

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM SPAC
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form		1 Filer ID (Ethics Commission filers)	2 Total pages filed:				
3 COMMITTEE NAME	Houstonians For Fammily Values			OFFICE USE ONLY			
4 COMMITTEE ADDRESS	ADDRESS / PO BOX	APT/SUITE #	CITY	STATE ZIP CODE			
<input type="checkbox"/> Change of address	5600 W. 34th St Houston TX 77092			Date Received 10/26/2015			
5 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	Receipt #			
	Mr.	David	B	Amount			
	NICKNAME	LAST	SUFFIX	Date Processed			
	Dave	Wilson		Date Imaged			
6 CAMPAIGN TREASURER'S STREET ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);		APT/SUITE #;	CITY; STATE; ZIP CODE			
5600 W 34th St	Housotn TX 77092						
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX;	APT/SUITE #;	CITY;	STATE; ZIP CODE			
<input type="checkbox"/> Change of Address	5600 W 34th St		Houston	TX 77092			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE #	EXTENSION				
	(713)	202-7983					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
			7/1/2015	THROUGH		10/24/2015	
11 ELECTION	ELECTION DATE						
	Month	Day	Year				
	11/3/2015			<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special

GO TO PAGE 2

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

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME **Houstonians For Fammily Values** 13 Filer ID (Ethics Commission filers)

14 COMMITTEE PURPOSE (Attached lists on plain paper to complete this report if necessary) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME Ben Hall				
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Mayor /				
	<input checked="" type="checkbox"/> MEASURE	<table border="1"> <tr> <td>BALLOT IDENTIFICATION / #</td> <td>ELECTION DATE</td> </tr> <tr> <td>Proposition 1</td> <td>11/3/2015</td> </tr> </table>	BALLOT IDENTIFICATION / #	ELECTION DATE	Proposition 1	11/3/2015
	BALLOT IDENTIFICATION / #	ELECTION DATE				
Proposition 1	11/3/2015					
	DESCRIPTION HERO ordinance					

15 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$0.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$0.00
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

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.

David B Wilson

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - SPAC**FORM SPAC
COVER SHEET PG 3**

17 COMMITTEE NAME Houstonians For Fammily Values		18 Filer ID (Ethics Commission filers)
19 SCHEDULE SUBTOTALS		SUBTOTAL
NAME OF SCHEDULE		AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATIONS OR LABOR ORGANIZATION	\$
7.	SCHEDULE E: LOANS	\$
8.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
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 CONTRIBUTIONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total Pages Schedule A1:
2 FILER NAME Ben Hall		3 Filer ID (Ethics Commission filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A2:
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2 FILER NAME Ben Hall	3 Filer ID (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$
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5 Date	6 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	8 Amount of contributions (\$)	9 In-Kind contribution description
	7 Contributor address; City; State; Zip Code		
		<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule B:	
2 FILER NAME Ben Hall		3	Filer ID (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: => => => => => =>				
5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC(ID# ____)	8	Amount of pledge (\$)	9. In-Kind contribution description
7 Pledgor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

**MONETARY CONTRIBUTIONS FROM
CORPORATION OR LABOR ORGANIZATION**

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule C1:
2 FILER NAME Ben Hall		3	Filer ID (Ethics Commission filers)
4 Date	5 Corporation/Labor Organization name	7	Amount of contribution (\$)
6 Corporation/Labor Organization address; City; State Zip Code			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule C2:
2 FILER NAME Ben Hall		3	Filer ID (Ethics Commission filers)
4 Date	5 Corporation/Labor Organization name	7	Amount of contribution (\$) 8. In-kind contribution description (if applicable)
	6 Corporation/Labor Organization address; City; State Zip Code		
		<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PLEGGED CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE D

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule D:
2 FILER NAME Ben Hall		3	Filer ID (Ethics Commission filers)
4 Date	5 Corporation/Labor organization name	7	Amount of pledge (\$)
	6 Corporation/Labor organization Address; City; State; Zip Code		
			Check if travel outside of Texas, complete Schedule T

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS		SCHEDULE E
The Instruction Guide explains how to complete this form.		1 Total Pages Schedule E:
2 FILER NAME Ben Hall		3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: => => => => => =>		
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC(ID#)	9 Loan Amount (\$)
6 Is Lender a Financial Institution?	8 Lender Address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation		21 Employer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ben Hall		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME Ben Hall	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$	
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Ben Hall	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH**

SCHEDULE H

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule H:	2 FILER NAME Ben Hall	3 Filer ID (Ethics Commission filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, office holder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total PagesSchedule I:	2 FILER NAME Ben Hall	3 ACCOUNT # (EthicsCommission filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description (See instructions regarding type of information required)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILERS

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total Pages Schedule K:	
2 FILER NAME Ben Hall		Filer ID (Ethics Commission filers)	
4 Date	5 Name of person whom amount is received	8 Amount (\$)	
	6 Address of person from whom amount is received; City; State; Zip Code		
	7 Purpose for which amount is received		<input type="checkbox"/> Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL COMMITTEE
AFFIDAVIT OF DISSOLUTION**

FORM PAC-DR

The instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Dissolution" ****

1 COMMITTEE NAME

2 ACCOUNT #

(Ethics Commission filers)

3

Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Signature of campaign treasurer

**DO NOT SIGN UNLESS
POLITICAL COMMITTEE IS TO BE DISSOLVED**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath