## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction 6	Guide explains how to complete this form	n. 1 Filer ID	2 Total pages filed: 248
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST CHRIS	MI	OFFICE USE ONLY  Date Received
	NICKNAME LAST BELL	SUFFIX	RECEIVE OF
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; PO Box 66544	CITY; ZIP COD	E Date Hand-delivered or Date Postimer/sed    15 2015   Receipt# C/TV SEC   Amount   15 2015
Change of Address	Houston, TX 77266		Date Processed  Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST LIAS	MI	
	NICKNAME LAST STEEN	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEAS 3939 MONTROSE BLVD	SE); APT / SUITE #; CI SUITE M	TY; STATE; ZIP CODE HOUSTON TX 77006
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 888-6299	EXTENSION	
8 REPORT TYPE		before election Runoff  efore election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 01/01/2015	Month D THROUGH 06/30/	ay Year 2015
10 ELECTION	ELECTION DATE Month Day Year 11/03/2015	ELECTION TYP Primary Runoff Special	E Other
11 OFFICE	OFFICE HELD (if any) None	12 OFFICE SOUCHOUSTON I	

**GO TO PAGE 2** 

#### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

#### FORM C/OH **COVER SHEET PG 2**

				2 01 248
13 C / OH NAME	BELL, CHRIS	14	Filer 1D	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	political contributions accepted or political expenditures.  These expenditures may have been made without the difficeholders are required to report this information on	candidate's or officeholder's	s knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	<u> </u>	
	GENERAL			
	-	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		_		
		COMM/TTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS		CAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA PARANTEES OF LOANS), UNLESS ITEMIZED	NPLEDGES, \$	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	381,667.79
EXPENDITURE TOTALS	3. TOTAL POLITIC	CAL EXPENDITURES OF \$100 OR LESS, UNLESSITE	MIZED \$	0.00
	4. TOTAL POLITI	CAL EXPENDITURES	\$	204,868.48
CONTRIBUTION BALANCE	5. TOTAL POLITION REPORTING P	CAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ERIOD	T DAY OF THE \$	190,034.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF RTING PERIOD	THE LAST DAY \$	0.00
17 AFFADAVIT	•			
		i swear, or affirm, under penalty of	perjury, that the accompan	ying report is
and the second	YALONUÁ NELMS stary Public, State of Texa	true and correct and includes all in under Fitle 15. Election Code.	formation required to be re	ported by me
	My Commission Expires November 11, 2017	Bes	20	
<del>1-1</del>		Signature of Car	ndidate or Officeholder	
AFFIY NO	OTARY STAMP / SEAL AB	NOVE		
711 717 170	THE START FOR TERE	Sploada Molms	15th	

Forms provided by Texas Ethics Commission

Printed name of officer administering Valoria Welms www.ethics.state.tx.us

, to certify which, witness my hand and seal of office.

Title of officer administering oath ersion V1.0.28282

## FORM C/OH COVER SHEET PG 3

3 of 249

18 FILER NAME BELL, CHRIS	19 Fifer ID		
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL	AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	366,770.51
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	_	\$	14,897.28
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS		\$	
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	s	\$	165,230.29
6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	33,510.56
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	_	\$	6,127.63
9. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
10. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTE	ons	\$	
11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	2,005.02

The Inst	ruction Guide explains how to complete this fo	orm.	1 Total pages Schedule Sch: 1/148 Rpt: 4/24	
2 FILER NAM BELL, CH			3 Filer ID	
4 Date 02/13/201	5 Full name of contributor out-of-state PAC (ID#:_ 5 Abrameit, Andrew 6 Contributor address; City; State; Zip Code	)	7 Amount of (	(\$) \$250.0
	Houston, TX 77035-3208			
8 Principal of Attorney	ccupation / Job title (See Instructions)	9 Employer (See Instructions Law Offices of Donato D		
Date 03/19/201	Full name of contributor out-of-state PAC (ID#:_ Abrams, Jeffry Contributor address; City; State; Zip Code Houston, TX 77098-3415	)	Amount of (	(\$) \$500.0
Principal of Mediator	ecupation / Job title (See Instructions)	Employer (See Instructions Self	s)	
Date 06/29/201	Full name of contributor out-of-state PAC (ID#:_ 5 Abrams, Jeffry Contributor address; City; State; Zip Code Houston, TX 77098-3415	)	Amount of (	(\$) \$500.0
Principal of Mediator	ccupation / Job title (See Instructions)	Employer (See Instructions Self	s)	
Date 02/17/201	Full name of contributor out-of-state PAC (ID#:_  Ace III, Lloyd  Contributor address; City; State; Zip Code  Houston, TX 77041-6593	)	Amount of (	(\$) \$250.0
Principal or	ccupation / Job title (See Instructions)	Employer (See Instructions	5)	
General N	Manager	Men's Club of Houston		
Date 03/18/201	Full name of contributor out-of-state PAC (ID#:_ 5	)	Amount of (	(\$) \$500.0
	Beverly Hills, CA 90212-4727			
Principal of Entertainn	ccupation / Job title (See Instructions)	Employer (See Instructions Paradigm Talent Agence		

The Instruc	ction Guide explains how to complete this fo	orm.	1	1		
FILER NAME			3	Sch: 2/148 Rpt:	5/248	
BELL, CHRIS	5		ľ	1 1101 12		
Date 04/10/2015	5 Full name of contributor out-of-state PAC (ID#:_ Alexander, Christian	)	7	Amount of (	(\$)	\$500.00
	6 Contributor address; City; State; Zip Code					
	Houston, TX 77024-6703					
Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions Organic Fuels	s)			
Date 06/30/2015	Full name of contributor	)		Amount of (	(\$)	\$100.00
Dringing again	Houston, TX 77027-4019	Employer (See Instructions				
attorney	pation / Job title (See Instructions)	Employer (See Instructions Beck Redden	5)			
Date 03/28/2015	Full name of contributor out-of-state PAC (ID#:_ Allen, Jamie Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$50.00
	Bellaire, TX 77401-4413					
Principal occup not employed	pation / Job title (See Instructions)	Employer (See Instructions none	s)			
Date 05/07/2015	Full name of contributor out-of-state PAC (ID#:_Alley, Steve  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$205.00
Dringing! aggre	Houston, TX 77025-2515 pation / Job title (See Instructions)	Employer (See Instructions				
Physician	oation/ Job title (See instructions)	Fannin pediatrics	·)			
Date 06/25/2015	Full name of contributor  uut-of-state PAC (ID#:_	)		Amount of (	(\$)	\$50.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77025-2515					
Principal occup Physician	pation / Job title (See Instructions)	Employer (See Instructions Fannin pediatrics	5)			

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/148 Rpt: 6/248	
2	FILER NAME BELL, CHRIS	S		3	Filer ID	
4	Date 01/29/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of ( (\$)	\$1,000.00
		Houston, TX 77005-1817				
8	Principal occup Investor	pation / Job title (See Instructions)	9 Employer (See Instructions Self	i)		
	Date 04/15/2015	Full name of contributor out-of-state PAC (ID#:_Altman, Mickey  Contributor address; City; State; Zip Code	)		Amount of ( (\$)	\$1,000.00
	Principal occu	Houston, TX 77005-1817 pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date 06/24/2015	Full name of contributor out-of-state PAC (ID#:_Alvarez, Hugo  Contributor address; City; State; Zip Code  Houston, TX 77032	)		Amount of ( (\$)	\$2,000.00
	Principal occu Realtor	pation / Job title (See Instructions)	Employer (See Instructions HCA Real Estate	;)		
	Date 04/30/2015	Full name of contributor out-of-state PAC (ID#:_Amado, Al Contributor address; City; State; Zip Code Houston, TX 77006-3707	)		Amount of ( (\$)	\$500.00
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
_	Attorney	Full name of contributor out-of-state PAC (ID#:_	Self		Amount of ( (\$)	
	01/26/2015	Amy, Jeanne  Contributor address; City; State; Zip Code			, and an experience (e)	\$10.00
		Abbeville, LA 70510-3417				
	Principal occu student	pation / Job title (See Instructions)	Employer (See Instructions student	5)		

The Instruction Guide explain	s how to complete this t	form.	1	Total pages Sche Sch: 4/148 Rpt		
2 FILER NAME			3	Filer ID		
BELL, CHRIS  4 Date	<u> </u>	•	7	Amount of (	(\$)	\$10.00
Abbeville, LA 7051	0-3417					
8 Principal occupation / Job title (See Instruction student	ructions)	9 Employer (See Instructions student	s)			
Date Full name of contribut 06/10/2015 Andrews & Kurth T	<b>—</b>	_ )		Amount of (	(\$)	\$2,500.00
Contributor address;			-			ψ=,σσσ.σσ
Houston, TX 77002	2-2929					
Principal occupation / Job title (See Insti	ructions)	Employer (See Instructions	s)			
Date Full name of contribut 05/22/2015 Andrews Myers Contributor address;			-	Amount of (	(\$)	\$2,500.00
Houston, TX 77027						
Principal occupation / Job title (See Instru	ructions)	Employer (See Instructions	s)			
Date Full name of contribut 03/17/2015 Anschutz, Everett	out-of-state PAC (ID#:	)		Amount of (	(\$)	\$5,000.00
Contributor address;	City; State; Zip Code		-			ψ5,000.00
Houston, TX 77019	9-3002					
Principal occupation / Job title (See Insti	ructions)	Employer (See Instructions	s)			
Attorney		Robertson Anschutz Ve	tte	rs		
Date Full name of contribut 06/29/2015 Anschutz, Jeff			-	Amount of (	(\$)	\$500.00
Contributor address;	City; State; Zip Code					
Spring, TX 77388-5	5812					
Principal occupation / Job title (See Insti	ructions)	Employer (See Instructions	s)			

The Instruction Guide explains how	to complete this fo	orm.	1	Total pages Sched Sch: 5/148 Rpt:		
2 FILER NAME BELL, CHRIS			3	Filer ID		
4 Date 5 Full name of contributor Anschutz, Karen 6 Contributor address; City; St.	out-of-state PAC (ID#:_	)	7	Amount of (	(\$)	\$1,928.51
Houston, TX 77019-3002						
8 Principal occupation / Job title (See Instructions	)	9 Employer (See Instructions	)			
Date Full name of contributor 03/15/2015 Appel, Madeline Contributor address; City; St	out-of-state PAC (ID#:_	)		Amount of (	(\$)	\$250.00
Houston, TX 77096-2501						
Principal occupation / Job title (See Instructions Retired	)	Employer (See Instructions Retired	)			
Date Full name of contributor 05/18/2015 Aque, Charles Contributor address; City; St Houston, TX 77067-3616	out-of-state PAC (ID#:_			Amount of (	(\$)	\$500.00
Principal occupation / Job title (See Instructions CEO	)	Employer (See Instructions Aque Investment Co	)			
Date Full name of contributor 04/26/2015 Arceneaux, Lambert Contributor address; City; St Houston, TX 77008-6825	out-of-state PAC (ID#:_	)		Amount of (	(\$)	\$1,200.00
Principal occupation / Job title (See Instructions	)	Employer (See Instructions	)			
President		Allegro Builders				
Date Full name of contributor 01/29/2015 Arnold, Dan  Contributor address; City; St	out-of-state PAC (ID#:_ate; Zip Code	)		Amount of (	(\$)	\$2,500.00
Houston, TX 77057-1314						
Principal occupation / Job title (See Instructions Vice Chairman	)	Employer (See Instructions First Continental Investr		nt		

The Instruction Guide explains how to complete th	is form.  1 Total pages Schedule A1: Sch: 6/148 Rpt: 9/248
2 FILER NAME BELL, CHRIS	3 Filer ID
4 Date 02/09/2015  5 Full name of contributor out-of-state PAC (IIII) out-of-s	D#:
Houston, TX 77006-4247	
8 Principal occupation / Job title (See Instructions) retired	9 Employer (See Instructions) retired
Date Full name of contributor out-of-state PAC (IIII) of the pack	D#:) Amount of ( (\$) \$50.0
Principal occupation / Job title (See Instructions) Self-Employed	Employer (See Instructions) Self-Employed
Date  O4/27/2015  Full name of contributor  O4/27/2015  Aslett, Stephen  Contributor address; City; State; Zip Code  Houston, TX 77006-1135	D#:
Principal occupation / Job title (See Instructions) Prosecutor	Employer (See Instructions) Harris County District Attorney's Office
Date  Full name of contributor  O6/25/2015  Atzil, Linda  Contributor address; City; State; Zip Code  Houston, TX 77096-4202	D#:
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Senior compliance analyst	Md Anderson cancer center
Date Full name of contributor out-of-state PAC (I 05/11/2015 Atzil, Linda Contributor address; City; State; Zip Code	D#:_ ) Amount of ( (\$) \$20.0
Houston, TX 77096-4202	
Principal occupation / Job title (See Instructions) Senior compliance analyst	Employer (See Instructions)  Md Anderson cancer center

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Scheo Sch: 7/148 Rpt:		
2	FILER NAME			3	Filer ID		
4	03/20/2015	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Atzil, Linda</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of (	(\$)	\$25.00
		Houston, TX 77096-4202					
8	Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	;)			
	Senior compl	liance analyst	Md Anderson cancer ce	nte	er		
	Date 04/29/2015	Full name of contributor	)		Amount of (	(\$)	\$250.00
		Houston, TX 77006-1042					
	Principal occup Senior Mana	pation / Job title (See Instructions) ger	Employer (See Instructions Hewlett Packard	s)			
	Date 06/30/2015	Full name of contributor	)		Amount of (	(\$)	\$100.00
		Houston, TX 77006-1042					
	Principal occup Senior Manag	pation / Job title (See Instructions) ger	Employer (See Instructions Hewlett Packard	s)			
	Date 04/13/2015	Full name of contributor out-of-state PAC (ID#:_Babcock, Charles  Contributor address; City; State; Zip Code  Houston, TX 77010-4037	)		Amount of (	(\$)	\$100.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Lawyer		Jackson Walker LLP				
	Date 02/23/2015	Full name of contributor out-of-state PAC (ID#:_ Bagozzi, Sheila Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$400.00
		Richmond, TX 77406-6519					
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	i)			

The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Sch Sch: 8/148 Rp	
2 FILER NAME			3 Filer ID	11/240
BELL, CHRI	S			
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of (	(\$)
06/25/2015	Bailey, April			\$500.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77027-5160			
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>l</u> s)	
Banker	,	Amegy Bank	-,	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of (	(\$)
02/12/2015	Bailey, Stephen			\$1,000.00
	Contributor address; City; State; Zip Code			
Principal occu	Houston, TX 77005-2835 pation / Job title (See Instructions)	Employer (See Instructions		
Attorney	pation / Job title (See Instructions)	Cruse Scott Henderson		
		Orașe ocott i lenderson	•	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of (	(\$)
06/15/2015	Bailey, Stephen			\$250.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77005-2109			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Attorney		Cruse Scott Henderson	& Allen L.L.P.	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of (	(\$)
02/12/2015	Bailey, Stephen			\$1,000.00
	Contributor address; City; State; Zip Code			
Principal occu	Houston, TX 77005-2109 pation / Job title (See Instructions)	Employer (See Instructions		
Attorney	pation / 300 title (See instructions)	Cruse Scott Henderson		
Date	Full name of contributor  ut-of-state PAC (ID#:_	1	Amount of (	(\$)
06/26/2015	Ballew, Iris	,	Amount or v	(Ψ) \$50.00
00/20/2010	Contributor address; City; State; Zip Code			φου.σσ
	Houston, TX 77005-1876			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>	

The Instruction Guide explains how to complete this fo	orm.	1 Total pages Scho		
2 FILER NAME		Sch: 9/148 Rpt 3 Filer ID	. 12/240	
BELL, CHRIS		O THOUTE		
4 Date 5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of (	(\$)	
03/31/2015 Barber, Brad				\$5.00
6 Contributor address; City; State; Zip Code				
Houston, TX 77007-6174				
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions	3)		
VP Advertising	Al's Formal Wear			
Date Full name of contributor out-of-state PAC (ID#:_	)	Amount of (	(\$)	
04/29/2015 Barkley, Michael Tate				\$25.00
Contributor address; City; State; Zip Code				
Haveton TV 77005 5000				
Houston, TX 77035-5006	Franksian (Caalmatmistissa	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions Michael ' Tate' Barkley F	•		
	Wildhael Tate Barkley I			
Date Full name of contributor out-of-state PAC (ID#:_	)	Amount of (	(\$)	<b>¢</b> E 00
01/23/2015 Ben Parizek				\$5.00
Contributor address; City; State; Zip Code				
Los Angeles, CA 90024-6260				
Principal occupation / Job title (See Instructions)	Employer (See Instructions	3)		
Partner / Creative Director	Barrel Strength Design			
Date Full name of contributor out-of-state PAC (ID#:_	)	Amount of (	(\$)	
01/23/2015 Ben Parizek				\$0.50
Contributor address; City; State; Zip Code				
Los Aprelos CA 00024 6260				
Los Angeles, CA 90024-6260  Principal occupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Partner / Creative Director	Barrel Strength Design	7)		
		A == = = = = = = = = = = = = = = = = =	<b>(h)</b>	
Date Full name of contributor out-of-state PAC (ID#:_ 01/25/2015 Ben Parizek	)	Amount of (	(\$)	\$0.50
Contributor address; City; State; Zip Code				φυ.50
Continuation address, Oity, State, ZIP Code				
Los Angeles, CA 90024-6260				
	T .	•		
Principal occupation / Job title (See Instructions)	Employer (See Instructions	s)		

The Instruc	ction Guide explains how to complete this fo	orm.	1	1 . 9		
2 FILER NAME			3	Sch: 10/148 Rpt	. 13/246	
BELL, CHRI	S					
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of (	(\$)	<b>#4</b> 000 00
06/27/2015	Bauer, Richard	•				\$1,000.00
	6 Contributor address; City; State; Zip Code					
	Palm Beach, FL 33480-6704					
	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
Not employe	ed	Not employed				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/23/2015	Baumgartner, John					\$50.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77023-4013					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Consultant		SRR				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
05/12/2015	Bechtol, Brent					\$5.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77005-2135					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Investor		Self				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
04/29/2015	Bechtol, Brent					\$250.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77005-2135					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Investor	·	Self				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/29/2015	Beirne, Maynard & Parsons					\$1,000.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77056					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>			
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The Instruction Guide explains how to complete this	s form.	1	1 . 9		
2 FILER NAME		3	Sch: 11/148 Rp	JI. 14/246	
BELL, CHRIS					
4 Date 5 Full name of contributor out-of-state PAC (ID	#:_ )	7	Amount of (	(\$)	
06/13/2015 BELL, Christopher					\$250.00
6 Contributor address; City; State; Zip Code					
TV 77000 0404					
Houston, TX 77006-2124	10 Farataina (0 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
8 Principal occupation / Job title (See Instructions) Attorney	9 Employer (See Instructions Greenber Traurig LLP	5)			
		1		<b>(A)</b>	
Date Full name of contributor out-of-state PAC (ID 04/10/2015 Bell. Patricia	#:_ )		Amount of (	(\$)	¢400.00
04/10/2015 Bell, Patricia  Contributor address; City; State; Zip Code					\$100.00
Contributor address, City, State, Zip Code					
Houston, TX 77006-2124					
Principal occupation / Job title (See Instructions)	Employer (See Instructions	5)			
Not employed	Not employed				
Date Full name of contributor out-of-state PAC (ID	#: <u> </u>		Amount of (	(\$)	
06/14/2015 Bennett, Dixon					\$100.00
Contributor address; City; State; Zip Code					
Houston, TX 77008-4150					
Principal occupation / Job title (See Instructions)	Employer (See Instructions	5)			
Professor	San Jacinto College So	uth	1		
Date Full name of contributor out-of-state PAC (ID	#: <u> </u>		Amount of (	(\$)	
04/10/2015 Benoit, Eva					\$5,000.00
Contributor address; City; State; Zip Code					
Houston TV 77027 2517					
Houston, TX 77027-3517  Principal occupation / Job title (See Instructions)	Employer (See Instructions	·/			
National Director of Administrative Support	OptumHealth	"			
Date Full name of contributor out-of-state PAC (ID	·		Amount of (	(4)	
04/30/2015 Bentley, Barton	#:_ )		Amount of t	(\$)	\$200.00
Contributor address; City; State; Zip Code					Ψ200.00
232313. 3331300, Ony, Olato, Lip 3000					
Houston, TX 77019-2150					
Principal occupation / Job title (See Instructions)	Employer (See Instructions	5)			
attorney	Fizer Beck				

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A Sch: 12/148 Rpt: 15/2		
2	FILER NAME BELL, CHRI	S		3	Filer ID		
4	Date 06/08/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$100.00
		Houston, TX 77019-2150					
8	Principal occu attorney	pation / Job title (See Instructions)	9 Employer (See Instructions Fizer Beck	5)			
	Date 06/30/2015	Full name of contributor out-of-state PAC (ID#:_ Bentley, Barton Contributor address; City; State; Zip Code Houston, TX 77019-2150	)		Amount of (	(\$)	\$25.00
	Principal occu attorney	pation / Job title (See Instructions)	Employer (See Instructions Fizer Beck	s)			
	Date 04/10/2015	Full name of contributor out-of-state PAC (ID#:_ Bentsen, Lan Contributor address; City; State; Zip Code Houston, TX 77027-3109	)	•	Amount of (	(\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)			
	Date 03/31/2015	Full name of contributor out-of-state PAC (ID#:_ Berg, Geoff Contributor address; City; State; Zip Code  Houston, TX 77006-5471	)	-	Amount of (	(\$)	\$250.00
	·	pation / Job title (See Instructions)	Employer (See Instructions				
	Lawyer		Berg Feldman Johnson	Вє	ell LLP		
	Date 06/04/2015	Full name of contributor out-of-state PAC (ID#:_ Berg, Geoff Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$1,000.00
		Houston, TX 77006-5471					
	Principal occu Lawyer	pation / Job title (See Instructions)	Employer (See Instructions Berg Feldman Johnson		ell LLP		

	The Instruct	tion Guide explains how to complete this f	orm.	1	Total pages Sche Sch: 13/148 Rp		
2	FILER NAME			3	Filer ID		
	BELL, CHRIS						
4	05/19/2015	Full name of contributor out-of-state PAC (ID#:_ Berkshire, David Contributor address; City; State; Zip Code	)	7	Amount of (	(\$)	\$15.00
		Houston, TX 77025-4516					
8	Principal occupa	ation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	not employed		none				
	Date 06/05/2015	Full name of contributor	)		Amount of (	(\$)	\$5.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77025-4516					
	Principal occupa not employed	ation / Job title (See Instructions)	Employer (See Instructions none	s)			
	Date 04/24/2015	Full name of contributor out-of-state PAC (ID#:_ Berkshire, David	)		Amount of (	(\$)	\$15.00
		Contributor address; City; State; Zip Code  Houston, TX 77025-4516  ation / Job title (See Instructions)	Employer (See Instructions	s)			
	not employed		none				
	Date 04/30/2015	Full name of contributor out-of-state PAC (ID#:_ Berkshire, David  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$5.00
		Houston, TX 77025-4516					
_	Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	5)			
	not employed		none				
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
	03/11/2015	Berkshire, David  Contributor address; City; State; Zip Code					\$10.00
		TV ====================================					
		Houston, TX 77025-4516					
	Principal occupa not employed	ation / Job title (See Instructions)	Employer (See Instructions none	5)			

The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Scheo Sch: 14/148 Rpt		
2 FILER NAME			3	Filer ID	. 17/240	
BELL, CHRIS	S					
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of (	(\$)	
06/28/2015	Berkshire, David					\$5.00
	6 Contributor address; City; State; Zip Code					
	Houston, TX 77025-4516					
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions	;)			
not employed	· · · · · · · · · · · · · · · · · · ·	none	,			
Date	Full name of contributor	)		Amount of (	(\$)	
04/16/2015	Bickham, Thomas	,			(+)	\$100.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77098-4521					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)			
Attorney		Self				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/30/2015	Binstock, Robert					\$1,000.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77096-4149					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Lawyer		Reich and Binstock LLP				
Date	Full name of contributor  uut-of-state PAC (ID#:_	)		Amount of (	(\$)	
02/13/2015	Bischoff, Richard					\$2,500.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77007-2520					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Executive		BSL Golf				
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/08/2015	Blackman, Jay Blackman					\$100.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77006-1015					
	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Attorney		Vinson & Elkins LLP				

The Instruction Guide explains how to complete thi	s form.	1 Total pages Sche Sch: 15/148 Rp		
2 FILER NAME BELL, CHRIS		3 Filer ID		
4 Date 03/23/2015  5 Full name of contributor out-of-state PAC (III Boatwright, Evelyn  6 Contributor address; City; State; Zip Code	D#:)	7 Amount of (	(\$)	\$300.00
Houston, TX 77079-7018				
8 Principal occupation / Job title (See Instructions) Not employed	9 Employer (See Instructions Not employed	s)		
Date Full name of contributor out-of-state PAC (III 06/09/2015 Boatwright, Evelyn  Contributor address; City; State; Zip Code  Houston, TX 77079-7018	D#:)	Amount of (	(\$)	\$200.00
Principal occupation / Job title (See Instructions)  Not employed	Employer (See Instructions Not employed	5)		
Date Full name of contributor ☐ out-of-state PAC (IE 04/30/2015 Bodin, Mike  Contributor address; City; State; Zip Code  Houston, TX 77098-5533	D#:_ )	Amount of (	(\$)	\$250.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions	s)		
Date Full name of contributor out-of-state PAC (ID 05/21/2015 Bogler, Oliver  Contributor address; City; State; Zip Code  Houston, TX 77025-1719	D#:)	Amount of (	(\$)	\$15.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions			
Associate Professor	University of Texas MD	Anderson Cancer (	Center	
Date Full name of contributor out-of-state PAC (III 05/07/2015 Bogler, Oliver  Contributor address; City; State; Zip Code	D#:)	Amount of (	(\$)	\$50.00
Houston, TX 77025-1719				
Principal occupation / Job title (See Instructions) Associate Professor	Employer (See Instructions University of Texas MD		Center	

The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Sche		
2 FILER NAME			3	Sch: 16/148 Rp	01. 19/240	
BELL, CHRIS	5					
4 Date 04/26/2015	5 Full name of contributor out-of-state PAC (ID#:_ Bogler, Oliver	)	7	Amount of (	(\$)	\$50.00
	6 Contributor address; City; State; Zip Code					
	Houston, TX 77025-1719					
3 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
Associate Pr	ofessor	University of Texas MD	An	derson Cancer (	Center	
Date 03/28/2015	Full name of contributor  uut-of-state PAC (ID#:_ Bogler, Oliver	)		Amount of (	(\$)	\$500.00
	Contributor address; City; State; Zip Code		•			·
	Houston, TX 77025-1719					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Associate Pro	ofessor	University of Texas MD	An	derson Cancer C	Center	
Date	Full name of contributor	)		Amount of (	(\$)	
06/30/2015	Bogler, Oliver					\$25.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77025-1719					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Associate Pr	ofessor	University of Texas MD	An	derson Cancer (	Center	
Date	Full name of contributor  uut-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/28/2015	Bogler, Oliver					\$15.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77025-1719					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Associate Pr	ofessor	University of Texas MD	An	derson Cancer (	Center	
Date	Full name of contributor	)		Amount of (	(\$)	
06/25/2015	Bogler, Oliver					\$35.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77025-1719					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Associate Pr	ofessor	University of Texas MD	An	derson Cancer (	Center	

The Ins	struction Guide explains how to complete this fo	orm.	1	Total pages Scher Sch: 17/148 Rpt		
2 FILER N. BELL, C			3	Filer ID		
4 Date 04/17/20	5 Full name of contributor out-of-state PAC (ID#:_ Boing, Arlane  6 Contributor address; City; State; Zip Code	)	7	Amount of (	(\$)	\$100.00
	Houston, TX 77089-6323					
8 Principal	occupation / Job title (See Instructions)	9 Employer (See Instructions	5)			
Date 05/04/20	Full name of contributor out-of-state PAC (ID#:_ 015 Bomar, Wyn Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$25.00
	Houston, TX 77098-3303					
Principal graphic	occupation / Job title (See Instructions) design	Employer (See Instructions self	5)			
Date 02/26/20	Full name of contributor out-of-state PAC (ID#:_015 Bomar, Wyn  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$25.00
	Houston, TX 77098-3303					
Principal graphic	occupation / Job title (See Instructions) design	Employer (See Instructions self	s)			
Date 04/10/20	Full name of contributor out-of-state PAC (ID#:_015 Borker, Lynn  Contributor address; City; State; Zip Code  Sugar Land, TX 77479-2129	)		Amount of (	(\$)	\$100.00
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
Insuran	ce Agent	Northwestern Mutual				
Date 01/29/20	Full name of contributor out-of-state PAC (ID#:_ D15 Bowles, Deward Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$15.00
	Houston, TX 77088-7432					
	occupation / Job title (See Instructions) Owner President	Employer (See Instructions B&B Surveying Compar				

The Instruc	ction Guide explains how to complete this fo	orm.	1	1		
2 FILER NAME			3	Sch: 18/148 Rp	ot: 21/248	
BELL, CHRIS	S		ľ	1 1101 12		
<b>4</b> Date 01/29/2015	<ul> <li>Full name of contributor out-of-state PAC (ID#:_Bowles, Deward</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of (	(\$)	\$15.00
	Houston, TX 77088-7432					
	pation / Job title (See Instructions)	9 Employer (See Instructions				
RPLS Owner	r President	B&B Surveying Compar	ny			
Date 05/24/2015	Full name of contributor			Amount of (	(\$)	\$50.00
	Missouri City, TX 77459-3954					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Not employe	d	Not employed				
Date 05/22/2015	Full name of contributor out-of-state PAC (ID#:_ Boyer, John Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$500.00
Principal occup	Houston, TX 77046 pation / Job title (See Instructions)	Employer (See Instructions	5)			
Date 05/22/2015	Full name of contributor			Amount of (	(\$)	\$500.00
	Houston, TX 77065-1614					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Retired		Retired				
Date 05/13/2015	Full name of contributor out-of-state PAC (ID#:_ Boyer, Mark Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$1,000.00
	Houston, TX 77064-7750					
Principal occup Contractor	pation / Job title (See Instructions)	Employer (See Instructions Boyer Inc	5)			

	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Sche Sch: 19/148 Rp		
2	FILER NAME			3	Filer ID		
	BELL, CHRI	IS					
4	Date 05/06/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$25.00
		Houston, TX 77006-6060					
8		pation / Job title (See Instructions)	9 Employer (See Instructions				
	Minister for `	Youth and Young Adults	Christ Church Cathedra	l			
	Date 02/17/2015	Full name of contributor	)		Amount of (	(\$)	\$100.00
		Houston, TX 77027-3970					
	Principal occu Investor	upation / Job title (See Instructions)	Employer (See Instructions Self Employed	s)			
	Date 06/06/2015	Full name of contributor out-of-state PAC (ID#:_ Brady, Carolyn Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$100.00
		Houston, TX 77027-3970					
	Principal occu Investor	upation / Job title (See Instructions)	Employer (See Instructions Self Employed	s)			
	Date 02/27/2015	Full name of contributor  out-of-state PAC (ID#: Brannon, James  Contributor address; City; State; Zip Code			Amount of (	(\$)	\$500.00
		Houston, TX 77019-6805	T = 1				
	Principal occu Attorney	upation / Job title (See Instructions)	Employer (See Instructions self	;)			
	Date	Full name of contributor out-of-state PAC (ID#:			Amount of (	(\$)	
	03/23/2015	Brill, Robert  Contributor address; City; State; Zip Code	- '		Amount of V	(Φ)	\$500.00
_		Houston, TX 77027-3106					
	Principal occu CFO	upation / Job title (See Instructions)	Employer (See Instructions Britain Electric	s)			

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 20/148 Rpt: 23/24	
2	FILER NAME	0		3	Filer ID	
4	Date 05/27/2015	5 Full name of contributor out-of-state PAC (ID#:_ Brill, Robert  6 Contributor address; City; State; Zip Code	)	7	Amount of ( (\$	\$250.00
		Houston, TX 77027-3106				
8	Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions Britain Electric	5)		
	Date 06/25/2015	Full name of contributor out-of-state PAC (ID#:_ Briscoe, Adam Contributor address; City; State; Zip Code	)		Amount of ( (\$	\$250.00
	Principal occu Producer	Houston, TX 77006-3747 pation / Job title (See Instructions)	Employer (See Instructions Sam-I-Am Films	5)		
	Date 04/04/2015	Full name of contributor out-of-state PAC (ID#:_Briscoe, Billy  Contributor address; City; State; Zip Code  Houston, TX 77021-1625	)		Amount of ( (\$	\$1,900.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions The Briscoe Group PLL			
	Date 01/29/2015	Full name of contributor out-of-state PAC (ID#:_Briscoe, Billy  Contributor address; City; State; Zip Code  Houston, TX 77056-3899	)		Amount of ( (\$	\$2,500.00
		pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Attorney		Briscoe Group			
	Date 02/17/2015	Full name of contributor	)		Amount of ( (\$	\$600.00
		Houston, TX 77056-3899				
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Briscoe Group	5)		

The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A Sch: 21/148 Rpt: 24/2		
FILER NAME BELL, CHRI	S		3	Filer ID		
Date 02/17/2015	5 Full name of contributor out-of-state PAC (ID#:_ Briscoe, Willie 6 Contributor address; City; State; Zip Code	)	7	Amount of (	(\$)	\$1,000.00
	Dallas, TX 75229-3957					
Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions Briscoe Group	5)			
Date 05/28/2015	Full name of contributor out-of-state PAC (ID#:_ Broesche, Travis  Contributor address; City; State; Zip Code  Houston, TX 77005-1518	)		Amount of (	(\$)	\$500.00
Principal occu Arbitrator	ipation / Job title (See Instructions)	Employer (See Instructions Self	5)			
Date 04/30/2015	Full name of contributor out-of-state PAC (ID#:_ Broughton, Kenneth Contributor address; City; State; Zip Code Houston, TX 77002-6110	)		Amount of (	(\$)	\$500.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions Reed Smith LLP	5)			
Date 06/29/2015	Full name of contributor out-of-state PAC (ID#:_Broughton, Kenneth  Contributor address; City; State; Zip Code  Houston, TX 77006-6021	)		Amount of (	(\$)	\$25.00
	ipation / Job title (See Instructions)	Employer (See Instructions	5)			
attorney		Reed Smith LLP				
Date 04/30/2015	Full name of contributor out-of-state PAC (ID#:_ Brown, Sara Lou Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$25.00
	Houston, TX 77098-1177					
Principal occu Not employe	upation / Job title (See Instructions)	Employer (See Instructions Not employed	5)			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedu Sch: 22/148 Rpt: 2		
2	FILER NAME BELL, CHRI	S		3	Filer ID		
4	Date 03/02/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$100.00
		Houston, TX 77098-1177					
8	Principal occup Not employe	pation / Job title (See Instructions) d	9 Employer (See Instructions Not employed	5)			
	Date 06/27/2015	Full name of contributor out-of-state PAC (ID#:_Brown, Sara Lou  Contributor address; City; State; Zip Code  Houston, TX 77098-1177	)		Amount of (	(\$)	\$50.00
	Principal occu Not employe	pation / Job title (See Instructions) d	Employer (See Instructions Not employed	5)			
	Date 06/23/2015	Full name of contributor out-of-state PAC (ID#:_ Bryant, Amorette Contributor address; City; State; Zip Code Houston, TX 77043	)		Amount of (	(\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 05/11/2015	Full name of contributor out-of-state PAC (ID#:_ Buchanan, Stuart Contributor address; City; State; Zip Code Houston, TX 77057-2930			Amount of (	(\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Oil and Gas		ExxonMobil Production	Co	1		
	Date 03/23/2015	Full name of contributor out-of-state PAC (ID#:_ Buck, Everett Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$100.00
		Houston, TX 77098-3985					
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	5)			

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Sche Sch: 23/148 Rp		
2	FILER NAME			3	Filer ID		
	BELL, CHRIS	6					
4	Date 05/15/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$1,000.00
		Houston, TX 77006-6017					
8	Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	;)			
	Principal		Rational Systems				
	Date 02/17/2015	Full name of contributor	)		Amount of (	(\$)	\$1,000.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75220-5200					
	Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	:) 			
	i illoipai ooou	salion, oos lille (oos monastions)	Employer (Geo mondone)	,			
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
	04/05/2015	Burks, Dr. Robin					\$25.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77024-2756					
_	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Psychologist		Self				
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
	03/02/2015	Burleson, Evelyn					\$10.00
		Contributor address; City; State; Zip Code					
		Port Lavaca, TX 77979-3349					
	Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	·/			
	Self Employe		none	"			
_					A	(\$)	
	Date 06/11/2015	Full name of contributor	)		Amount of (	(\$)	\$100.00
	00/11/2013	Contributor address; City; State; Zip Code	•				φ100.00
		Contributor address, City, State, 219 Code					
		Houston, TX 77008-4453					
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Attorney		Osha Liang LLP				

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule		
_		· · ·			Sch: 24/148 Rpt: 27/	248	
2	FILER NAME BELL, CHRI	S		3	Filer ID		
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of (	(\$)	
	04/17/2015	Burton, Victor					\$1,000.00
		6 Contributor address; City; State; Zip Code					
		Houston, TX 77063-5507					
8		pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	CEO		Black Swan Protection				
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
	06/26/2015	Bushong, Barbara					\$25.00
		Contributor address; City; State; Zip Code					
	B: : :	Houston, TX 77005-2336					
	consultant	pation / Job title (See Instructions)	Employer (See Instructions Sterling Associates	)			
	Consultant		Sterling Associates				
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
	03/30/2015	Butterfield, Colleen					\$10.00
		Contributor address; City; State; Zip Code					
		Grapevine, TX 76051-6665					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	retired	patient, see the (eee management)	rabblerouser	,			
_		Full constitution To a first PAGEN			Assessment of t	<b>(((((((((((((</b>	
	Date 02/26/2015	Full name of contributor out-of-state PAC (ID#:_ Butterfield, Colleen	)		Amount of (	(\$)	\$10.00
	02/20/2013						φ10.00
		Contributor address; City; State; Zip Code					
		Grapevine, TX 76051-6665					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	retired		rabblerouser				
_	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
	04/26/2015	Butterfield, Colleen	,			( )	\$10.00
		Contributor address; City; State; Zip Code					
		Grapevine, TX 76051-6665					
		pation / Job title (See Instructions)	Employer (See Instructions	)			
	retired		rabblerouser				

	The Instruct	tion Guide explains how to complete this	s form.	1	Total pages Sch Sch: 25/148 R		
2	FILER NAME			3	Filer ID	'	
	BELL, CHRIS						
4	04/30/2015	Full name of contributor	·	7	Amount of (	(\$)	\$5.00
	6	6 Contributor address; City; State; Zip Code					
_		Grapevine, TX 76051-6665	T				
8	Principal occupa retired	ation / Job title (See Instructions)	9 Employer (See Instructions rabblerouser	s)			
	Date	Full name of contributor  uut-of-state PAC (ID	D#:)		Amount of (	(\$)	
	06/24/2015	Butterfield, Colleen					\$5.00
		Contributor address; City; State; Zip Code					
		Cropovino TV 76051 6665					
_	Principal occup	Grapevine, TX 76051-6665 ation / Job title (See Instructions)	Employer (See Instructions	2)			
	retired	ation / Job title (See Instructions)	rabblerouser	5)			
	Date	Full name of contributor  ut-of-state PAC (ID	D#:)		Amount of (	(\$)	
	06/28/2015	CAMERON, DAVID					\$25.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78759-4174					
	Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	s)			
	Data Analyst		Self				
	Date	Full name of contributor  ut-of-state PAC (ID	D#:)		Amount of (	(\$)	
	03/19/2015	CAMERON, DAVID					\$25.00
	""	Contributor address; City; State; Zip Code					
		Austin, TX 78759-4174					
	Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	s)			
	Data Analyst	,	Self	-,			
	Date	Full name of contributor out-of-state PAC (ID	D#:)		Amount of (	(\$)	
	04/16/2015	CAMERON, DAVID	-			(1)	\$25.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78759-4174	1				
		ation / Job title (See Instructions)	Employer (See Instructions	s)			
	Data Analyst		Self				

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule Sch: 26/148 Rpt: 2		
2	FILER NAME BELL, CHRIS	S		3	Filer ID		
4	Date 05/17/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$25.00
		Houston, TX 77007-2631					
8	Principal occup it spec	pation / Job title (See Instructions)	Employer (See Instructions dept of treasury	)			
	Date 06/19/2015	Full name of contributor out-of-state PAC (ID#:_Callahan, Bryce  Contributor address; City; State; Zip Code  Houston, TX 77005-1112			Amount of (	(\$)	\$250.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions Yetter Coleman	)			
	Date 06/29/2015	Full name of contributor out-of-state PAC (ID#:_Callahan, Thomas  Contributor address; City; State; Zip Code  Houston, TX 77030-3608	)		Amount of (	(\$)	\$1,000.00
	Principal occup	pation / Job title (See Instructions) visor	Employer (See Instructions Callahan Advisors LLC	)			
	Date 05/08/2015	Full name of contributor out-of-state PAC (ID#:_Caress, Sarah  Contributor address; City; State; Zip Code  Houston, TX 77030-1116	)		Amount of (	(\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 04/30/2015	Full name of contributor out-of-state PAC (ID#:_ Carroll, Tony Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$2,500.00
		Houston, TX 77006-2840					
	Principal occup	pation / Job title (See Instructions) pist	Employer (See Instructions Houston Therapist	)			

The Ins	struction Guide explains how to complete this fo	orm.	1	Total pages Sched Sch: 27/148 Rpt:		
2 FILER NA BELL, C			3	Filer ID		
4 Date 03/20/20	5 Full name of contributor out-of-state PAC (ID#:_ Casarez, Nicole  6 Contributor address; City; State; Zip Code	)	7	Amount of (	(\$)	\$250.00
	Houston, TX 77096-4236					
8 Principal Professo	occupation / Job title (See Instructions) or	9 Employer (See Instructions University of St. Thomas				
Date 03/20/20	Full name of contributor out-of-state PAC (ID#:_ Casarez, Rueben Contributor address; City; State; Zip Code  Houston, TX 77096-4236			Amount of (	(\$)	\$250.00
Principal Attorney	occupation / Job title (See Instructions)	Employer (See Instructions Wells Fargo	i)			
Date 06/30/20	Full name of contributor out-of-state PAC (ID#:_ Castellano, Gina Contributor address; City; State; Zip Code  Houston, TX 77004-7205			Amount of (	(\$)	\$75.00
Principal Therapis	occupation / Job title (See Instructions)	Employer (See Instructions Self	s)			
Date 06/29/20	Full name of contributor out-of-state PAC (ID#:_ Cauley, James Contributor address; City; State; Zip Code  Louisville, KY 40241-6209	)		Amount of (	(\$)	\$2,000.00
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	5)			
Political	Consultant	self				
Date 02/17/20	Full name of contributor	)		Amount of (	(\$)	\$500.00
	Houston, TX 77079-4428					
Principal Attorney	occupation / Job title (See Instructions)	Employer (See Instructions The Webster Law Firm	5)			

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 28/148 Rpt: 31/24		
2	FILER NAME BELL, CHRIS	8		3	Filer ID		
4	Date 03/02/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of ( (\$	\$2,500.0	00
		Houston, TX 77027-3230					
8		pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Real Estate [	Developer	Sueba USA Corp.				
	Date 06/29/2015	Full name of contributor	)		Amount of ( (\$	\$500.0	10
		Houston, TX 77027-4048					
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	)			_
	Creative Dire		Heritage Texas Properti				
	Date 04/30/2015	Full name of contributor out-of-state PAC (ID#:_Clark, Alden Contributor address; City; State; Zip Code	)		Amount of ( (\$	\$250.0	00
	Di i i	Houston, TX 77006-2516					
	Owner	pation / Job title (See Instructions)	Employer (See Instructions SKO Salon	)			
	Date 01/29/2015	Full name of contributor out-of-state PAC (ID#:_ Clark, Kenneth  Contributor address; City; State; Zip Code	)		Amount of ( (\$	\$250.0	10
	Principal occur	Houston, TX 77060-1241 pation / Job title (See Instructions)	Employer (See Instructions	\			
	Owner	pation/ Job title (See Instructions)	Kenneth Clark Company	•			
	Date 06/26/2015	Full name of contributor out-of-state PAC (ID#:_ Clark, Kenneth Contributor address; City; State; Zip Code	)		Amount of ( (\$	) \$250.0	00
		Houston, TX 77019-5301					
	Principal occup retail	pation / Job title (See Instructions)	Employer (See Instructions SoK salon on kirby	)			

The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Sched Sch: 29/148 Rpt:		
2 FILER NAME			3		32/240	
BELL, CHRI	IS					
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of (	(\$)	
06/17/2015	Clark, Mark					\$200.00
	6 Contributor address; City; State; Zip Code					
	Houston, TX 77002-2815					
	upation / Job title (See Instructions)	9 Employer (See Instructions	s)			
Partner		Burleson LLP				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/30/2015	Clark, Mark					\$25.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77002-2815					
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)			
Partner	, ,	Burleson LLP	,			
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
03/27/2015	Clawater, David Wayne	,		, another of v	(Ψ)	\$250.00
	Contributor address; City; State; Zip Code					·
	Houston, TX 77005-3956					
	upation / Job title (See Instructions)	Employer (See Instructions				
attorney		shepherd scott clawater & houston LLp				
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/05/2015	Clawater, Wayne					\$500.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77005-3956					
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)			
attorney		Shepherd Scott Clawate	er a	& Houston LLP		
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/05/2015	Clawater, Wayne					\$500.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77005-3956					
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	(;)			
attorney	(222)	Shepherd Scott Clawate		& Houston LLP		
<del>-</del> j		-1				

The Ins	struction Guide explains how to complete this fo	orm.	1	Total pages Schedule A Sch: 30/148 Rpt: 33/2		
2 FILER NA BELL, C			3	Filer ID		
4 Date 02/17/20	5 Full name of contributor out-of-state PAC (ID#:_ Clayton, Taj  6 Contributor address; City; State; Zip Code		7	Amount of (	(\$)	\$500.00
	Desoto, TX 75115-2125					
8 Principal Attorney	occupation / Job title (See Instructions)	9 Employer (See Instructions Fish & Richardson	5)			
Date 02/05/20	Full name of contributor  out-of-state PAC (ID#:_015 Clemons, Lamar  Contributor address; City; State; Zip Code  Austin, TX 78703-2847			Amount of (	(\$)	\$250.00
Principal law	occupation / Job title (See Instructions)	Employer (See Instructions self	5)			
Date 04/05/20	Full name of contributor out-of-state PAC (ID#:_015 Clote, Paul  Contributor address; City; State; Zip Code  Houston, TX 77010-3038	)		Amount of (	(\$)	\$250.00
Principal Attorney	occupation / Job title (See Instructions)	Employer (See Instructions Self	5)			
Date 06/01/20	Full name of contributor out-of-state PAC (ID#:_015 Cloud, Ian  Contributor address; City; State; Zip Code  Houston, TX 77024-6239	)		Amount of (	(\$)	\$500.00
	occupation / Job title (See Instructions)	Employer (See Instructions				
Attorney		Robins Cloud Greenwoo	od			
Date 04/17/20	Full name of contributor  out-of-state PAC (ID#:_ Cohen, Joseph Contributor address; City; State; Zip Code			Amount of (	(\$)	\$250.00
	Houston, TX 77096-4125					
Principal Attorney	occupation / Job title (See Instructions)	Employer (See Instructions Beirne Maynard & Parso		s L.L.P.		

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Sched		
2	FILER NAME BELL, CHRI	S		3	Filer ID		
4	Date 04/10/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$250.00
		Houston, TX 77096-4110					
8	Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions Akin Gump Strauss Hau		& Feld		
	Date 06/30/2015	Full name of contributor out-of-state PAC (ID#:_Collette, Alice  Contributor address; City; State; Zip Code  Houston, TX 77006-4420	)		Amount of (	(\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 05/08/2015	Full name of contributor out-of-state PAC (ID#:_ Collier, Marion Contributor address; City; State; Zip Code Houston, TX 77006-5923	)		Amount of (	(\$)	\$200.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)			
	Date 06/24/2015	Full name of contributor out-of-state PAC (ID#:_ Combs, Thomas Contributor address; City; State; Zip Code  Kaufman, TX 75142-0729	)		Amount of (	(\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 04/30/2015	Full name of contributor out-of-state PAC (ID#:_ Combs, Tom Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$500.00
	Deinging	Houston, TX 77008-6359	Employer (Cooking)				
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Tom Combs & Associate				

The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Sched Sch: 32/148 Rpt:		
2 FILER NAME			3		. 33/240	
BELL, CHRI	S					
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of (	(\$)	
06/14/2015	Como, Glenice and Paul					\$100.00
	6 Contributor address; City; State; Zip Code					
	Missouri City, TX 77459-1614					
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
Not employe	ed	Not employed				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
05/08/2015	Compton, Jeffrey					\$500.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77098-5418					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)			
Accountant	paner, cos uno (coo monaculo,	Compton &Wendler P.C				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Г	Amount of (	(\$)	
04/10/2015	Cook, Fred	,		7 tillount of V	(Ψ)	\$250.00
	Contributor address; City; State; Zip Code					·
	Delleire TV 77404 5004					
Dringinal occu	Bellaire, TX 77401-5004 pation / Job title (See Instructions)	Employer (See Instructions	· /			
Attorney	pation / Job title (See Instructions)	Wilson Cribbs & Goren	•	C		
-	Full same of contributes				<b>/</b> Φ\	
Date 05/19/2015	Full name of contributor	)		Amount of (	(\$)	\$50.00
03/19/2013	Contributor address; City; State; Zip Code					ψ30.00
	Contributor address, City, State, 219 Code					
	Bellaire, TX 77401-3708					
	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Real Estate		McCord Development				
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
05/13/2015	Cordell, Thomas					\$250.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77019-1417					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Attorney		Haynes & Boone				
=						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Scher Sch: 33/148 Rpt		
2	FILER NAME BELL, CHRI	S		3	Filer ID		
4	Date 06/20/2015	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Countiss, Julie</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of (	(\$)	\$50.00
		Houston, TX 77006-1308					
8	Principal occupattorney	pation / Job title (See Instructions)	9 Employer (See Instructions Harris County	)			
	Date 06/20/2015	Full name of contributor out-of-state PAC (ID#:_ Countiss, Julie Contributor address; City; State; Zip Code  Houston, TX 77006-1308	)		Amount of (	(\$)	\$50.00
	Principal occu attorney	pation / Job title (See Instructions)	Employer (See Instructions Harris County	)			
	Date 06/25/2015	Full name of contributor out-of-state PAC (ID#:_ Counts, Tirey Contributor address; City; State; Zip Code Houston, TX 77025-2603	)		Amount of (	(\$)	\$250.00
	Principal occu Owner/Broke	pation / Job title (See Instructions) er	Employer (See Instructions Apartment Locators	)			
	Date 03/17/2015	Full name of contributor out-of-state PAC (ID#:_ Counts, Tirey Contributor address; City; State; Zip Code  Houston, TX 77007-8021	)		Amount of (	(\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Real Estate		Apartment World				
	Date 01/29/2015	Full name of contributor out-of-state PAC (ID#:_ Counts, Tirey  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$500.00
		Houston, TX 77007-8021					
	Principal occu Real Estate	pation / Job title (See Instructions)	Employer (See Instructions Apartment World	)			

The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Sche Sch: 34/148 Rp		
2 FILER NAME			3	Filer ID	1. 37/240	
BELL, CHRI	S					
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of (	(\$)	
02/26/2015	Counts, Tirey					\$25.00
	6 Contributor address; City; State; Zip Code					
	Houston, TX 77007-8021					
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>                                      </u>			
Real Estate	,	Apartment World	,			
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
05/11/2015	Counts, Tirey					\$20.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77007-8021					
	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Real Estate		Apartment World				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	<b>^</b>
04/30/2015	Counts, Tirey					\$500.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77007-8021					
	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Real Estate		Apartment World				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/04/2015	Cowdin, Hugh Philip					\$150.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77005-2623					
	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Not employe	ed	Not employed				
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
05/04/2015	Cowdin, Hugh Philip					\$150.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77005-2623		L			
	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Not employe	eu	Not employed				

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule Sch: 35/148 Rpt: 38		
2	FILER NAME BELL, CHRI	S		3	Filer ID		
4	Date 02/12/2015	Full name of contributor	)	7	Amount of (	(\$)	\$5,000.00
		Houston, TX 77005-3428					
8	Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions Yetter Coleman LLP	5)			
	Date 06/11/2015	Full name of contributor out-of-state PAC (ID#:_ Crothers, William Contributor address; City; State; Zip Code Houston, TX 77056-6645	)		Amount of (	(\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 06/24/2015	Full name of contributor out-of-state PAC (ID#:_ Cunningham, Deonne Contributor address; City; State; Zip Code Houston, TX 77004-6468	)		Amount of (	(\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 04/29/2015	Full name of contributor out-of-state PAC (ID#:_ Cunningham, Sharon Contributor address; City; State; Zip Code Houston, TX 77098-2037	)		Amount of (	(\$)	\$350.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Retired		Not employed				
	Date 04/10/2015	Full name of contributor out-of-state PAC (ID#: Currie, Carlton Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$100.00
		Houston, TX 77063-6205					
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions self	5)			

The Instructio	on Guide explains how to complete this fo	orm.	1	1 1		
2 FILER NAME			3	Sch: 36/148 Rp	1: 39/248	
BELL, CHRIS			ľ	1 1101 12		
03/27/2015	Full name of contributor out-of-state PAC (ID#:_ Cyprus, Dr. Joel Contributor address; City; State; Zip Code	)	7	Amount of (	(\$)	\$100.00
	Sugar Land, TX 77478-3645					
8 Principal occupation Retired	on / Job title (See Instructions)	9 Employer (See Instructions Retired	5)			
06/30/2015	Full name of contributor  out-of-state PAC (ID#:_ David, Danny  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$500.00
	Houston, TX 77002-4908					
	on / Job title (See Instructions)	Employer (See Instructions	s)			
Attorney		Baker Botts L.L.P.				
02/03/2015	Full name of contributor out-of-state PAC (ID#:_ Davis, Alan Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$500.00
	Houston, TX 77083-5803					
Principal occupation Iomnis CEO	on / Job title (See Instructions)	Employer (See Instructions Iomnis	5)			
02/13/2015	Full name of contributor  out-of-state PAC (ID#:_ Davis, Betty Contributor address; City; State; Zip Code			Amount of (	(\$)	\$250.00
	Houston, TX 77098-4045					
	on / Job title (See Instructions)	Employer (See Instructions	s)			
Retired		Retired				
05/29/2015		)		Amount of (	(\$)	\$100.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77098-1953					
Principal occupation Realtor	on / Job title (See Instructions)	Employer (See Instructions Donnie Davis Realtors	5)			

The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Sched		
2 FILER NAME			3	Sch: 37/148 Rpt	1: 40/248	
BELL, CHRIS	5			1 1101 12		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of (	(\$)	
05/09/2015	Davis, Jeanice					\$25.00
	6 Contributor address; City; State; Zip Code					
	Houston, TX 77027-7036					
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
Not employed	d	Not employed				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
04/19/2015	Davis, Jeanice					\$10.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77027-7036					
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	3)			
Not employed		Not employed	-,			
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
04/10/2015	Davis, Keith	,			(+)	\$100.00
,	Contributor address; City; State; Zip Code					
	Houston, TX 77023-3503					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Sales		Evergreen Plant Care Ir	nc.			
Date	Full name of contributor	)		Amount of (	(\$)	
06/29/2015	Davis, W.D.					\$250.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77098-0304					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
04/17/2015	De Hoyos, Brandon					\$25.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77055-6900					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Graphic Designer	Self-Employed				

The Instruc	ction Guide explains how to complete this fo	orm.	1	1 1 3 1 1 1		
2 FILER NAME			3	Sch: 38/148 Rp	1. 4 1/240	
BELL, CHRIS	S					
4 Date 05/22/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$25.00
	Houston, TX 77035-2409					
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
Licensed Pro	ofessional Counselor	Self-employed				
Date 03/20/2015	Full name of contributor out-of-state PAC (ID#: DeYoung, Kathy Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$500.00
	Houston, TX 77055-6612					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Retired		Retired				
Date 03/30/2015	Full name of contributor out-of-state PAC (ID#:_ Decker, Krystina	)		Amount of (	(\$)	\$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77004-4150					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Economist		LimeRock Partners				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
02/13/2015	Dennis, Arnie					\$250.00
	Contributor address; City; State; Zip Code  Houston, TX 77007-5012					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
CPA		Arnie & Company				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
01/26/2015	Devney, Patrick					\$2.50
	Contributor address; City; State; Zip Code					
	Manchester, NH 03101-2321					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Manager		Bell				

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Sche Sch: 39/148 Rp		
2	FILER NAME			3	Filer ID		
	BELL, CHRIS	S					
4	Date 01/25/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$2.50
		Manchester, NH 03101-2321					
8	Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Manager		Bell				
	Date 01/25/2015	Full name of contributor	)		Amount of (	(\$)	\$2.00
		Contributor address; City; State; Zip Code					
		Manchester, NH 03101-2321					
	Principal occu Manager	pation / Job title (See Instructions)	Employer (See Instructions Bell	s)			
	Date 02/05/2015	Full name of contributor	)		Amount of (	(\$)	\$2.00
		Contributor address; City; State; Zip Code  Houston, TX 77019-4463					
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions Chris Bell	5)			
	Date 02/26/2015	Full name of contributor out-of-state PAC (ID#:_ Devney, Patrick	)		Amount of (	(\$)	\$5.00
	02/20/2010	Contributor address; City; State; Zip Code					ψο.σσ
		Houston, TX 77019-4463					
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Manager		Chris Bell				
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
	03/19/2015	Devney, Patrick  Contributor address; City; State; Zip Code					\$5.00
		Contributor address, Oity, State, ZIP Code					
		Houston, TX 77019-4463					
	Principal occu Manager	pation / Job title (See Instructions)	Employer (See Instructions Chris Bell	s)			

The Instruc	ction Guide explains how to complete this fo	orm.	1	1		
2 FILER NAME			3	Sch: 40/148 Rpt: 4	3/240	
BELL, CHRI	S					
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of (	(\$)	
01/25/2015	Devney, Patrick					\$2.00
	6 Contributor address; City; State; Zip Code					
	Manchester, NH 03104-6118					
	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
Political		Bell Campaign				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
05/19/2015	Di Ferrante, Chris					\$250.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77008-7036					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
lawyer		self				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
02/13/2015	Di Ferrante, Chris					\$150.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77008-7036					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
lawyer		self				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
01/29/2015	Di Ferrante, Chris					\$300.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77008-7036					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions				
lawyer	panon, ooo mo (ooo mondonon)	self	,			
Date	Full name of contributor			Amount of (	(Φ)	
06/29/2015	Di Ferrante, Chris	)		Amount of C	(\$)	\$100.00
00/25/2010	Contributor address; City; State; Zip Code					φ100.00
	Houston, TX 77008-7036					
	pation / Job title (See Instructions)	Employer (See Instructions	<b>s</b> )			
lawyer		self				

The Instruction Guide explains how to complete this	s form.	1 Total pages Sche Sch: 41/148 Rp	
2 FILER NAME BELL, CHRIS		3 Filer ID	
4 Date 04/10/2015 5 Full name of contributor out-of-state PAC (ID Di Ferrante, Chris 6 Contributor address; City; State; Zip Code	)#: <u> </u>	7 Amount of (	(\$) \$200.00
Houston, TX 77008-7036			
8 Principal occupation / Job title (See Instructions) Attorney	9 Employer (See Instructions self	)	
Date Full name of contributor ☐ out-of-state PAC (ID 03/31/2015 DiFerrante, Chris  Contributor address; City; State; Zip Code	)	Amount of (	(\$) \$100.00
Houston, TX 77008-7036  Principal occupation / Job title (See Instructions)  Attorney	Employer (See Instructions Not employed	)	
Date  Full name of contributor  O6/30/2015  DiFerrante, Chris  Contributor address; City; State; Zip Code  Houston, TX 77008-7036	) 	Amount of (	(\$) \$200.00
Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions Not employed	)	
Date  Full name of contributor  O6/30/2015  DiFerrante, Chris  Contributor address; City; State; Zip Code  Houston, TX 77008-7036	) 	Amount of (	(\$) \$10.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions	)	
Attorney  Date Full name of contributor out-of-state PAC (IE	Not employed	Amount of (	(\$)
03/06/2015 Dickson, Glenn  Contributor address; City; State; Zip Code	,m	Amount of V	\$1,500.00
Houston, TX 77005-1538			
Principal occupation / Job title (See Instructions) President	Employer (See Instructions Complete Property Serv		

The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 42/148 Rpt: 45/248	3
2 FILER NAME BELL, CHRI	S		3	Filer ID	
4 Date 04/30/2015	5 Full name of contributor out-of-state PAC (ID#:_ Dickson, Glenn 6 Contributor address; City; State; Zip Code	)	7	Amount of ( (\$)	\$1,500.00
	Houston, TX 77005				
8 Principal occu President	pation / Job title (See Instructions)	9 Employer (See Instructions Complete Property Serv		es	
Date 06/08/2015	Full name of contributor out-of-state PAC (ID#:_ Dickson, Richard  Contributor address; City; State; Zip Code  Houston, TX 77098-1139	)		Amount of ( (\$)	\$50.00
Principal occu Not employe	pation / Job title (See Instructions)	Employer (See Instructions Not employed	)		
Date 06/03/2015	Full name of contributor out-of-state PAC (ID#:_ Dom, Ted Contributor address; City; State; Zip Code Houston, TX 77019-4127			Amount of ( (\$)	\$250.00
Principal occu Commercial	pation / Job title (See Instructions) Real Estate	Employer (See Instructions Cameron Management	)		
Date 01/26/2015	Full name of contributor out-of-state PAC (ID#:_ Dom, William Contributor address; City; State; Zip Code  Houston, TX 77002-6205	)		Amount of ( (\$)	\$100.00
	pation / Job title (See Instructions)	Employer (See Instructions	)		
Commercial	real estate owner and manager	Cameron Management			
Date 02/05/2015	Full name of contributor out-of-state PAC (ID#:_ Dom, William Contributor address; City; State; Zip Code	)		Amount of ( (\$)	\$250.00
	Houston, TX 77002-6205				
	real estate owner and manager	Employer (See Instructions Cameron Management	)		

The Instruc	tion Guide explains how to complete this fo	orm.	1	Total pages Schedule A Sch: 43/148 Rpt: 46/2		
2 FILER NAME			3	Filer ID	40	
BELL, CHRIS	3					
4 Date 06/30/2015	5 Full name of contributor out-of-state PAC (ID#:_ Donatto, James	)	7	Amount of (	(\$)	\$2,000.00
	6 Contributor address; City; State; Zip Code					
	Houston, TX 77004-4808					
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions				
Owner		Academy Awards Troph	ies	s and Plaques		
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
04/30/2015	Dorrell, Jeffrey					\$1,000.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77006-5226					
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	(:			
Attorney	salion / Goo mondonone)	Hanszen Laporte	',			
Date	Full name of contributor  ut-of-state PAC (ID#:	•	ı	Amount of (	(ው)	
05/11/2015	Full name of contributor out-of-state PAC (ID#:_ Dorrell, Perry	)		Amount of C	(\$)	\$5.00
00/11/2010	Contributor address; City; State; Zip Code					ψ0.00
	Commission address, Gry, State, Elp Cous					
	Houston, TX 77035-5914					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
President		Dorrell Financial LLC				
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/14/2015	Dougherty, Anne H. And James L.					\$250.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77005-3435					
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions				
Principal occup	Dation / Job title (See Instructions)	UTHouston	')			
				A	( <b>A</b> )	
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	\$40.00
04/10/2015	Dow, Dr. Doug					\$40.00
	Contributor address; City; State; Zip Code					
	Bellaire, TX 77401-4210					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Doctor		Self				

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Sche Sch: 44/148 Rp		
2	FILER NAME	_		3	Filer ID		
4	Date 06/19/2015	5 Full name of contributor out-of-state PAC (ID#:_ Dowling, Wyatt  6 Contributor address; City; State; Zip Code	)	7	Amount of (	(\$)	\$250.00
		Houston, TX 77098-4232					
8	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instructions     Yetter Coleman	s)			
	Date 05/04/2015	Full name of contributor out-of-state PAC (ID#:_ Duble, Steven Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$500.00
	Principal occu	Houston, TX 77098-1426 pation / Job title (See Instructions)	Employer (See Instructions self	5)			
	Date 06/30/2015	Full name of contributor out-of-state PAC (ID#:_ Dukes, Steve Contributor address; City; State; Zip Code  Houston, TX 77019-6602	)		Amount of (	(\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions CenterPoint Energy	5)			
	Date 04/16/2015	Full name of contributor out-of-state PAC (ID#:_ Dunlap, Stephen Contributor address; City; State; Zip Code  Houston, TX 77004-7329	)		Amount of (	(\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Applications	Systems Analyst	M.D. Anderson				
	Date 06/05/2015	Full name of contributor out-of-state PAC (ID#:_ Dunlap, Stephen Contributor address; City; State; Zip Code			Amount of (	(\$)	\$250.00
		Houston, TX 77004-7329					
		pation / Job title (See Instructions) Systems Analyst	Employer (See Instructions M.D. Anderson	5)		_	_

The Instruction Guide explains how to complete this f	orm.	1	Total pages Sche Sch: 45/148 Rp		
2 FILER NAME		3	Filer ID		
BELL, CHRIS  4 Date	,	7	Amount of (	(\$)	\$250.00
Houston, TX 77019-6604					
8 Principal occupation / Job title (See Instructions) Homemaker	9 Employer (See Instructions Homemaker	5)			
Date Full name of contributor out-of-state PAC (ID#:_05/26/2015 Durio, Patrick  Contributor address; City; State; Zip Code  Bellaire, TX 77401-5809	)		Amount of (	(\$)	\$100.00
Principal occupation / Job title (See Instructions) Accountant	Employer (See Instructions Durio & Company P.C.	5)			
Date Full name of contributor out-of-state PAC (ID#:_05/26/2015 Durio, Patrick  Contributor address; City; State; Zip Code  Bellaire, TX 77401-5809	)		Amount of (	(\$)	\$100.00
Principal occupation / Job title (See Instructions) Accountant	Employer (See Instructions Durio & Company P.C.	5)			
Date  Full name of contributor  O3/17/2015  Dwulet, Dennis  Contributor address; City; State; Zip Code  Houston, TX 77006-5229	)		Amount of (	(\$)	\$500.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions	5)			
Retired	Retired			(4)	
Date Full name of contributor out-of-state PAC (ID#:_ 03/18/2015 Eichhorn, Roger  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$1,000.00
Houston, TX 77025					
Principal occupation / Job title (See Instructions) retired	Employer (See Instructions none	5)			

The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedul		
2 FILER NAME			_	Sch: 46/148 Rpt: 4	9/248	
BELL, CHRIS	3		3	FIIELID		
	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of (	(\$)	
06/28/2015	Eisenberg, JoAnn					\$2,500.00
	6 Contributor address; City; State; Zip Code					
	Chicago, IL 60614-3315					
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	;)			
Not employed	d	Not employed				
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
02/13/2015	Eisenberg, Philip					\$1,000.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77005-2921					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	;)			
Attorney		Lock Lord				
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
04/30/2015	Eisenberg, Philip					\$500.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77005-2921					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	()			
Attorney		Lock Lord				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/17/2015	Eisenberg, Philip					\$500.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77005-2921					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Attorney		Lock Lord				
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
05/11/2015	Eisner, Anne					\$30.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77035-3724					
	pation / Job title (See Instructions)	Employer (See Instructions				
Program Coo	ordinator	Nature Discovery Cente	r			

The Instruction Guide e	explains how to complete this	form.	1	Total pages Sche Sch: 47/148 Rp		
2 FILER NAME			3	Filer ID		
BELL, CHRIS  4 Date 5 Full name of Ellington, M 6 Contributor a			7	Amount of (	(\$)	\$250.00
Waxahachi	e, TX 75165-9668					
8 Principal occupation / Job title (teacher	See Instructions)	Employer (See Instructions     Mansfield ISD	;)			
	•	<u>+_</u> )		Amount of (	(\$)	\$100.00
Principal occupation / Job title ( Retired	(See Instructions)	Employer (See Instructions Retired	5)			
	<b>—</b> `	<u>+_</u> )		Amount of (	(\$)	\$100.00
Principal occupation / Job title (	See Instructions)	Employer (See Instructions Richard A. Evans M.D.	5)			
	<b>—</b>	<u>;                                    </u>		Amount of (	(\$)	\$50.00
Principal occupation / Job title (	See Instructions)	Employer (See Instructions	i)			
Doctor		Richard A. Evans M.D.				
Date Full name of 06/30/2015 Evans, Rob Contributor a		<u>;                                    </u>		Amount of (	(\$)	\$1,000.00
Anchorage,	, AK 99510-0384					
Principal occupation / Job title ( Lawyer	See Instructions)	Employer (See Instructions Self	5)			

The Instruc	ction Guide explains how to complete this fo	orm.	1	1		
2 FILER NAME			3	Sch: 48/148 Rp	01: 51/248	
BELL, CHRIS	S		ľ	1 1101 12		
4 Date 02/05/2015	5 Full name of contributor out-of-state PAC (ID#:_FINLEY, SHARAN	)	7	Amount of (	(\$)	\$25.00
	6 Contributor address; City; State; Zip Code					
	Baytown, TX 77521-2079					
Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions retired	s)			
Date 05/07/2015	Full name of contributor out-of-state PAC (ID#:_ Fairbanks, Bonnie Contributor address; City; State; Zip Code			Amount of (	(\$)	\$55.00
	Houston, TX 77008-6641					
Principal occu Not employe	pation / Job title (See Instructions) d	Employer (See Instructions Not employed	s)			
Date 06/30/2015	Full name of contributor out-of-state PAC (ID#:_ Fairbanks, Bonnie Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$25.00
	Houston, TX 77008-6641					
Principal occup  Not employe	pation / Job title (See Instructions) d	Employer (See Instructions Not employed	5)			
Date 05/20/2015	Full name of contributor  out-of-state PAC (ID#:_Fairbanks, James  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$25.00
	Houston, TX 77030-1002					
university pro	pation / Job title (See Instructions)	Employer (See Instructions Univ. of Houston Downt		ID.		
			OW		(\$)	
Date 04/20/2015	Full name of contributor out-of-state PAC (ID#:_ Fairbanks, James Contributor address; City; State; Zip Code			Amount of (	(\$)	\$25.00
	Communication addresses, Only, Oracle, Zip Gode					
	Houston, TX 77030-1002					
	pation / Job title (See Instructions)	Employer (See Instructions				
university pro	ofessor	Univ. of Houston Downt	ow	/n		

The Instruc	ction Guide explains how to complete this fo	orm.	1	1 . 3		
2 FILER NAME			3	Sch: 49/148 Rp	l. 32/246	
BELL, CHRIS	6		ľ			
03/20/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$25.00
	Houston, TX 77030-1002					
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
university pro	ofessor	Univ. of Houston Downton	ow	/n		
Date 06/20/2015	Full name of contributor	)		Amount of (	(\$)	\$25.00
	Houston, TX 77030-1002					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
university pro	university professor Univ. of Houston			/n		
Date 02/17/2015	Full name of contributor out-of-state PAC (ID#:_Fairchild, David  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$250.00
	South Lake, TX 76092-0112					
Principal occup Owner	pation / Job title (See Instructions)	Employer (See Instructions Empire Media Service In				
Date 02/17/2015	Full name of contributor			Amount of (	(\$)	\$500.00
	South Lake, TX 76092-9410					
	pation / Job title (See Instructions)	Employer (See Instructions	5)		_	
Secretary		HAMUN Inc				
Date 04/17/2015	Full name of contributor			Amount of (	(\$)	\$2,500.00
	Houston, TX 77270-7851					
Principal occup President	pation / Job title (See Instructions)	Employer (See Instructions Farb Homes	5)			

The Instruction Guide explains how to complete this fo	orm.	1	1 1		
2 FILER NAME		3	Sch: 50/148 Rp	1. 53/246	
BELL, CHRIS					
4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 06/26/2015 Farb, Johnathan	)	7	Amount of (	(\$)	\$2,500.00
6 Contributor address; City; State; Zip Code					
Houston, TX 77270-7851					
Principal occupation / Job title (See Instructions)     President	9 Employer (See Instructions Farb Homes	)			
Date Full name of contributor out-of-state PAC (ID#:_02/28/2015 Fares, Zeina  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$5,000.00
Houston, TX 77219-0688					
Principal occupation / Job title (See Instructions) Not employed	Employer (See Instructions Not employed	)			
Date Full name of contributor out-of-state PAC (ID#:_ 05/19/2015 Farris, David Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$2,500.00
Houston, TX 77019-5315					
Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions cPanel Inc.	)			
Date Full name of contributor out-of-state PAC (ID#:_06/30/2015 Farris, David  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$10.00
Houston, TX 77019-5315					
Principal occupation / Job title (See Instructions)	Employer (See Instructions	)			
Attorney	cPanel Inc.				
Date Full name of contributor out-of-state PAC (ID#:_ 06/30/2015 Farris, David			Amount of (	(\$)	\$1,000.00
Contributor address; City; State; Zip Code					
Houston, TX 77019-5315					
Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions cPanel Inc.	)			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedul Sch: 51/148 Rpt: 5		
2	FILER NAME			3	Filer ID		
	BELL, CHRI	S					
4	Date 03/06/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$250.00
		Houston, TX 77005-3823					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
		Real Estate Investor	Live Oak Capital Ltd.				
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
	06/29/2015	Finkelstein, Mark	,			(+)	\$10.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77018-5252					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Lawyer		Shannon Martin Finkels	tei	n & Alvarado P.C.		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
	02/05/2015	Finley, Sharan					\$25.00
		Contributor address; City; State; Zip Code					
		Baytown, TX 77521-2079					
		pation / Job title (See Instructions)	Employer (See Instructions				
	Nurse		San Jacinto Methodist F	los	spital		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
	02/28/2015	Finley, Sharan					\$10.00
		Contributor address; City; State; Zip Code					
		B . TV 77504 4005					
	B: : :	Baytown, TX 77521-1995		Ļ			
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Not employe		Not employed				
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
	05/13/2015	Fiorito, Deborah					\$100.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77006-6420					
	Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	:) [			
	Not employe		Not employed	)			
	rior employe	,u	riot employed				

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 52/148 Rpt: 55/246	8	
2	FILER NAME BELL, CHRI	S		3	Filer ID		
4	Date 05/29/2015	5 Full name of contributor out-of-state PAC (ID#:_ Fitzhugh, Tom  6 Contributor address; City; State; Zip Code	)	7	Amount of ( (\$)	)	\$250.00
		Houston, TX 77024-4053					
8	Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions Fitzhugh & Elliot	)			
	Date 06/22/2015	Full name of contributor out-of-state PAC (ID#:_Fletcher, N. Scott  Contributor address; City; State; Zip Code  Houston, TX 77019-6207	)		Amount of ( (\$)		\$250.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Jones Day	)			
	Date 04/15/2015	Full name of contributor out-of-state PAC (ID#:_Folladori, Marc  Contributor address; City; State; Zip Code  Houston, TX 77005-3703	)		Amount of ( (\$)		\$500.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Mayer Brown LLP	)			
	Date 05/28/2015	Full name of contributor out-of-state PAC (ID#:_Folladori, Marc  Contributor address; City; State; Zip Code  Houston, TX 77005-3703	)		Amount of ( (\$)		\$15.00
		pation / Job title (See Instructions)	Employer (See Instructions	)			
	Attorney	_	Mayer Brown LLP				
	Date 06/30/2015	Full name of contributor out-of-state PAC (ID#:_ Folladori, Marc Contributor address; City; State; Zip Code			Amount of ( (\$)		\$25.00
	Principal occu	Houston, TX 77005-3703  pation / Job title (See Instructions)	Employer (See Instructions	)			
	Attorney	,	Mayer Brown LLP	,			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Sche Sch: 53/148 Rp		
2	FILER NAME			3	Filer ID		
	BELL, CHRI	S					
4	Date 02/06/2015	Full name of contributor out-of-state PAC (ID#:_ Ford, Jim     Contributor address; City; State; Zip Code	)	7	Amount of (	(\$)	\$100.00
		Houston, TX 77005-1702					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	investments		self				
_	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
	05/01/2015	Forrester, Robert	,			(+)	\$25.00
		Contributor address; City; State; Zip Code					
		Amarillo, TX 79109-1961					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Attorney		Self				
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
	03/31/2015	Foulard, George					\$100.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77027-4033		<u></u>			
		pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Not employe	ed	Not employed				
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
	05/22/2015	Foulard, George					\$1,000.00
		Contributor address; City; State; Zip Code					
		Houston TV 77009 4225					
_	Dringing agg	Houston, TX 77098-1235  upation / Job title (See Instructions)	Employer (See Instructions	<u>,                                     </u>			
	Not employe	i i i i i i i i i i i i i i i i i i i	Not employed	5)			
			Not employed				
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
	06/22/2015	Foulard, George					\$1,000.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77098-1235					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u>			
	Not employe	· · · · · · · · · · · · · · · · · · ·	Not employed	,			
	1 - 7 -		1 7				

The Instruction Guide explains how to complete this fo	orm.	1	1		
2 FILER NAME		3	Sch: 54/148 Rp	01. 37/246	
BELL, CHRIS					
4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 02/13/2015 Foulard, Georgia	)	7	Amount of (	(\$)	\$5,000.00
6 Contributor address; City; State; Zip Code					
Houston, TX 77098-1235					
Principal occupation / Job title (See Instructions)     Retired	9 Employer (See Instructions Retired	s)			
Date  O4/06/2015  Fowler, Cece  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$250.00
Houston, TX 77006-6325					
Principal occupation / Job title (See Instructions)  Not employed	Employer (See Instructions Not employed	5)			
Date Full name of contributor out-of-state PAC (ID#:_ 04/17/2015 Frates, Sarah  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$250.00
Houston, TX 77005-3360					
Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions Retired	5)			
Date Full name of contributor out-of-state PAC (ID#:_ 03/30/2015 Friedman, Barbara  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$50.00
Houston, TX 77002-1777  Principal occupation / Job title (See Instructions)	Employer (See Instructions				
Film maker/ Exe. Producer	Barbara Friedman & Ass		ciates		
Date Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
05/08/2015 Frizzell, Jean			Amount or v	(Ψ)	\$500.00
Sampator address, Only, State, 2p code					
Houston, TX 77024-5308					
Principal occupation / Job title (See Instructions)	Employer (See Instructions	5)			

The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedo Sch: 55/148 Rpt:		
2 FILER NAME			3		30/240	
BELL, CHRI	S					
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of (	(\$)	
03/01/2015	Fry, Terry					\$250.00
	6 Contributor address; City; State; Zip Code					
	Houston, TX 77027-6438					
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
Attorney		Terry G. Fry P.C.				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/11/2015	Fry, Terry					\$250.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77027-6438					
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	5)			
Attorney	Attorney Terry G. Fry P.C.					
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
02/13/2015	Furr, James					\$500.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77005-1613					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Managing P		Gensler				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/12/2015	Furr, James					\$250.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77005-1613					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Managing P		Gensler				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
05/26/2015	Furr, Jim					\$250.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77005-1613					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)			
Architect		Gensler	,			

Th	ne Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedu Sch: 56/148 Rpt:		
	ER NAME	S		3	Filer ID		
4 Dat 02/	te /26/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$100.00
		Amarillo, TX 79159-0477					
	ncipal occu ot employe	pation / Job title (See Instructions)	9 Employer (See Instructions Not employed	5)			
Dat 01/	te /29/2015	Full name of contributor out-of-state PAC (ID#:_Garver, CM  Contributor address; City; State; Zip Code  Houston, TX 77098-4219	)		Amount of (	(\$)	\$5,000.00
	ncipal occu esident	pation / Job title (See Instructions)	Employer (See Instructions Garver Real Estate	s)			
Dat 06/	te /30/2015	Full name of contributor out-of-state PAC (ID#:_ Gaut, James Contributor address; City; State; Zip Code  Houston, TX 77057-4770	)		Amount of (	(\$)	\$100.00
	ncipal occu ot employe	pation / Job title (See Instructions)	Employer (See Instructions Not employed	5)			
Dat 03/	te /06/2015	Full name of contributor out-of-state PAC (ID#:_Gaut, Jay  Contributor address; City; State; Zip Code  Houston, TX 77057-4770	)		Amount of (	(\$)	\$5,000.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)			
Dat	te /17/2015	Full name of contributor out-of-state PAC (ID#:_ Gebreselassie, Berhanu Contributor address; City; State; Zip Code Missouri City, TX 77489	Retired )		Amount of (	(\$)	\$5,000.00
	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions self	s)			

The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Sched Sch: 57/148 Rpt:		
2 FILER NAME			3	Filer ID	00/240	
BELL, CHRIS	8					
4 Date 05/21/2015	Full name of contributor	)	7	Amount of (	(\$)	\$250.00
	6 Contributor address; City; State; Zip Code					
	Houston, TX 77005-2622					
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
Financial con	sultant	Ralph S. O'Connor & As	ssc	ociates		
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
04/30/2015	Gerard, John					\$50.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77027-4033					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Managing Me	ember	Bull Path Energy Partne	ers	LLC		
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/24/2015	Gerstenhaber, Suzi					\$100.00
	Contributor address; City; State; Zip Code					
	Bellaire, TX 77401-3115		<u></u>			
	pation / Job title (See Instructions)	Employer (See Instructions		0		
Attorney		Waldman & Smallwood	Ρ.			
Date	Full name of contributor	)		Amount of (	(\$)	<b>#</b> 40.00
05/07/2015	Gibson, Brenda					\$10.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77069-1736					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Paralegal		Yetter Coleman LLP				
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
04/30/2015	Gilliland, Christopher					\$250.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77019-3894	=				
Principal occup N/A	pation / Job title (See Instructions)	Employer (See Instructions	s)			
IN/A		N/A				

The Instruction Guide explains how to	complete this form.	1	Total pages Sche Sch: 58/148 Rp		
2 FILER NAME BELL, CHRIS		3	Filer ID		
4 Date 04/28/2015 5 Full name of contributor Gilmer, William 6 Contributor address; City; State;	out-of-state PAC (ID#:)  Zip Code	7	Amount of (	(\$)	\$500.00
Houston, TX 77005-2613					
Principal occupation / Job title (See Instructions)     Physician	Employer (See Instruction     Baylor College of Me		e		
Date Full name of contributor Gilmer, William  Contributor address; City; State;  Houston, TX 77005-2613	out-of-state PAC (ID#:)  Zip Code		Amount of (	(\$)	\$250.00
Principal occupation / Job title (See Instructions) physician	Employer (See Instruct william s gilmer md p				
Date Full name of contributor Glaser, Robert  Contributor address; City; State;  Houston, TX 77005-1640	out-of-state PAC (ID#:)  Zip Code		Amount of (	(\$)	\$500.00
Principal occupation / Job title (See Instructions) President	Employer (See Instructi Dymat Inc	ons)			
Date Full name of contributor Glover, John Contributor address; City; State; Houston, TX 77098	out-of-state PAC (ID#:)  Zip Code		Amount of (	(\$)	\$500.00
Principal occupation / Job title (See Instructions)	Employer (See Instruct	ons)			
Attorney	Shieness Glover & G	rossi	man		
Date Full name of contributor O2/05/2015 Goble, Dolores  Contributor address; City; State;	out-of-state PAC (ID#:)  Zip Code		Amount of (	(\$)	\$50.00
Houston, TX 77006-6329					
Principal occupation / Job title (See Instructions)  Not employed	Employer (See Instructi None	ons)			

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	3	•	1: 62/248	
		1 1101 12		
)	7	Amount of (	(\$)	\$25.00
	5)			
none				
		Amount of (	(\$)	\$100.00
Employer (See Instructions	5)			
none				
)		Amount of (	(\$)	\$25.00
Employer (See Instructions none	5)			
		Amount of (	(\$)	\$25.00
Employer (See Instructions	5)			
none				
)		Amount of (	(\$)	\$25.00
	9 Employer (See Instructions none  Employer (See Instructions none  )  Employer (See Instructions none  )  Employer (See Instructions none	9 Employer (See Instructions) none  Employer (See Instructions) none    Employer (See Instructions) none	Sch: 59/148 Rp  3 Filer ID  ) 7 Amount of (  9 Employer (See Instructions) none    Amount of (    Employer (See Instructions) none    Amount of (    Employer (See Instructions) none    Amount of (    Employer (See Instructions) none    Amount of (	Sch: 59/148 Rpt: 62/248  3 Filer ID  7 Amount of ( (\$)  9 Employer (See Instructions) none  1 Amount of ( (\$)  Employer (See Instructions) none  2 Amount of ( (\$)  Employer (See Instructions) none  3 Filer ID  4 Amount of ( (\$)

The Instruction Guide explains how to complete this f	orm.	1	Total pages Schedo Sch: 60/148 Rpt:		
2 FILER NAME BELL, CHRIS		3	Filer ID		
4 Date 06/24/2015 5 Full name of contributor out-of-state PAC (ID#:_ Goble, Dolores  6 Contributor address; City; State; Zip Code	)	7	Amount of (	(\$)	\$5.00
Houston, TX 77025-3338					
8 Principal occupation / Job title (See Instructions) Not employed	Employer (See Instructions none	s)			
Date Full name of contributor ☐ out-of-state PAC (ID#:_02/06/2015 Goble, Dolores  Contributor address; City; State; Zip Code  Houston, TX 77025-3338			Amount of (	(\$)	\$50.00
Principal occupation / Job title (See Instructions) Bookkeeper	Employer (See Instructions Retired	s)			
Date Full name of contributor out-of-state PAC (ID#:_06/08/2015 Goble, Michael  Contributor address; City; State; Zip Code  Houston, TX 77025-3338	)		Amount of (	(\$)	\$15.00
Principal occupation / Job title (See Instructions) Logistics	Employer (See Instructions United Nations	s)			
Date  Full name of contributor  O5/11/2015  Godowns, Steve and Denise  Contributor address; City; State; Zip Code  Houston, TX 77071-1202	)		Amount of (	(\$)	\$50.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions	5)			
Retired	Teacher	1	A	<b>(h)</b>	
Date Full name of contributor out-of-state PAC (ID#:_ 04/28/2015 Goldberg, Stephen  Contributor address; City; State; Zip Code			Amount of (	(\$)	\$500.00
Houston, TX 77025-2311					
Principal occupation / Job title (See Instructions)  Not employed	Employer (See Instructions Not employed	s)			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 61/148 Rpt: 64/24	8
2	FILER NAME BELL, CHRI	S		3	Filer ID	
4	Date 05/15/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of ( (\$)	\$100.00
		Brownsville, TX 78521-1516				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 01/26/2015	Full name of contributor out-of-state PAC (ID#:_ Gonzalez, John Michael Contributor address; City; State; Zip Code Palm Beach, FL 33480-6704	)		Amount of ( (\$)	\$5,000.00
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Peck Madigan Jones	)		
	Date 06/24/2015	Full name of contributor out-of-state PAC (ID#:_Gottschalk, Shawn Contributor address; City; State; Zip Code Houston, TX 77004-5623	)		Amount of ( (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/06/2015	Full name of contributor out-of-state PAC (ID#:_Graham, Robert  Contributor address; City; State; Zip Code  Houston, TX 77005-2028	)		Amount of ( (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	Investor		AIM Management Group	) Ir	nc.	
	Date 06/30/2015	Full name of contributor out-of-state PAC (ID#:_ Green, Geoff Contributor address; City; State; Zip Code			Amount of ( (\$)	\$100.00
	Principal occu Not employe	Houston, TX 77077-1835  upation / Job title (See Instructions)  ed	Employer (See Instructions Not employed	)		

The Instruction	on Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 62/148 Rpt: 65/248	
2 FILER NAME BELL, CHRIS			3	Filer ID	
06/30/2015	Full name of contributor out-of-state PAC (ID#:_ Green, Geoffrey  Contributor address; City; State; Zip Code	)	7	Amount of ( (\$)	\$100.00
	Houston, TX 77082				
8 Principal occupation Designer	on / Job title (See Instructions)	9 Employer (See Instructions SBM Offshore	)		
03/01/2015	Full name of contributor  out-of-state PAC (ID#:_ Green, Geoffrey  Contributor address; City; State; Zip Code  Houston, TX 77077-1835	)		Amount of ( (\$)	\$100.00
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions Not employed	)		
01/26/2015	Full name of contributor out-of-state PAC (ID#:_Green, Lizabeth  Contributor address; City; State; Zip Code  Houston, TX 77056-3324	)		Amount of ( (\$)	\$250.00
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions Capstar Commercial	)		
01/26/2015	Full name of contributor out-of-state PAC (ID#:_Green, Lizabeth  Contributor address; City; State; Zip Code  Houston, TX 77057-2989	)		Amount of ( (\$)	\$250.00
·	on / Job title (See Instructions)	Employer (See Instructions	)		
Real Estate	5.11	Cousins Properties			
04/06/2015	Full name of contributor out-of-state PAC (ID#:_ Green, Lizabeth Contributor address; City; State; Zip Code			Amount of ( (\$)	\$100.00
	Houston, TX 77057-2989				
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions Cousins Properties	)		

The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Sche Sch: 63/148 Rp		
2 FILER NAME			3	Filer ID	1. 00/240	
BELL, CHRIS	S					
4 Date 06/08/2015	5 Full name of contributor out-of-state PAC (ID#:_ Green, Lizabeth	)	7	Amount of (	(\$)	\$250.00
	6 Contributor address; City; State; Zip Code					
	Houston, TX 77057-2989					
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	()			
Real Estate		Cousins Properties				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
03/01/2015	Greene, Jonathan					\$25.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77025-2907					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	(;)			
Civil Enginee		San JAcinto College	,			
Date	Full name of contributor out-of-state PAC (ID#:_	,		Amount of (	(\$)	
03/06/2015	Greer, Chilton	)		Amount of V	(Φ)	\$1,000.00
33/33/23/3	Contributor address; City; State; Zip Code					ψ.,σσσ.σσ
	, , , , , , , , , , , , , , , , , , ,					
	Houston, TX 77027-5105					
	pation / Job title (See Instructions)	Employer (See Instructions	<b>s</b> )			
Sales		RR Donnelley				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
03/15/2015	Gregory, Paul					\$25.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77057-3500					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)			
Attorney	,	Neel Hooper & Banes P				
Date	Full name of contributor	)		Amount of (	(\$)	
02/27/2015	Greiss, David	,			(+)	\$50.00
	Contributor address; City; State; Zip Code					
D2 1 1	Houston, TX 77002-6205	Familiary (O. 1. 1. 1.	Ĺ			
	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Marketing		TUTS				

The Instru	ction Guide explains how to complete this fo	orm.	1	1 - 3		
2 FILER NAME			3	Sch: 64/148 Rp	1: 67/248	
BELL, CHRI	S			1 1101 12		
4 Date 06/30/2015	5 Full name of contributor out-of-state PAC (ID#:_ Gresham, Wayne	)	7	Amount of (	(\$)	\$50.00
	6 Contributor address; City; State; Zip Code					
	Houston, TX 77006-3455	2.5.1.02.1.11				
Not employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions Not employed	5)			
Date 06/02/2015	Full name of contributor out-of-state PAC (ID#:_ Grijalva, Douglas Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$500.00
	The Woodlands, TX 77381					
	pation / Job title (See Instructions)	Employer (See Instructions				
Attorney		National Oilwell Varco Ir	nc.			
Date 06/24/2015	Full name of contributor	)		Amount of (	(\$)	\$100.00
	Contributor address; City; State; Zip Code					
Dringing agou	Houston, TX 77079-7213 pation / Job title (See Instructions)	Employer (See Instructions				
Engineer	pation / 300 title (See Instructions)	ChevronTexaco	)			
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	<b>#</b> 400.00
03/01/2015	Gross, Stephen  Contributor address; City; State; Zip Code					\$100.00
	Houston, TX 77079-7213					
	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Engineer		ChevronTexaco				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
02/21/2015	Gross, Stephen and Emily  Contributor address; City; State; Zip Code					\$100.00
	Houston, TX 77079-7213					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()			
Engineer		Chevron				

	The Instruc	tion Guide explains how to complete th	is form.	1	Total pages Scho		
2	FILER NAME			3	Filer ID	31. 00/2 10	
	BELL, CHRIS	;					
4	05/21/2015	<ul> <li>Full name of contributor</li></ul>	-	7	Amount of (	(\$)	\$250.00
		Houston, TX 77079-3705					
8		ation / Job title (See Instructions)	9 Employer (See Instructions				
	self		Pollan Hausman Real E	:Sta	ate Services LLC	;	
	Date 05/08/2015 	Full name of contributor out-of-state PAC (I Groves, Barbara  Contributor address; City; State; Zip Code	) 	-	Amount of (	(\$)	\$50.00
		Houston, TX 77272-0246					
	Principal occup  Not employed	ation / Job title (See Instructions)	Employer (See Instructions Not employed	s)			
	Date 02/04/2015	Full name of contributor out-of-state PAC (I Grubbs, Kent Contributor address; City; State; Zip Code	D#:)	-	Amount of (	(\$)	\$1,000.00
		Houston, TX 77007-2010					
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instructions Retired	s)			
	Date 06/09/2015	Full name of contributor out-of-state PAC (I Grubbs, Kent  Contributor address; City; State; Zip Code	) 	-	Amount of (	(\$)	\$1,000.00
		Houston, TX 77007-2010					
_	Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	s)			
	Not employed	ı	Not employed	·			
	Date 04/29/2015	Full name of contributor	D#:)		Amount of (	(\$)	\$250.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77008-6359					
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	s)			
	Designer/Con	sultant	Steve Guthrie / 4thWard	d L	LC		

	The Instruc	tion Guide explains how to complete this	form.	1	Total pages Sche Sch: 66/148 Rp		
2	FILER NAME			3	Filer ID		
	BELL, CHRIS	3					
4	06/24/2015	<ul> <li>Full name of contributor</li></ul>		7	Amount of (	(\$)	\$500.00
		Houston, TX 77008-6359					
8	Principal occup	ation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Designer/Con	sultant	Steve Guthrie / 4thWard	L	LC		
	Date 03/18/2015	Full name of contributor out-of-state PAC (ID#: Hagan, Matthew  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$500.00
		West Lake Hills, TX 78746-5490	1 = 1 (0 1 1 1				
	Attorney	eation / Job title (See Instructions)	Employer (See Instructions Self	)			
		Full name of contributor			Am accept of (	<b>((h)</b>	
	Date 03/31/2015	Full name of contributor out-of-state PAC (ID#: Hagen, Kara Contributor address; City; State; Zip Code			Amount of (	(\$)	\$25.00
		Houston, TX 77091-5533					
	Not employed	eation / Job title (See Instructions)	Employer (See Instructions Not employed	)			
	Date 03/13/2015	Full name of contributor out-of-state PAC (ID#: Halevy, Amir  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$250.00
		Houston, TX 77019-6070					
	Principal occup	eation / Job title (See Instructions)	Employer (See Instructions	)			
	Attorney		Baker Botts LLP				
	Date 02/15/2015	Full name of contributor out-of-state PAC (ID#:	)		Amount of (	(\$)	\$500.00
		Contributor address; City; State; Zip Code					
		Kingwood, TX 77345-2159					
	Principal occup	eation / Job title (See Instructions)	Employer (See Instructions retired	)			

The Instru	action Guide explains how to complete this fo	orm.	1	Total pages Sched Sch: 67/148 Rpt		
2 FILER NAME BELL, CHR			3	Filer ID		
4 Date 06/30/2015	5 Full name of contributor out-of-state PAC (ID#:_ Hamilton, William 6 Contributor address; City; State; Zip Code	)	7	Amount of (	(\$)	\$200.00
	Kingwood, TX 77345-2159					
8 Principal occurretired	upation / Job title (See Instructions)	9 Employer (See Instructions retired	5)			
Date 06/27/2015	Full name of contributor out-of-state PAC (ID#:_ Hanan, Sharon Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$30.00
Principal occu	Houston, TX 77096-1220 upation / Job title (See Instructions)	Employer (See Instructions	.)			
Not employe	·	Not employed	·)			
Date 03/22/2015	Full name of contributor out-of-state PAC (ID#:_ Hanan, Sharon  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$25.00
	Houston, TX 77096-1220					
Not employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not employed	5)			
Date 06/30/2015	Full name of contributor out-of-state PAC (ID#:_Hariani, Vasant  Contributor address; City; State; Zip Code  Houston, TX 77056-2331	)		Amount of (	(\$)	\$500.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)			
President		Infrastructure Association	n	Inc.		
Date 04/10/2015	Full name of contributor out-of-state PAC (ID#:_ Hariani, Vasant  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$500.00
	Houston, TX 77056-3600					
Principal occu President	upation / Job title (See Instructions)	Employer (See Instructions Infrastructure Associate				

The Instru	action Guide explains how to complete this f	orm.	1	Total pages Sche Sch: 68/148 Rp		
2 FILER NAME BELL, CHR			3	Filer ID		
4 Date 04/30/2015	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_ Harmon, Elise</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of (	(\$)	\$120.00
	Missouri City, TX 77459-1671					
8 Principal occurrence not employe	upation / Job title (See Instructions) ed	9 Employer (See Instructions none	s)			
Date 06/01/2015	Full name of contributor out-of-state PAC (ID#:_ Harpold, Grant  Contributor address; City; State; Zip Code  Houston, TX 77056-2039	)		Amount of (	(\$)	\$500.00
Principal occ Attorney	upation / Job title (See Instructions)	Employer (See Instructions Hargis & Harpold LLP	s)			
Date 04/05/2015	Full name of contributor out-of-state PAC (ID#:_Harter, Suzanne  Contributor address; City; State; Zip Code  Houston, TX 77024-7049	)		Amount of (	(\$)	\$1,000.00
Principal occ Founder	upation / Job title (See Instructions)	Employer (See Instructions Steve and Suzanne Har		r Foundation		
Date 04/19/2015	Full name of contributor out-of-state PAC (ID#:_ Hathaway, John & Lori  Contributor address; City; State; Zip Code  Kingwood, TX 77345-1861	)		Amount of (	(\$)	\$100.00
•	upation / Job title (See Instructions)	Employer (See Instructions	s)			
Software De	evelopment	ABS Nautical Systems				
Date 03/01/2015	Full name of contributor out-of-state PAC (ID#:_ Hatlen, Leif Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$25.00
	Houston, TX 77077-1536					
Principal occ Retired	upation / Job title (See Instructions)	Employer (See Instructions Harris County Democra		Party		

The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Scheo Sch: 69/148 Rpt		
2 FILER NAME			3		. 12/240	
BELL, CHRI	S					
4 Date 05/31/2015	5 Full name of contributor out-of-state PAC (ID#:_ Hausman, Craig	)	7	Amount of (	(\$)	\$250.00
	6 Contributor address; City; State; Zip Code					
	Houston, TX 77066-2540					
	pation / Job title (See Instructions)	9 Employer (See Instructions				
Real Estate		Pollan Hausman Real E	sta	ate Service		
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
04/17/2015	Hawkins, George					\$150.00
	Contributor address; City; State; Zip Code					
	Hauston TV 77056 2224					
Dringing agg	Houston, TX 77056-3221  upation / Job title (See Instructions)	Employer (See Instructions	7			
Financial Pla		AXA Advisors	)			
		7000700000	_			
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	<b>#</b> 500.00
06/24/2015	Hawkins, George					\$500.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77056-3221					
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)			
Financial Pla	anner	AXA Advisors				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
03/16/2015	Hawkins, George					\$500.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77005-1819					
	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Self		Financial Planner				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
03/18/2015	Hawkins, George					\$25.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77005					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;) 			
self	Apadioti, oop die (ooc mondollons)	Dentist	,,			
OOII		Donald				

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedo Sch: 70/148 Rpt:		
2	FILER NAME BELL, CHRI	S		3	Filer ID		
4	Date 03/31/2015	5 Full name of contributor out-of-state PAC (ID#:_ Hawkins, George  6 Contributor address; City; State; Zip Code	)	7	Amount of (	(\$)	\$10.00
		Houston, TX 77005					
8	Principal occu self	pation / Job title (See Instructions)	9 Employer (See Instructions Dentist	5)			
	Date 04/30/2015	Full name of contributor out-of-state PAC (ID#:_ Hawkins, George Contributor address; City; State; Zip Code  Houston, TX 77005	)		Amount of (	(\$)	\$25.00
	Principal occuself	pation / Job title (See Instructions)	Employer (See Instructions Dentist	5)			
	Date 06/24/2015	Full name of contributor out-of-state PAC (ID#:_ Hawkins, George Contributor address; City; State; Zip Code  Houston, TX 77005	)		Amount of (	(\$)	\$50.00
	Principal occu self	pation / Job title (See Instructions)	Employer (See Instructions Dentist	5)			
	Date 02/13/2015	Full name of contributor out-of-state PAC (ID#:_ Hawkins, George  Contributor address; City; State; Zip Code  Houston, TX 77056-1308	)		Amount of (	(\$)	\$100.00
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Retired		Retired				
	Date 02/12/2015	Full name of contributor out-of-state PAC (ID#:_ Hayes, Patrick Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$5,000.00
		Houston, TX 77025-2424					
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Andrews Myers	5)			

The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Scho		
2 FILER NAME			3	Filer ID	)l. 14/240	
BELL, CHRIS	S					
4 Date 03/20/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$50.00
	Houston, TX 77266-6219					
	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
Asset Manag		Occidental Corporation				
Date 04/17/2015	Full name of contributor			Amount of (	(\$)	\$250.00
	Houston, TX 77031-2762					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Retired		Retired				
Date 06/17/2015	Full name of contributor			Amount of (	(\$)	\$200.00
Principal occur	Houston, TX 77031-2762 pation / Job title (See Instructions)	Employer (See Instructions	.)			
Retired	pation 7 oob title (oce manactions)	Retired	')			
Date 02/12/2015	Full name of contributor out-of-state PAC (ID#:_ Henderson, Randle Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$1,000.00
	Cypress, TX 77433-3133					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Lawyer		Self				
Date 05/09/2015	Full name of contributor out-of-state PAC (ID#:_ Henderson, Randle Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$100.00
Dringing occur	Cypress, TX 77433-3133	Employer (Cas Instructions	.\			
Lawyer	pation / Job title (See Instructions)	Employer (See Instructions Self	')			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1 Sch: 72/148 Rpt: 75/24		
2	FILER NAME BELL, CHRI	S		3	Filer ID		
4	Date 06/30/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of ( (\$	5)	\$10.00
		Cypress, TX 77433-3133					
8	Principal occup Lawyer	pation / Job title (See Instructions)	9 Employer (See Instructions Self	)			
	Date 06/27/2015	Full name of contributor out-of-state PAC (ID#:_ Henderson, Randy Contributor address; City; State; Zip Code  Cypress, TX 77433-3133	)		Amount of ( (\$	5)	\$100.00
	Principal occu Lawyer	pation / Job title (See Instructions)	Employer (See Instructions Self	)			
	Date 03/19/2015	Full name of contributor out-of-state PAC (ID#:_ Henderson, Randy Contributor address; City; State; Zip Code  Cypress, TX 77433-3133	)		Amount of ( (\$	5)	\$250.00
	Principal occu Lawyer	pation / Job title (See Instructions)	Employer (See Instructions Self	)			
	Date 03/20/2015	Full name of contributor out-of-state PAC (ID#:_ Henderson, Randy Contributor address; City; State; Zip Code  Cypress, TX 77433-3133	)		Amount of ( (\$	5)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Lawyer		Self				
	Date 04/01/2015	Full name of contributor out-of-state PAC (ID#:_ Henderson, Randy Contributor address; City; State; Zip Code	)		Amount of ( (\$	5)	\$250.00
		Cypress, TX 77433-3133					
	Principal occu Lawyer	pation / Job title (See Instructions)	Employer (See Instructions Self	)			

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A Sch: 73/148 Rpt: 76/		
2	FILER NAME BELL, CHRIS	S		3	Filer ID		
4	Date 03/31/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$100.00
		Cypress, TX 77433-3133					
8	Principal occup Lawyer	pation / Job title (See Instructions)	9 Employer (See Instructions Self	i)			
	Date 03/30/2015	Full name of contributor	)		Amount of (	(\$)	\$250.00
	Principal occu	Cypress, TX 77433-3133 pation / Job title (See Instructions)	Employer (See Instructions	3)			
	Lawyer	,,	Self	,			
	Date 04/07/2015	Full name of contributor	)		Amount of (	(\$)	\$100.00
	Principal occu Lawyer	pation / Job title (See Instructions)	Employer (See Instructions Self	5)			
	Date 06/08/2015	Full name of contributor out-of-state PAC (ID#:_ Henderson, Randy Contributor address; City; State; Zip Code  Cypress, TX 77433-3133	)		Amount of (	(\$)	\$100.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Lawyer		Self				
	Date 06/14/2015	Full name of contributor out-of-state PAC (ID#:_ Henderson, Randy Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$100.00
		Cypress, TX 77433-3133					
	Principal occu Lawyer	pation / Job title (See Instructions)	Employer (See Instructions Self	s)			

The Instruc	ction Guide explains how to complete this fo	orm.	1	1 . 9		
2 FILER NAME			3	Sch: 74/148 Rpt:	11/240	
BELL, CHRIS	S					
4 Date 06/12/2015	5 Full name of contributor out-of-state PAC (ID#:_ Henderson, Randy	)	7	Amount of (	(\$)	\$100.00
	6 Contributor address; City; State; Zip Code					
	Cypress, TX 77433-3133					
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
Lawyer		Self				
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
04/24/2015	Henderson, Randy					\$100.00
	Contributor address; City; State; Zip Code					
	Cypress, TX 77433-3133					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	(;)			
Lawyer	, , , , , , , , , , , , , , , , , , , ,	Self	,			
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
04/25/2015	Henderson, Randy	,		7 unount of v	(Ψ)	\$15.00
0	Contributor address; City; State; Zip Code					*******
	, , , , , , , , , , , , , , , , , , ,					
	Cypress, TX 77433-3133					
•	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Lawyer		Self				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
04/26/2015	Henderson, Randy					\$50.00
	Contributor address; City; State; Zip Code					
	Cypress, TX 77433-3133					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)			
Lawyer	, ,	Self	,			
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of (	(\$)	
06/29/2015	Hendryx, Michael	,		7 anount of V	(Ψ)	\$100.00
	Contributor address; City; State; Zip Code	•				********
	, ,,,,,,,,,					
	Houston, TX 77024-3606					
	pation / Job title (See Instructions)	Employer (See Instructions	()			
attorney		Strong Pipkin				

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Sched Sch: 75/148 Rpt:		
2	FILER NAME BELL, CHRI	S		3	Filer ID		
4	Date 04/30/2015	5 Full name of contributor out-of-state PAC (ID#:_ Henneman, Matthew  6 Contributor address; City; State; Zip Code	)	7	Amount of (	(\$)	\$100.00
		Houston, TX 77098-5333					
8	Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions Watt Beckworth	s)			
	Date 06/01/2015	Full name of contributor out-of-state PAC (ID#:_ Herrera, Gilbert Contributor address; City; State; Zip Code  Houston, TX 77002-7385	)		Amount of (	(\$)	\$250.00
	Principal occu Financial Se	pation / Job title (See Instructions)	Employer (See Instructions Herrera Partners	5)			
	Date 06/23/2015	Full name of contributor out-of-state PAC (ID#:_ Hesse, Curt Contributor address; City; State; Zip Code Houston, TX 77002-1646	)		Amount of (	(\$)	\$250.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Moore and Associates	5)			
	Date 03/30/2015	Full name of contributor out-of-state PAC (ID#:_Holland, Amy Contributor address; City; State; Zip Code  Spicewood, TX 78669-6522	)		Amount of (	(\$)	\$500.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)			
	REQUESTE	D	REQUESTED				
	Date 04/30/2015	Full name of contributor out-of-state PAC (ID#:_ Holloman, Michael Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$2,500.00
		Houston, TX 77005-1620					
	Principal occu Business Bro	pation / Job title (See Instructions) oker	Employer (See Instructions Murphy Business	5)			

The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Sche Sch: 76/148 Rp		
FILER NAME			3	Filer ID	1. 79/240	
BELL, CHRIS	8					
Date 03/16/2015	5 Full name of contributor out-of-state PAC (ID#:_ Hood, Frank	)	7	Amount of (	(\$)	\$250.00
	6 Contributor address; City; State; Zip Code					
	Houston, TX 77002-1045					
Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	()			
President		InfoVine - Printing Comp	oai	ny		
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	<b>450.00</b>
06/20/2015	Hoover, Howard  Contributor address; City; State; Zip Code					\$50.00
	Houston, TX 77057-1911					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	;)			
Attorney		Not employed				
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
04/20/2015	Hoover, Howard					\$50.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77057-1911					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Attorney		Not employed				
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
04/28/2015	Hoover, Howard					\$25.00
	Contributor address; City; State; Zip Code					
	Houston TV 77057 4044					
Principal occur	Houston, TX 77057-1911 pation / Job title (See Instructions)	Employer (See Instructions	.\			
Attorney	Dation / Job title (See instructions)	Not employed	')			
Date	Full name of contributor  ut-of-state PAC (ID#:	)		Amount of (	(\$)	
05/19/2015	Hoover, Howard	,		Amount or v	(Ψ)	\$30.00
	Contributor address; City; State; Zip Code					·
	Houston, TX 77057-1911					
	pation / Job title (See Instructions)	Employer (See Instructions	()			
Attorney		Not employed				

The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Sche Sch: 77/148 Rp		
2 FILER NAME			3	Filer ID	1. 00/240	
BELL, CHRI	S					
4 Date 05/20/2015	5 Full name of contributor out-of-state PAC (ID#:_ Hoover, Howard	)	7	Amount of (	(\$)	\$50.00
00/20/2010	6 Contributor address; City; State; Zip Code					φου.σσ
	Houston, TX 77057-1911					
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
Attorney		Not employed				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
03/20/2015	Hoover, Howard					\$50.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77057-1911					
	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Attorney		Not employed				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
04/30/2015	Hourani, Monzer					\$5,000.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77063-1593					
·	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Engineer Ard	chitect Composer Humanitarian Inven	Self				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/30/2015	Hughes, Mike					\$500.00
	Contributor address; City; State; Zip Code					
	Amarillo, TX 79109-3546					
	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Auto-Dealer		Self				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
05/08/2015	Hutchinson, John					\$100.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77008-1461					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			

The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Sche		
2 FILER NAME			3	Sch: 78/148 Rp	1. 81/248	
BELL, CHRI			ľ	THEFTE		
4 Date 06/26/2015	5 Full name of contributor out-of-state PAC (ID#:_ Hyde, R. Reid Hyde	)	7	Amount of (	(\$)	\$50.00
	6 Contributor address; City; State; Zip Code					
O Dringing Lagran	Dallas, TX 75209-5621	O Francisco (Con Instructions				
8 Principal occu Self	pation / Job title (See Instructions)	9 Employer (See Instructions none	5)			
Date 06/15/2015	Full name of contributor out-of-state PAC (ID#:_ Ikeler, Melanie Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$500.00
	Sugar Land, TX 77479-2961					
Principal occu Real Estate	upation / Job title (See Instructions)	Employer (See Instructions Paramount Properties	5)			
	·	Paramount Properties				
Date 04/16/2015	Full name of contributor out-of-state PAC (ID#:_ Ikeler, Melanie	)		Amount of (	(\$)	\$100.00
0 1/ 10/2010	Contributor address; City; State; Zip Code					ψ100.00
	Sugar Land, TX 77479-2961					
	upation / Job title (See Instructions)	Employer (See Instructions	s)			
Real Estate	Developer	Paramount Properties				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	<b></b>
04/25/2015	Imershein, Sara					\$100.00
	Contributor address; City; State; Zip Code  Washington, DC 20015-1938					
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)			
physician	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Imershein & Birnkrant P				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
04/05/2015	Ittner, Robert					\$10.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77005-1509					
	upation / Job title (See Instructions)	Employer (See Instructions	s)			
Executive V	ice President	Texas Gulf Bank				

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule Sch: 79/148 Rpt: 82		
2	FILER NAME			3	Filer ID		
	BELL, CHRI	S					
4	Date 02/27/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$150.00
		Houston, TX 77005-1509					
8	Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	;)			
	Executive Vi	ce President	Texas Gulf Bank				
	Date 06/29/2015	Full name of contributor out-of-state PAC (ID#:_ J. Davis Real Estate Investors  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$1,000.00
	<u> </u>	Houston, TX 77017-1528	l = , , , , , , , , , , , , , , , , , ,	_			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 03/30/2015	Full name of contributor out-of-state PAC (ID#:_ Jardine, Laura Contributor address; City; State; Zip Code			Amount of (	(\$)	\$25.00
		Houston, TX 77092-5033					
	Not employe	pation / Job title (See Instructions) d	Employer (See Instructions Not employed	5)			
	Date 06/30/2015	Full name of contributor out-of-state PAC (ID#:_ Jarrett, Irma Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$200.00
		Houston, TX 77021-1455					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 06/24/2015	Full name of contributor out-of-state PAC (ID#:_ Jaworski, Joe Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$500.00
		Galveston, TX 77550-5134					
	Principal occu Lawyer	pation / Job title (See Instructions)	Employer (See Instructions Self	5)			

The Instruction Guide explains how to complete thi	s form.	1	Total pages Scho		
2 FILER NAME		3	Filer ID		
BELL, CHRIS  4 Date	-	7	Amount of (	(\$)	\$100.00
Houston, TX 77027-5741					
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions	s)			
Executive Director	March of Dimes				
Date Full name of contributor out-of-state PAC (III 03/18/2015 Jensen, Bridget  Contributor address; City; State; Zip Code	D#:)	-	Amount of (	(\$)	\$25.00
Houston, TX 77019-3704  Principal occupation / Job title (See Instructions)	Employer (See Instructions	(2)			
Not employed	Not employed	5)			
Date Full name of contributor out-of-state PAC (II 02/02/2015 Johnson Jr, Raleigh  Contributor address; City; State; Zip Code	D#:_ )	-	Amount of (	(\$)	\$5,000.00
Houston, TX 77019-1008					
Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions Retired	s)			
Date Full name of contributor out-of-state PAC (III 06/26/2015 Jost, Lewis  Contributor address; City; State; Zip Code  Houston, TX 77030-1129	D#:_ )	-	Amount of (	(\$)	\$200.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions	s)			
Attorney	Adair & Myers				
Date Full name of contributor out-of-state PAC (III 06/30/2015 Kahn, Isabel Contributor address; City; State; Zip Code	D#:)		Amount of (	(\$)	\$10.00
Houston, TX 77035-5002					
Principal occupation / Job title (See Instructions) RN	Employer (See Instructions Houston Methodist	s)			

