#)	7 Amount of contributions (\$)
	10/07/2015	6 Contributor address;	City; Humble	State; Zip Code TX 77396	50.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)

	Guide explains how to comple	ete this form.			1 Total Pages Schedule A1:
FILER NAME					3 Filer ID (Ethics Commission filers)
	6 Contributor address;	City;	State; Z	Zip Code	
10/07/2015		Houston	TX 77079		100.00
Principal oc	cupation / Job title (See Instructions)		9 Employer (S	See Instruct	ions)
Date	5 Full name of contributor	out of state	PAC(ID#)		
	Loyd Wright				7 Amount of contributions (\$)
	6 Contributor address;	City;	State; 2	Zip Code	
10/08/2015		Houston	TX 77057		50.00
Principal oc	cupation / Job title (See Instructions)		9 Employer (S	See Instruct	ions)
Date	5 Full name of contributor	out of state	PAC(ID#)		
230	Danielle Jacks				7 Amount of contributions (\$)
		∟ City;	State; Z	Zip Code	7 Amount of contributions (\$)
10/08/2015	Danielle Jacks	City; Richmond	State; 2 TX 77407	Zip Code	7 Amount of contributions (\$)250.00
10/08/2015	Danielle Jacks	-			250.00
10/08/2015 Principal occ	Danielle Jacks 6 Contributor address;	-	TX 77407 9 Employer (\$		250.00
10/08/2015 Principal occ	Danielle Jacks 6 Contributor address; cupation / Job title (See Instructions)	Richmond	TX 77407 9 Employer (\$		250.00
10/08/2015 Principal occ	Danielle Jacks 6 Contributor address; cupation / Job title (See Instructions) 5 Full name of contributor	Richmond	TX 77407 9 Employer (S PAC(ID#)		250.00 ions)
10/08/2015 Principal occ	Danielle Jacks 6 Contributor address; cupation / Job title (See Instructions) 5 Full name of contributor Eric Crank	Richmond	TX 77407 9 Employer (S PAC(ID#)	See Instruct	250.00 ions)

The Instruction C	Guide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission filers)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
7	Andrew L Schlafly			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/09/2015		Far Hills	NJ 7931	250.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Camilia Frisch			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/09/2015		Dayton	TX 77535-0047	10.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	louis Williams			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/10/2015		Houston	TX 77077	250.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	John Innes	—		7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/11/2015		Houston	TX 77057	100.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	

Th	e Instruction G	uide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 F	ILER NAME				3 Filer ID (Ethics Commission filers)
		Dayton M. Simpson			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/11/2015		Missouri City	TX 77459	100.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor David Swienton	out of state I	PAC(ID#)	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/12/2015		Spring	TX 77379	250.00
8	Principal occu	L pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor Ralph G Matley	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	10/12/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77043	100.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor Steve Poling	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	10/13/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77059	25.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	L ctions)
4	Date	5 Full name of contributor George Grady	out of state I	PAC(ID#)	7 Amount of contributions (\$)

					-
Th	e Instruction G	uide explains how to complete	1 Total Pages Schedule A1:		
2	FILER NAME				3 Filer ID (Ethics Commission filers)
		6 Contributor address;	City;	State; Zip Code	
	10/13/2015		Houston	TX 77070	100.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
			 		1
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Mark Staggs			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	-
	10/13/2015		Houston	TX 7079	50.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
			<u> </u>		1
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Yolanda Flores			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/14/2015		Houston	TX 77009	200.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Thomas Valentine			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/14/2015		Alexandria	VA 22315	10.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)

SCHEDUL	_E A1
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The Instruction G	Guide explains how to complet	1 Total Pages Schedule A1:		
2 FILER NAME		3 Filer ID (Ethics Commission filers)		
4 Date	5 Full name of contributor Alan Smith	out of state	PAC(ID#)	7 Amount of contributions (\$)
	6 Contributor address:	Citra	State; Zip Code	
10/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77010	500.00
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Sandy Forsythe			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/14/2015		The Woodlands	TX 77393	100.00
8 Principal occu	Lupation / Job title (See Instructions)		9 Employer (See Instruc	L tions)
	ATTACH ADDITIC	ONAL COPIES	OF THIS SCHEDUL	E AS NEEDED
	If contributor is out-of-state PA	C, please see inst	truction guide for additio	nal reporting requirements

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

	The	1 Total Pages Schedule C1:	Pages Schedule C1:				
2 FILER	NAME			3 Filer ID (Ethics Commission filers)			
4 Da	ite	5 Corporation/Labor Organization name					
		Trinity Equity Partners I, LP				7 Amount of contribution (\$)	
		6 Corporation/Labor Organization address;	City;	State	Zip Code	50000.00	
10/ [,]	16/2015		Houston	тх	77010		
4 Da	ite	5 Corporation/Labor Organization name					
		Texas Outhouse, Inc.				7 Amount of contribution (\$)	
		6 Corporation/Labor Organization address;	City;	State	Zip Code	5000.00	
10/*	19/2015		Houston	ТХ	77007		
4 Da	ite	5 Corporation/Labor Organization name					
		The Education Valet, Inc.				7 Amount of contribution (\$)	
		6 Corporation/Labor Organization address;	City;	State	Zip Code	250.00	
10/3	3/2015		Houston	ТХ	77044- 4920		
		ATTACH ADDITIONAL CO					

	The Instruction Guide	explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	
09/25/2015	Cowart & Associates	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
6,536.15	11102 Hidden Bend Dr	
	Houston TX 77064	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Salaries/Wages/Contract Labor	Campaign manager
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
4 Date	5 Payee name	
09/25/2015	The Yates Company	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
3,676.62	PO Box 75190	
	Houston TX 77234	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Advertising Expense	Automated calls
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held
expendituree to benefit C/OH		
4 Date	5 Payee name	
09/29/2015	Edward M Shack Attorne	ev.

09/29/2015	Edward M. Shack, Attorney				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
2,000.00	814 San Jacinto Blvd, Suite 202				
	Austin TX 78701				
8 PURPOSE OF EXPENDITURE	(a) Category		(b) Descripti	tion	

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	² FILER NAME		3 Filer ID (Ethics Commission filers)			
	Legal Services	Check if travel outside of Te Check if Austin, TX, officeho Legal fees				
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held			
4 Date	5 Payee name					
09/29/2015	Sarah Gregg					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
3,500.00	5318 Walnut Vista Dr San Antonio TX 78247					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
	Solicitation/Fundraising Expense	Check if travel outside of Te Check if Austin, TX, officeho Fundraising consult	older living expense			
 9 Complete ONLY if direct expendituree to benefit C/OH 	Candidate / Officehoder name	office sought of	fice held			

		ovalains how to complete	a this form
1 Total pages Schedule F1:	2 FILER NAME	explains how to complete	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
09/29/2015	Bobby Salazar		
6 Amount (\$)	7 Payee address; City;	State; Zip Coo	de
100.00	13915 Stableridge Ct		
	Houston TX 77014		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel ou	utside of Texas, complete Schedule T
		Check if Austin,	TX, officeholder living expense
	Solicitation/Fundraising Expense	Security	,
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
4 Date	5 Payee name		
09/29/2015	Michael Lombardo		
6 Amount (\$)	7 Payee address; City;	State; Zip Coo	de
100.00	6310 Crystal Forest Trl		
	Koty TX 77402		
	Katy TX 77493	(h) Description	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
			utside of Texas, complete Schedule T
		Check if Austin,	TX, officeholder living expense
	Solicitation/Fundraising Expense	Security	, ,
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
4 Data	E Davias nome		
4 Date	5 Payee name		
09/29/2015	BlueBonnett Valet Parking)	

	00/20/2010		'9		
6	Amount (\$)	7 Payee address; City;	S	State;	Zip Code
	300.00	20319 Nellie Gail Trail Lar	ne		
		Katy TX 77450			
8	PURPOSE OF EXPENDITURE	(a) Category	(b)) Description	

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	² FILER NAME	3 Filer ID (Ethics Commission filers)				
	Solicitation/Fundraising Expense	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Valet parking				
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held				
4 Date	5 Payee name					
09/30/2015	Culinaire					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
2,062.16	3900 Milam Houston TX 77006					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
	Solicitation/Fundraising Expense	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Catering				
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held				
expendituree to benefit C/OH						

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME	3 Filer ID (Ethics Commission filers)			
4 Date	5 Payee name				
10/07/2015	Amy Amy McCance				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
60.50	323 29th Place				
	Manhattan Beach CA 902	266			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
		Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense			
	Advertising Expense	Social media ads			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held			
4 Date	5 Payee name				
10/07/2015	Sams Club				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
817.96	12205 West Rd				
	Houston TX 77065				
		(b) Description			
8 PURPOSE OF EXPENDITURE	(a) Calegory				
		Check if travel outside of Texas, complete Schedule T			
		Check if Austin, TX, officeholder living expense			
	Event Expense	Tables/chairs/supplies for HQ grand opening			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held			
4 Date	5 Pavee name				

4	4 Date	5 Payee name		
	10/07/2015	Starbucks		
(6 Amount (\$)	7 Payee address; City;	State;	Zip Code
	88.06	11200 Northwest Freeway		
		Houston TX 77092		
8	3 PURPOSE OF EXPENDITURE	(a) Category	(b) Descriptio	n

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	² FILER NAME		3 Filer ID (Ethics Commission filers)			
	Food/Beverage Expense	Check if travel outside of Te Check if Austin, TX, officehc Coffee for grand op	older living expense			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ifice held			
4 Date	5 Payee name					
10/07/2015	John Doner & Associates, Ir	IC.				
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
2,539.96	823 Congress Ave, Suite 103 Austin TX 78701	0				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Te Check if Austin, TX, officeho				
	Solicitation/Fundraising Expense	Donor list				
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held			

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		explains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME	3 Filer ID (Ethics Commi	ission filers)
4 Date	5 Payee name		
10/07/2015	Larry M. Hicks, CPA		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1,092.50	10500 Northwest Freeway	Suite 212	
	Houston TX 77092		
8 PURPOSE OF EXPENDITURE	(a) Category Accounting/Banking	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Accounting and compliance services	r
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held	
expendituree to benefit C/OH		onice sought onice held	
4 Date	5 Payee name		
10/11/2015	Gulf Direct, Inc.		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
5,000.00	PO Box 142646		
	Austin TX 78714		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas, complete Schedule T	г
		Check if Austin, TX, officeholder living expense	
	Consulting Expanse	Communications consultant	
	Consulting Expense	Communications consultant	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held	
4 Date	5 Payee name		

10/11/2015	Larry M. Hicks,	Larry M. Hicks, CPA			
6 Amount (\$)	7 Payee address; City; State; Zip Code				
835.00	10500 Northwest Freeway, Suite 212				
	Houston TX 77	092			
8 PURPOSE OF EXPENDITURE	(a) Category		(b) Descripti	ption	

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	² FILER NAME		3 Filer ID (Ethics Commission filers)			
	Accounting/Banking	Check if travel outside of Te Check if Austin, TX, officeho Accounting and co	older living expense			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	ffice sought o	ffice held			
4 Date	5 Payee name					
10/11/2015	Sprint 2 Print					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
3,031.00	8748 Clay Road, Suite 300 Houston TX 77080					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
	Advertising Expense	Check if travel outside of Te Check if Austin, TX, officeho Signs				
 9 Complete ONLY if direct expendituree to benefit C/OH 	Candidate / Officehoder name c	ffice sought o	ffice held			

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME	3 Filer ID (Ethics Commission filers)			
4 Date	5 Payee name				
10/12/2015	Marjorie Marjorie				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
2,500.00	9626 Springview Lane				
	Houston TX 77080				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
		Check if travel outside of Texas, complete Schedule T			
		Check if Austin, TX, officeholder living expense			
	Salaries/Wages/Contract Labor	Volunteer coordinator			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held			
4 Date	5 Payee name				
10/20/2015	512 New Media Group				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
12,700.00	800 Town & County Blvd, S	Suite 410			
	Houston TX 77024				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
		Check if travel outside of Texas, complete Schedule T			
		Check if Austin, TX, officeholder living expense			
	Advertising Expense	Video production and social media			
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held			
expendituree to benefit C/OH					
4 Data	E Davias name				

4 Date	5 Payee name	5 Payee name			
10/20/2015	Anthem Media	Anthem Media Inc.			
6 Amount (\$)	7 Payee address;	' Payee address; City; State; Zip Code			
32,141.47	5524 Bee Caves	5524 Bee Caves Road, Suite B-5			
	Austin TX 7874	Austin TX 78746			
8 PURPOSE OF EXPENDITUR	RE (a) Category	a) Category (b) Description			

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	² FILER NAME		3 Filer ID (Ethics Commission filers)			
	Advertising Expense	Check if travel outside of Te Check if Austin, TX, officeho TV ad production a	older living expense			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	ffice sought o	ffice held			
4 Date	5 Payee name					
10/20/2015	Larry M. Hicks, CPA					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
271.36	10500 Northwest Freeway, Suite 212 Houston TX 77092					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
	Accounting/Banking	Check if travel outside of Te Check if Austin, TX, officeho Accounting and co	older living expense			
 9 Complete ONLY if direct expendituree to benefit C/OH 	Candidate / Officehoder name o	ffice sought o	ffice held			

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		explains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
10/20/2015	Sprint 2 Print		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
922.83	8748 Clay Road, Suite 300		
	Houston TX 77080		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of T	exas, complete Schedule T
		Check if Austin, TX, officer	nolder living expense
	Advertising Expense	Signs	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
4 Date	5 Payee name		
10/20/2015	Cowart & Associates		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
6,000.00	11102 Hidden Bend Dr		
0,000100			
	Houston TX 77064		
8 PURPOSE OF EXPENDITURE		(b) Description	
6 FURFUSE OF EXFENDITURE			
			exas, complete Schedule T
		Check if Austin, TX, officer	2
	Salaries/Wages/Contract Labor	Campaign manag	er
	Labor		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
4 Date	5 Payee name		
10/23/2015	Edward M. Shack, Attorne	/	

10/23/2015	Edward M. Snack, Attorney			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
1,920.00	814 San Jacinto Blvd, Suite 202			
	Austin TX 78701			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Descripti	n	

SCHEDULE F1

	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1: 2 FILER NAME			3 Filer ID (Ethics Commission filers)				
	Legal Services		Check if travel outside of To Check if Austin, TX, officeh Legal fees				
9	 Complete ONLY if direct expendituree to benefit C/OH 	Candidate / Officehoder name	office sought c	office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED