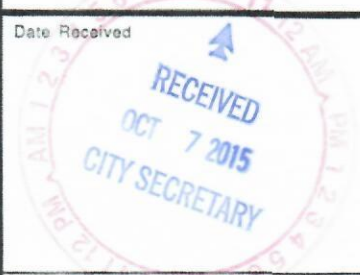


# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

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: 7
3 COMMITTEE NAME  HOUSTONIANS FOR THE FUTURE			<b>OFFICE USE ONLY</b> Date Received  Date Hand-delivered or Date Postmarked Receipt #      Amount \$ Date Processed Date Imaged
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:    APT / SUITE #    CITY:    STATE:    ZIP CODE  1001 CONGRESS AVE STE 200  AUSTIN TX 78701		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		ALLEN	D
	NICKNAME	LAST	SUFFIX
		WATSON	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):    APT / SUITE #    CITY:    STATE:    ZIP CODE  1001 CONGRESS AVE STE 200  AUSTIN TX 78701		
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX:    APT / SUITE #    CITY:    STATE:    ZIP CODE  - SAME AS ABOVE -		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713)	861-6999	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input 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 9 / 10 / 2015		Month    Day    Year 9 / 25 / 2015
11 ELECTION	ELECTION DATE Month    Day    Year 11 / 3 / 2015		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

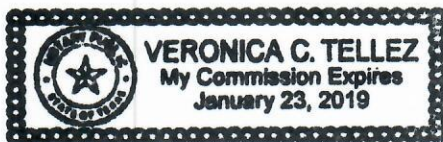
FORM SPAC  
COVER SHEET PG 2

12 COMMITTEE NAME <u>HOUSTONIANS FOR THE FUTURE</u>		13 Filer ID (Ethics Commission Filers)
14 COMMITTEE PURPOSE  (Attach 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  <u>STEVE COSTELLO</u>
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)  <u>MAYOR OF HOUSTON</u>
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / #  ELECTION DATE Month / Day / Year <u> / /</u>
		DESCRIPTION

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>481,000.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>45.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>187,870.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>298,115.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0.00</u>

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*[Handwritten Signature]*  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Allen D Watson, this the 6 day of Oct, 20 15, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Veronica C Tellez  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# SUBTOTALS - SPAC

FORM SPAC  
COVER SHEET PG 3

17 COMMITTEE NAME <i>HOUSTONIANS FOR THE FUTURE</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>481,000</i>
2.	<input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>187,870</i>
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	<input type="checkbox"/> 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: <u>2</u>
2 FILER NAME <u>HOUSTONIANS FOR THE FUTURE</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>9/3/15</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>NANCY G KINDER</u>	7 Amount of contribution (\$) <u>110,000.00</u>
6 Contributor address; City; State; Zip Code <u>2929 LAZY LANE BLVD HOUSTON TX 77014</u>		
8 Principal occupation / Job title (See Instructions) <u>PRESIDENT</u>		9 Employer (See Instructions) <u>KINDER FOUNDATION</u>
Date <u>9/11/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JOHN L. NAU III</u>	Amount of contribution (\$) <u>110,000.00</u>
Contributor address; City; State; Zip Code <u>PO BOX 130130 HOUSTON TX 77219</u>		
Principal occupation / Job title (See Instructions) <u>PRESIDENT / CEO</u>		Employer (See Instructions) <u>SILVER EAGLE DISTRIBUTORS</u>
Date <u>9/11/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JEFFREY D HILDEBRAND</u>	Amount of contribution (\$) <u>106,000.00</u>
Contributor address; City; State; Zip Code <u>PO BOX 13008 HOUSTON TX 77251</u>		
Principal occupation / Job title (See Instructions) <u>CEO</u>		Employer (See Instructions) <u>HILCORP ENERGY COMPANY</u>
Date <u>9/14/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>J. P. <del>HILDEBRAND</del> JONES</u>	Amount of contribution (\$) <u>30,000.00</u>
Contributor address; City; State; Zip Code <u><del>PO BOX 13008 HOUSTON TX 77251</del></u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<u>11211 KATI FURY STE 325 HOUSTON TX 77079</u>		

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

9/15/15

ALLEN D WATSON

5,000.00

6 Contributor address; City; State; Zip Code  
1469 MALONE ST HOUSTON TX 77007

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

ENGINEER

COBBS FRIENDLY

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

9/21/15

THOMAS M STROH

5,000.00

Contributor address; City; State; Zip Code  
5840 AUDEN ST HOUSTON TX 77005

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ENGINEER

~~JONES & CALTRAK~~ JONES & CALTRAK

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: 1
2 FILER NAME HOUSTONIANS FOR THE FUTURE		3 Filer ID (Ethics Commission Filers)
4 Date 9/14/15	5 Corporation / Labor Organization name COSTELLO, INC. 6 Corporation / Labor Organization address; City; State; Zip Code 9990 RICHMOND AVE STE 450 HOUSTON TX 77042	7 Amount of contribution (\$) 50,000.00
Date 9/15/15	Corporation / Labor Organization name COBB, FENDLEY Corporation / Labor Organization address; City; State; Zip Code 13430 NORTHWEST FWY STE 1100 HOUSTON TX 77040	Amount of contribution (\$) 30,000.00
Date 9/15/15	Corporation / Labor Organization name BROWN & GAY ENGINEERS, INC. Corporation / Labor Organization address; City; State; Zip Code 10777 WESTHEIMER RD STE 400 HOUSTON TX 77042	Amount of contribution (\$) 10,000.00
Date 9/17/15	Corporation / Labor Organization name IDS ENGINEERING, INC. Corporation / Labor Organization address; City; State; Zip Code 13333 NORTHWEST FWY STE 300 HOUSTON TX 77040	Amount of contribution (\$) 25,000.00
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/18/15	<b>5</b> Payee name STRATEGIC MEDIA SERVICES, INC.	
<b>6</b> Amount (\$) 162,876. <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BROADCAST
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate / Officeholder name STEVE COSTELLO	Office sought MAYOR	Office held
Date 9/21/15	Payee name FPI STRATEGIES	
Amount (\$) 20,000. <sup>00</sup>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate / Officeholder name STEVE COSTELLO	Office sought MAYOR	Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED