CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

CANN AIGHT INANGE REFORT								
The C/OH Instruction	n Guide explains how to comp	1 Filer ID(Et	hics Comm	nission filers)	2 Total pages filed			
3 CANDIDATE /	MS/MRS/MR	FIRST	MI		OFFI	CE USE ONLY		
OFFICEHOLDER	Hon.	Marty	L.	Ī	Date Received			
NAME	NICKNAME	LAST	SUFFIX		10/26/2015			
		McVey						
4 CANDIDATE /	ADDRESS / PO BOX;	APT/SUITE #; CITY	; STATE; ZIP C	CODE				
OFFICEHOLDER	PO Box 27388							
MAILING					Date Hand-delivere	ed or Date Postmarked		
ADDRESS	Houston TX 77227							
Change of address	ADEA CODE	DUONE NUMBER	FYTENOION					
5 CANDIDATE /		PHONE NUMBER	EXTENSION					
OFFICEHOLDER	(713) 334-0800							
PHONE						1		
6 CAMPAIGN	MS/MRS/MR	FIRST	MI		Receipt #	Amount		
TREASURER	Mr.	Jason			Date Processed	d		
NAME	NICKNAME	LAST	SUFFIX	· · · · · · · · · · · · · · · · · · ·	Date Imaged			
	Luong							
7 CAMPAIGN	STREET ADDRESS (No PO Box Please	e);	APT/SUITE #;		CITY; STATE;	ZIP CODE		
TREASURER	3019 Stoney Brook Dr							
ADDRESS								
(Residence)	Houston TX 77063							
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION					
TREASURER PHONE	(713) 256-8650							
9 REPORT TYPE	January 15 30th day befo	ore election Fina	ıl repport (Attach C/OH	H - FR)	Exceeded \$500 limit			
J KEI OKI TITE	July 15 X 8th day before	e election Run	off		15th day after campaign t	treasurer appointment(officeholder only)		
10 PERIOD	Month Day	Year			Month [Day Year		
COVERED	9/24/2015		THROUGH		10/24	1/2015		
11 ELECTION	ELECTION DATE	ELECTION	I TYPE	•				
	Month Day Year				— .	П		
	11/3/2015	Primary	Ru	ınoff	X General	Special		
12 OFFICE	OFFICE HELD (if any)	•	13 ^{OI}	FFICE SOUGH	HT (if known)			
			М	layor				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 FILER NAME Marty	L. McVey		15 Filer ID (Ethics Co	mmission Filers)		
	expenditures may have	political contributions accepted or political expenditure been made without the candidate's or officeholder's kr receive notice of such expenditures.				
16 NOTICE FROM	COMMITTEE TYPE	COMMITTEE NAME				
POLITICAL COMMITTEE(S)	GENERAL COMMITTEE ADDRESS SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1 TOTAL POLITIC PLEDGES, LOA	AL CONTRIBUTIONS OF \$50 OR LESS NS, OR GUARANTEES OF LOANS), UN	(OTHER THAN LESS ITEMIZED	\$		
	_	AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$4,800.74		
EXPENDITURE FOTALS	3 TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS.	UNLESS ITEMIZED	\$638.93		
	4 TOTAL POLITIC	AL EXPENDITURES		\$87,216.63		
CONTRIBUTION BALANCE	5 TOTAL POLITIC OF REPORTING	AL CONTRIBUTIONS MAINTAINED AS S PERIOD	OF THE LAST DAY	\$954,729.50		
OUTSTANDING LOAN FOTALS		PAL AMOUNT OF ALL OUTSTANDING L HE REPORTING PERIOD	OANS AS OF THE	\$1,075,000.00		
18 AFFIDAVIT		report is true	affirm, under penalty of perjury, e and correct and includes all in me under Title 15, Election Coo	formation required to be		
			Marty McVe	у		
AFFIX NOT OTANG (OF	AL ADOVE		Signature of Candidate of	r Officeholder		
AFFIX NOT STAMP / SE Sworn to and subscribed		d	, this the	day		
of	, 20	, to certify which, witness my	hand and seal of office.			
Signature of officer admir	nistering oath	Print name of officer administering	oath Title of office	er administering oath		

SUBTOTALS - COH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME Marty L. McVey 20 Filer ID (Ethics Commission Filers) 21 SCHEDULE SUBTOTALS **SUBTOTAL** NAME OF SCHEDULE **AMOUNT** SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. 2000 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 2. 2800.74 SCHEDULE B: PLEDGED CONTRIBUTIONS 3. SCHEDULE E: LOANS 4. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 5. 23451.54 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. 54831.83 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD 8. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. 8294.32 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER 12.

CANDIDATE / OFFICEHOLDER REPORT: NOTICE FROM POLITICAL COMMITTEE(S)

FORM C/OH ADDENDUM

C/OH NAME Marty L. McVey

ACCOUNT # (Ethics Commission filers)

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

M	ONETAR	RY POLITICAL CONTR	SCHEDULE A1				
Th	e Instruction	Guide explains how to complete	this form.			1 To	otal Pages Schedule A1:
2 F	FILER NAME	Marty L. McVey				3 Filer I	D (Ethics Commission filers)
4	Date	5 Full name of contributor Hirachi Grill & Buffet	out of state	e PAC(ID#)		7	Amount of contributions (\$)
	9/27/2015	6 Contributor address;	City; Houston	State; TX 77078	Zip Code		\$2,000.00
8	Principal oc	ccupation / Job title (See Instructions)	NAL CODIC		er (See Instruc	·	
		ATTACH ADDITIO					

	N-MONE NTRIBU	ETARY (IN-KIND) PO ITIONS	LITICAL				SCHEDULE A2
The	Instruction (Guide explains how to complet	te this form.		1	Total Pages Scl	nedule A2:
2 FI	LER NAME	Marty L. McVey			3 F	iler ID (Ethics Commi	ssion filers)
4 T(OTAL OF UN	NITEMIZED IN-KIND POLITIC	\$				
5	Date	6 Full name of contributor	out of state	e PAC(ID#)			
		He Gao			8	Amount of contributions (\$)	9 In-Kind contribution description
		7 Contributor address;	City;	State; Zip Code	-		
	10/9/2015		Katy	TX 77450		232.74	Push Card
						Check if travel outsi Schedule T	de of Texas, complete
10	Principal occ	upation / Job title (See Instructions)		11 Employer (See Instr	uction	ns)	
	Analyst			Sysco Co.			
5	Date	6 Full name of contributor	out of state	e PAC(ID#)			
		He Gao			8	Amount of contributions (\$)	9 In-Kind contribution description
		7 Contributor address;	City;	State; Zip Code	-		
	10/9/2015		Katy	TX 77450		215.00	Radio Ad
						Check if travel outsi Schedule T	de of Texas, complete
10	Principal occ	upation / Job title (See Instructions)		11 Employer (See Instr	uction	is)	
	Analyst			Sysco Co.			
5	Date	6 Full name of contributor	out of state	e PAC(ID#)			
		He Gao			8	Amount of contributions (\$)	9 In-Kind contribution description
		7 Contributor address;	City;	State; Zip Code	-		
	10/19/2015		Katy	TX 77450		2353.00	Newspaper Ad
						Check if travel outsi Schedule T	de of Texas, complete
10	Principal occ	rupation / Job title (See Instructions)		11 Employer (See Instr	uction	ns)	
	Analyst			Sysco Co.			
		ATTACH ADDITION	ONAL COPIES	OF THIS SCHEDUL	E A	S NEEDED	
		If contributor is out-of-state PA	C. please see in	struction guide for addition	onal r	eporting requiremen	nts

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	The Instruction Guide ex	plains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME Marty L. McVey	,	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/28/2015	FaceBook		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
750.08	1601 S California Ave		
	Palo Alto CA 94304		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Advertising Expense	Post Boost	
	3 7 7 7		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
10/1/2015	FaceBook		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
299.09	1601 S California Ave		
	Palo Alto CA 94394		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Advertising Expense	Post Boost	
	3 7 7 7 7		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
10/20/2015	FaceBook		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
750.18	1601 S California Ave		
	Palo Alto CA 94394		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) 2 FILER NAME Marty L. McVey Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Post Boost Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 10/22/2015 **EPOC Times** 7 Payee address; 6 Amount (\$) City; Zip Code State; 500.00 9073 Knight Rd Houston TX 77054 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Newspapr Ad Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought

expendituree to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	The Instruction Guide ex	plains how to complete this form.
1 Total pages Schedule F1:	² FILER NAME Marty L. McVey	
4 Date	5 Payee name	
10/10/2015	Johnston Campaigns	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
10,262.19	1415 S Voss Rd	
	Ste 110-217	
	Houston TX 77057	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Mailer Printing & Postage
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
4 Date	5 Payee name	
10/10/2015	ABTV	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
450.00	1400 McGowen St	
	Houston TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Ad
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
4 Date	5 Payee name	
10/23/2015	Matala D. Idi	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
440.00	12635 Burdine St	
	Houston TX 77085	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) 2 FILER NAME Marty L. McVey Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 10/23/2015 Michelle Smith 7 Payee address; 6 Amount (\$) City; Zip Code State; 1,000.00 14 Alpine Ct Bellaire TX 77401 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

I Itolii i OLIIIOAL	<u> </u>		
	The Instruction Guide exp	plains how to complete this form	•
1 Total pages Schedule F1:	² FILER NAME Marty L. McVey		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
10/23/2015	Michelle Smith		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1,000.00	14 Alpine Ct		
	Bellaire TX 77401		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Salaries/Wages/Contract	Staff	
	Labor		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
10/23/2015	Ken Olive		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
5,000.00	5522 Sylmar		
	Houston TX 77081		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te.	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Salaries/Wages/Contract	Staff	
	Labor		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought of	ffice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
10/23/2015	Mike Moreno		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
3,000.00	7636 Ave J	•	
-,-00.00			
	Houston TX 77012		
8 PURPOSE OF EXPENDITURE		(b) Description	
	(, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	

	POLITICAL EXPEN		SCHEDULE F1		
		The Instruction Guide ex	plains h	now to complete this form	1.
1	Total pages Schedule F1:	² FILER NAME Marty L. McVey			3 Filer ID (Ethics Commission filers)
		Salaries/Wages/Contract Labor	ΙН	Check if travel outside of Te Check if Austin, TX, officeho Staff	•
9	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office so	ught o	ffice 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: 3 Filer ID (Ethics Commission filers) FILER NAME Marty L. McVey TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name AT&T 9/25/2015 **7** Amount (\$) Payee address; City: State: Zip Code 442.44 PO Box 105414 Atlanta GA 30348 Political TYPE OF EXPENDITURE Non-Political 9 (a) Category PURPOSE OF EXPENDITURE (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Overhead/Rental Telephone Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 6 5 Date Payee name 6/1/2015 Fletcher Rowley **7** Amount (\$) Payee address; City; State; Zip Code 1720 West End Ave 5,889.40 Ste 630 Nashville TN 32703 9 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Consultant & Travel Consulting Expense Candidate / Officehoder name Complete ONLY if direct office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 2/1/2015 Melissa Noriega Amount (\$) 8 Payee address; City; State; Zip Code 1,000.00 4430 Pease St

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission filers) FILER NAME Marty L. McVey TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ Houston TX 77023 9 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Consultant Consulting Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 3/1/2015 Melissa Noriega **7** Amount (\$) 8 Payee address; City; State; Zip Code 4430 Pease St 2,000.00 Houston TX 77023 Political Non-Political TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Consultant Consulting Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH Date 6 Payee name 4/1/2015 Melissa Noriega **7** Amount (\$) Payee address; City; Zip Code State; 3,000.00 4430 Pease St Houston TX 77023 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description

UI	NPAID INCURRED	C	BLIGA	TIONS			SCHEDULE F2			
	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F2:	2	FILER	NAME Marty L. McVe	у	3 Filer ID (Ethics Commission filers)				
4	TOTAL OF UNITEMIZED UNPA	ID	INCURRED O	BLIGATIONS		\$				
			Consul	ing Expense		Check if travel outside of Texas, complete School Check if Austin, TX, officeholder living expense Consultant				
11	Complete ONLY if direct expendituree to benefit C/OH	Ci	andidate / Offi	cehoder name	•	office sought of	fice held			
5	Date	6	Payee na	me						
	9/1/2015		Melissa	Noriega						
7	Amount (\$) 1,000.00	8	Payee ac	•	Sta	ate; Zip Code				
9	TYPE OF EXPENDITURE		X Political	177 77 020	\top	Non-Political				
10	PURPOSE OF EXPENDITURE	(a) Category	ing Expense	(b) D	Description Check if travel outside of Texas, complete School Check if Austin, TX, officeholder living expense Consultant				
11	Complete ONLY if direct expendituree to benefit C/OH	Ci	andidate / Offi	cehoder name		office sought of	fice held			

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission filers) FILER NAME Marty L. McVey TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 10/1/2015 Melissa Noriega **7** Amount (\$) 8 Payee address; City; State: Zip Code 5,000.00 4430 Pease St Houston TX 77023 Political TYPE OF EXPENDITURE Non-Political 9 (a) Category PURPOSE OF EXPENDITURE (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Consulting Expense Consultant Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 6 5 Date Payee name 7/15/2015 Domestic Mgmt Svcs 8 Payee address; **7** Amount (\$) City; State; Zip Code 500.00 3510 Ruth St Houston TX 77004 9 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Compliance Audit Consulting Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 9/24/2015 **Domestic Mgmt Svcs** City; Amount (\$) 8 Payee address; State; Zip Code 500.00 3510 Ruth St

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission filers) FILER NAME Marty L. McVey TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ Houston TX 77004 9 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Compliance Audit Consulting Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 10/24/2015 **Domestic Mgmt Svcs 7** Amount (\$) 8 Payee address; City; State; Zip Code 500.00 3510 Ruth St Houston TX 77004 Political Non-Political TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Compliance Audit Consulting Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH Date 6 Payee name 6/1/2015 **Domestic Mgmt Svcs 7** Amount (\$) Payee address; City; Zip Code State; 3,500.00 3510 Ruth St Houston TX 77004 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description

U	NPAID INCURRED	OE	BLIGATIONS			SCHEDULE	≣ F2
			The Instruction Guide explains	how	to complete this form.		
1	Total pages Schedule F2:	2	FILER NAME Marty L. McVey	,	3 Filer ID (Ethics Commissio	n filers)	
4	TOTAL OF UNITEMIZED UNPA	ID IN	CURRED OBLIGATIONS		\$		
			Salaries/Wages/Contract Labor		Check if travel outside of Texas, of Check if Austin, TX, officeholder I	•	
11	Complete ONLY if direct expendituree to benefit C/OH	Can	didate / Officehoder name		office sought	office held	
5	Date 7/1/2015	6	Payee name Domestic Mgmt Svcs				
7	Amount (\$) 3,500.00	8	Payee address; City; 3510 Ruth St Houston TX 77004	Sta	te; Zip Code		
9	TYPE OF EXPENDITURE	X	Political		Non-Political		
10	PURPOSE OF EXPENDITURE	(a) C	Salaries/Wages/Contract Labor	(b) D	Description Check if travel outside of Texas, of Check if Austin, TX, officeholder I Staff	•	
11	Complete ONLY if direct expendituree to benefit C/OH	Can	didate / Officehoder name		office sought	office held	

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission filers) FILER NAME Marty L. McVey TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 8/1/2015 **Domestic Mgmt Svcs 7** Amount (\$) 8 Payee address; City: State: Zip Code 3,500.00 3510 Ruth St Houston TX 77004 Political TYPE OF EXPENDITURE Non-Political 9 (a) Category **PURPOSE OF EXPENDITURE** (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Staff Labor Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 6 5 Date Payee name 9/1/2015 Domestic Mgmt Svcs 8 Payee address; Zip Code **7** Amount (\$) City; State; 3510 Ruth St 3,500.00 Houston TX 77004 9 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff Salaries/Wages/Contract Labor Candidate / Officehoder name Complete ONLY if direct office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 10/1/2015 **Domestic Mgmt Svcs** Amount (\$) 8 Payee address; City; State; Zip Code 3,500.00 3510 Ruth St

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission filers) FILER NAME Marty L. McVey TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ Houston TX 77004 9 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff Salaries/Wages/Contract Labor Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 4/1/2015 **Domestic Mgmt Svcs 7** Amount (\$) 8 Payee address; City; State; Zip Code 2,500.00 3510 Ruth St Houston TX 77004 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Gtd Commission** Salaries/Wages/Contract Labor Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH Date 6 Payee name 5/1/2015 **Domestic Mgmt Svcs 7** Amount (\$) Payee address; City; Zip Code State; 2,500.00 3510 Ruth St Houston TX 77004 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description

U	NPAID INCURRED	C	B	LIGATIONS			SCHEDULE F2			
	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F2:	2		FILER NAME Marty L. McVey	/	3 Filer ID (Ethics Commission filers))			
4	TOTAL OF UNITEMIZED UNPA	ID	INC	CURRED OBLIGATIONS		\$				
				Salaries/Wages/Contract Labor		Check if travel outside of Texas, complete Check if Austin, TX, officeholder living ex Gtd Commission				
11	Complete ONLY if direct expendituree to benefit C/OH	C	and	idate / Officehoder name		office sought	office held			
5	Date	6		Payee name						
	6/1/2015			Domestic Mgmt Svcs						
7	Amount (\$)	8		Payee address; City;	Sta	ite; Zip Code				
	2,500.00			3510 Ruth St Houston TX 77004						
9	TYPE OF EXPENDITURE		Х	Political		Non-Political				
10	PURPOSE OF EXPENDITURE	(a	L) Ca	J ategory Salaries/Wages/Contract Labor	(b) D	Description Check if travel outside of Texas, complete Check if Austin, TX, officeholder living ex Gtd Commission				
11	Complete ONLY if direct expendituree to benefit C/OH	C	and	idate / Officehoder name		office sought	office held			

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission filers) FILER NAME Marty L. McVey TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 7/1/2015 **Domestic Mgmt Svcs 7** Amount (\$) 8 Payee address; City: State: Zip Code 2,500.00 3510 Ruth St Houston TX 77004 Political TYPE OF EXPENDITURE Non-Political 9 (a) Category **PURPOSE OF EXPENDITURE** (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salaries/Wages/Contract **Gtd Commission** Labor Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 6 5 Date Payee name 8/1/2015 Domestic Mgmt Svcs 8 Payee address; Zip Code **7** Amount (\$) City; State; 3510 Ruth St 2,500.00 Houston TX 77004 9 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Gtd Commission** Salaries/Wages/Contract Labor Candidate / Officehoder name Complete ONLY if direct office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 9/1/2015 **Domestic Mgmt Svcs** Amount (\$) 8 Payee address; City; State; Zip Code 2,500.00 3510 Ruth St

UI	JNPAID INCURRED OBLIGATIONS SCHEDULE F2										
	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F2:	2 FILER NAME Marty L. McVey	3 Filer ID (Ethics Commission filers)								
4	TOTAL OF UNITEMIZED UNPA	ID INCURRED OBLIGATIONS	\$								
		Houston TX 77004									
9	TYPE OF EXPENDITURE	X Political	Non-Political								
10	PURPOSE OF EXPENDITURE	(a) Category (b) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Gtd Commission								
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held								
5	Date	6 Payee name									
	10/1/2015	Domestic Mgmt Svcs									
7	Amount (\$) 2,500.00	8 Payee address; City; S 3510 Ruth St Houston TX 77004	State; Zip Code								
9	TYPE OF EXPENDITURE	X Political	Non-Political								
10	PURPOSE OF EXPENDITURE	(a) Category (b) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Gtd Commission								
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held								

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS The Instruction Guide explains how to complete this form. 1 Total Pages Schedule G: 3 FilerID (Ethics Commission filers) 2 FILER NAME Marty L. McVey 4 Date 5 Payee name 10/1/2015 6363 Richmond LP 6 Amount (\$) 7 Payee Address: City; State: Zip Code 3,500.00 6060 Richmond Ave Houston TX 77057 X Reimbursement from Ste 380 political contributions intended 8 (a) Category (b) Description Office Overhead/Rental Expense Rent **PURPOSE OF EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 10/1/2015 Halo House Foundation 6 Amount (\$) 7 Payee Address; City; State: Zip Code 1,650.00 4010 Boue Bonnet Blve Houston TX 77025 X Reimbursement from Ste 110 political contributions intended 8 (a) Category (b) Description **PURPOSE OF** Event Ad Advertising Expense **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 10/3/2015 Ralph Garcia 6 Amount (\$) 7 Payee Address; City; State; Zip Code 1,450.00 118 Dresden St Houston TX 77012 X Reimbursement from political contributions intended 8 (a) Category (b) Description

POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS The Instruction Guide explains how to complete this form. 1 Total Pages Schedule G: 3 FilerID (Ethics Commission filers) 2 FILER NAME Marty L. McVey Advertising Expense Sign Placement **PURPOSE OF EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH 4 Date 5 Payee name 10/3/2015 Tractor Supply Co 6 Amount (\$) 7 Payee Address; City; State; Zip Code 194.32 6232 Garth Rd TX **Baytown** 77521 X Reimbursement from political contributions intended 8 (a) Category (b) Description **PURPOSE OF** T-Posts Advertising Expense **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 10/8/2015 Z & ZZ Intl, Inc. 6 Amount (\$) 7 Payee Address; City; State; Zip Code 77479 1,000.00 4503 Cresent Lakes Cir TX Sugar Land X Reimbursement from political contributions intended 8 (a) Category (b) Description **PURPOSE OF** Advertising Expense Online Ads **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 10/23/2015 NTD Television

POLITICAL EX	PENDITURES	SCHEDULE G
MADE FROM PERSONAL FUNDS The Instruction Guide explains how to complete this form.		
6 Amount (\$)	7 Payee Address;	City; State; Zip Code
500.00	7001 Corporate Dr	Houston TX 77036
X Reimbursement from	Ste 132	
political contributions		
intended		
8	(a) Category	(b) Description
PURPOSE OF EXPENDITURE	Advertising Expense	NewsPaper Ad
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTAQUA	THE COUPLING AS A SECTION
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		