The Instruction Guide explains how to complete this f	form.	1 Total pages Scher Sch: 81/148 Rpt		
2 FILER NAME BELL, CHRIS		3 Filer ID		
4 Date 04/30/2015    5 Full name of contributor out-of-state PAC (ID#: Naiser, Iona  6 Contributor address; City; State; Zip Code	. )	7 Amount of (	(\$)	\$100.00
Houston, TX 77098-2417				
8 Principal occupation / Job title (See Instructions) lawyer	9 Employer (See Instructions MWE	5)		
Date Full name of contributor out-of-state PAC (ID#: 03/01/2015 Kaplan, Heidi  Contributor address; City; State; Zip Code	. )	Amount of (	(\$)	\$25.00
Houston, TX 77005-3128				
Principal occupation / Job title (See Instructions) Associate Professor	Employer (See Instructions University of Texas Med		ton	
Date Full name of contributor out-of-state PAC (ID#: 05/27/2015 Kaplan, Lee  Contributor address; City; State; Zip Code		Amount of (	(\$)	\$150.00
Houston, TX 77002-2740  Principal occupation / Job title (See Instructions)  Attorney	Employer (See Instructions Smyser Kaplan & Vesel			
Date  Full name of contributor  O6/08/2015  Karpas, Leslie  Contributor address; City; State; Zip Code  Houston, TX 77002-6222	)	Amount of (	(\$)	\$50.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions	s)		
Realtor	Self		(4)	
Date Full name of contributor out-of-state PAC (ID#: 05/26/2015 Karpas, Leslie Contributor address; City; State; Zip Code		Amount of (	(\$)	\$50.00
Houston, TX 77002-6222				
Principal occupation / Job title (See Instructions) Realtor	Employer (See Instructions Self	i s)		

The Instruction Guide explains how to complete this	is form.	1 Total pages Sched Sch: 82/148 Rpt		
2 FILER NAME BELL, CHRIS		3 Filer ID		
4 Date 05/09/2015 5 Full name of contributor out-of-state PAC (I Karpas, Rene' 6 Contributor address; City; State; Zip Code	D#:_ )	7 Amount of (	(\$)	\$5.00
Houston, TX 77057-4770				
8 Principal occupation / Job title (See Instructions) Not employed	9 Employer (See Instructions Not employed	)		
Date Full name of contributor out-of-state PAC (I 06/26/2015 Kassa, Zewdita  Contributor address; City; State; Zip Code  Sugar Land, TX 77496-6424	D#:_ )	Amount of (	(\$)	\$50.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions	)		
Date Full name of contributor out-of-state PAC (I 03/01/2015 Ketner, Kenny  Contributor address; City; State; Zip Code  Lubbock, TX 79416-4415	D#:_ )	Amount of (	(\$)	\$10.00
Principal occupation / Job title (See Instructions) Programmer	Employer (See Instructions Texas Tech University	)		
Date  Full name of contributor  O3/25/2015  Kilbride, Tommy  Contributor address; City; State; Zip Code  Dallas, TX 75223-1231	D#:)	Amount of (	(\$)	\$200.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions			
Real Estate	Edward Julian Real Esta	ate Partnership LP		
Date Full name of contributor out-of-state PAC (I 02/17/2015 Kiley, Timothy  Contributor address; City; State; Zip Code	D#:_ )	Amount of (	(\$)	\$200.00
Dallas, TX 75204-2063				
Principal occupation / Job title (See Instructions) Vice President	Employer (See Instructions Merrill Lynch	)		

The Instruction	n Guide explains how to complete this f	orm.	1	Total pages Scher Sch: 83/148 Rpt		
2 FILER NAME BELL, CHRIS			3	Filer ID		
4 Date 5 F 06/30/2015 K	ull name of contributor out-of-state PAC (ID#:	,	7	Amount of (	(\$)	\$10.00
н	louston, TX 77096-4210					
8 Principal occupation Vice President	/ Job title (See Instructions)	Employer (See Instructions     Air Liquide	s)			
03/28/2015 K	ull name of contributor out-of-state PAC (ID#:_ (nobil, Julane contributor address; City; State; Zip Code douston, TX 77025-2107	. )		Amount of (	(\$)	\$25.00
Principal occupation retired	n / Job title (See Instructions)	Employer (See Instructions none	5)			
05/28/2015 K	ull name of contributor out-of-state PAC (ID#:_ (nobil, Julane contributor address; City; State; Zip Code louston, TX 77025-2107			Amount of (	(\$)	\$25.00
Principal occupation retired	n / Job title (See Instructions)	Employer (See Instructions none	5)			
04/28/2015 K	ull name of contributor out-of-state PAC (ID#:_Cnobil, Julane contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$25.00
	n / Job title (See Instructions)	Employer (See Instructions	5)			
06/28/2015 K	ull name of contributor out-of-state PAC (ID#:_Cnobil, Julane contributor address; City; State; Zip Code	none )		Amount of (	(\$)	\$25.00
	Houston, TX 77025-2107  n / Job title (See Instructions)	Employer (See Instructions	s)			

The Instruction Guide explains how to complete this	form.	1	Total pages Sche Sch: 84/148 Rp		
2 FILER NAME BELL, CHRIS		3	Filer ID		
4 Date 06/18/2015  5 Full name of contributor out-of-state PAC (ID#: Kretzer, Seth  6 Contributor address; City; State; Zip Code	-	7	Amount of (	(\$)	\$100.00
Houston, TX 77010-3036					
8 Principal occupation / Job title (See Instructions) Attorney	9 Employer (See Instructions Caddell & Chapman	5)			
Date Full name of contributor out-of-state PAC (ID#: 06/15/2015 Kushner, Kevin  Contributor address; City; State; Zip Code  Houston, TX 77098-2021			Amount of (	(\$)	\$100.00
Principal occupation / Job title (See Instructions) broker	Employer (See Instructions CBRE Inc.	5)			
Date Full name of contributor out-of-state PAC (ID#: 06/24/2015 Laakso, Chris  Contributor address; City; State; Zip Code  Houston, TX 77098-1605  Principal occupation / Job title (See Instructions)			Amount of (	(\$)	\$100.00
Principal occupation / 30b title (See instructions)	Employer (See Instructions AXA Advisors	·)			
Date Full name of contributor out-of-state PAC (ID#: 02/10/2015 Lancaster, George  Contributor address; City; State; Zip Code  Houston, TX 77006-6033	)		Amount of (	(\$)	\$250.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
Senior Vice President	Hines				
Date Full name of contributor out-of-state PAC (ID#: 06/24/2015 Lancaster, George  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$600.00
Houston, TX 77006-5118					
Principal occupation / Job title (See Instructions) Real Estate	Employer (See Instructions Hines	5)			

The	Instruction Guide explains how to complete this fo	rm.	1	Total pages Schedule Sch: 85/148 Rpt: 8		
2 FILE BEL	R NAME L, CHRIS		3	Filer ID		
4 Date 05/2	5 Full name of contributor out-of-state PAC (ID#:_ Lane, Joni 6 Contributor address; City; State; Zip Code	)	7	Amount of (	(\$)	\$50.00
	Houston, TX 77025-1718					
8 Princ	ipal occupation / Job title (See Instructions)	9 Employer (See Instructions	)			
Date 05/2	Full name of contributor out-of-state PAC (ID#:_ 1/2015 Lane, Joni Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$50.00
	Houston, TX 77025-1718					
Princ	cipal occupation / Job title (See Instructions)	Employer (See Instructions	)			
Date 06/2	Full name of contributor out-of-state PAC (ID#:_ 6/2015 Langham, Chanler Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$500.00
Princ	Houston, TX 77018-5249 sipal occupation / Job title (See Instructions)	Employer (See Instructions	)			
Atto	rney	Susman Godfrey				
Date 04/3	0/2015 Lapham, Wayne  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$100.00
	Houston, TX 77006-5032	Faralassa (Osas lastavatisas				
	ripal occupation / Job title (See Instructions)  gage Banker	Employer (See Instructions Republic State Mortgage				
Date 05/2	Full name of contributor out-of-state PAC (ID#:_ 0/2015	)		Amount of (	(\$)	\$500.00
	Houston, TX 77027-4018					
	ipal occupation / Job title (See Instructions)  I Estate Developer	Employer (See Instructions Self	)			

The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 86/148 Rpt: 89/248	
2 FILER	NAME CHRIS	3 Filer ID	
4 Date 04/29	5 Full name of contributor out-of-state PAC (ID#:_	) <b>7</b> Amount of ( (\$) \$10	00.00
	Houston, TX 77057-2305		
		oyer (See Instructions)	
Presid	lent & CEO Down	ntown Houston Association	
Date 03/15	Full name of contributor out-of-state PAC (ID#:_  '2015 Latimer, Truett  Contributor address; City; State; Zip Code	) Amount of ( (\$) \$25	50.00
	Houston, TX 77027-5601		
Princip Retire		oyer (See Instructions)	
Date 06/30	Contributor address; City; State; Zip Code	) Amount of ( (\$) \$1,00	00.00
Princip	Tomball, TX 77375-7838  al occupation / Job title (See Instructions)  Emplo	oyer (See Instructions)	
Date 06/24	Full name of contributor out-of-state PAC (ID#:_  LeBouef, Neal  Contributor address; City; State; Zip Code  Houston, TX 77007-5440	) Amount of ( (\$) \$20	00.00
Princin	al occupation / Job title (See Instructions) Emplo	oyer (See Instructions)	
	E – Refund pending)		
Date 03/20	Full name of contributor out-of-state PAC (ID#:	) Amount of ( (\$) \$50	00.00
	Houston, TX 77021-2116		
Princip Presid	al occupation / Job title (See Instructions)	oyer (See Instructions) eers Supply Company	

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1 Sch: 87/148 Rpt: 90/24		
2	FILER NAME BELL, CHRI	S		3	Filer ID		
4	Date 06/30/2015	5 Full name of contributor out-of-state PAC (ID#:_ Levy, Marylu 6 Contributor address; City; State; Zip Code	)	7	Amount of (	\$)	\$10.00
		Houston, TX 77096					
8	Principal occu Not employe	pation / Job title (See Instructions)	9 Employer (See Instructions Not employed	5)			
	Date 02/08/2015	Full name of contributor out-of-state PAC (ID#:_Lindelef, Lisa  Contributor address; City; State; Zip Code  San Francisco, CA 94115-1625	)		Amount of ( (	\$)	\$100.00
	Principal occu not employe	pation / Job title (See Instructions) d	Employer (See Instructions none	s)			
	Date 04/10/2015	Full name of contributor out-of-state PAC (ID#:_Litt, Hermann  Contributor address; City; State; Zip Code  Houston, TX 77096-5323	)		Amount of ( (	\$)	\$100.00
	Principal occu Rehab Cons	pation / Job title (See Instructions) sultant	Employer (See Instructions Self	s)			
	Date 03/20/2015	Full name of contributor out-of-state PAC (ID#:_Lloyd, Margaret  Contributor address; City; State; Zip Code  Galveston, TX 77554-9643	)		Amount of (	\$)	\$250.00
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Not employe	ed	Not employed				
	Date 06/24/2015	Full name of contributor out-of-state PAC (ID#:_ Long, Charles Contributor address; City; State; Zip Code	)		Amount of (	\$)	\$500.00
		Houston, TX 77005-3522					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Scheo Sch: 88/148 Rpt		
2	FILER NAME BELL, CHRI	S		3	Filer ID		
4	Date 02/13/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$250.00
		Houston, TX 77007-5473					
8	Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions Jose Lopez Law Offices				
	Date 06/30/2015	Full name of contributor out-of-state PAC (ID#:_Loshak, Joel  Contributor address; City; State; Zip Code  Houston, TX 77096-2705	)		Amount of (	(\$)	\$250.00
		pation / Job title (See Instructions) Energy Partners	Employer (See Instructions Management	5)			
	Date 06/18/2015	Full name of contributor out-of-state PAC (ID#:_Lousteau, Elizabeth  Contributor address; City; State; Zip Code  Houston, TX 77009-5619	)		Amount of (	(\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 05/22/2015	Full name of contributor out-of-state PAC (ID#:_Lowe, Bobby  Contributor address; City; State; Zip Code  Houston, TX 77007-5420	)		Amount of (	(\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	President		Strategic Careers				
	Date 06/25/2015	Full name of contributor out-of-state PAC (ID#:_ Lowther, Todd Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$30.00
		Houston, TX 77096-4205					
	Principal occu Lawyer	pation / Job title (See Instructions)	Employer (See Instructions Thompson & Knight LLF				

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Sched Sch: 89/148 Rpt:		
2	FILER NAME	0		3	Filer ID		
4	Date 01/27/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$100.00
		Houston, TX 77027-6069					
8	Principal occup Real Estate	pation / Job title (See Instructions)	9 Employer (See Instructions Self	5)			
	Date 01/27/2015	Full name of contributor out-of-state PAC (ID#:_ Lozoff, Ronald Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$100.00
	Principal occu Real Estate	Houston, TX 77027-6069 pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 04/05/2015	Full name of contributor out-of-state PAC (ID#:_ Lucia, Greg Contributor address; City; State; Zip Code  Houston, TX 77027-3282	)		Amount of (	(\$)	\$200.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	5)			
	Date 06/29/2015	Full name of contributor out-of-state PAC (ID#:_ Lucido, Rita Contributor address; City; State; Zip Code  Houston, TX 77002-1741	)		Amount of (	(\$)	\$250.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Attorney		Self				
	Date 04/17/2015	Full name of contributor out-of-state PAC (ID#:_ Lucido, Rita Contributor address; City; State; Zip Code			Amount of (	(\$)	\$250.00
		Houston, TX 77002-1741					
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	5)			

The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Scheo Sch: 90/148 Rpt		
2 FILER NAME			3	Filer ID	. 93/240	
BELL, CHRI	S					
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of (	(\$)	
02/17/2015	Luna, Christopher					\$2,000.00
	6 Contributor address; City; State; Zip Code					
	Dallas, TX 75313-1523					
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
Pt1		Helix Energy Solutions	Gro	oup		
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/29/2015	Lyons, Glenn					\$1,000.00
	Contributor address; City; State; Zip Code					
	Corpus Christi, TX 78418-6005					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Real Estate	Investment & Development	Glenn E. Lyons & Assoc	ciat	tes Inc.		
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
03/20/2015	MacDonald, Basil					\$250.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77056-2030					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Investments		MacDonald Interests				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
03/18/2015	MacNaughton, J Robert					\$250.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77007-8008					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
Attorney	,	Porter & Powers PLLC	,			
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
04/21/2015	MacNaughton, J Robert					\$15.00
	Contributor address; City; State; Zip Code					
	Houston TV 77007 9009					
Principal occu	Houston, TX 77007-8008 pation / Job title (See Instructions)	Employer (See Instructions	:) 			
Attorney	pation, ood title (ood matractions)	Porter & Powers PLLC	')			
, acomoy		. Olto, a l'owold i LLO				

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule Sch: 91/148 Rpt: 9-		
2	FILER NAME BELL, CHRI	S		3	Filer ID		
4	Date 05/06/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$1,000.00
		Houston, TX 77008-6347					
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	Managemen	t Consultant	Enaxis				
	Date 03/20/2015	Full name of contributor	)		Amount of (	(\$)	\$50.00
		Houston, TX 77008-6347					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Managemen	t Consultant	Enaxis				
	Date 03/02/2015	Full name of contributor out-of-state PAC (ID#:_ Mafrige, David Z.  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$1,000.00
		Houston, TX 77024-1588					
		pation / Job title (See Instructions)	Employer (See Instructions				
	Commercial	Real Estate Investments	David Z. Mafrige Interes	sts			
	Date 06/03/2015	Full name of contributor			Amount of (	(\$)	\$1,000.00
		Houston, TX 77024-1588					
		pation / Job title (See Instructions)	Employer (See Instructions				
	Commerciai	Real Estate Investments	David Z. Mafrige Interes	ธเร			
	Date 02/10/2015	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	\$500.00
		Houston, TX 77096-4236					
	Principal occu Broker	pation / Job title (See Instructions)	Employer (See Instructions Clarksons Shipping Ser		es		

The Instruc	ction Guide explains how to complete this fo	orm.		otal pages Sch		
2 FILER NAME				Sch: 92/148 Rp	ρι. 95/246	
BELL, CHRIS	S					
4 Date 03/20/2015	5 Full name of contributor  uut-of-state PAC (ID#:_ MageIssen, Nils	)	<b>7</b> A	mount of (	(\$)	\$50.00
	6 Contributor address; City; State; Zip Code					
	Houston, TX 77096-4236					
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions				
Broker		Clarksons Shipping Serv	vices	i		
Date 06/27/2015	Full name of contributor	)	Α	mount of (	(\$)	\$50.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77096-4236					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Broker		Clarksons Shipping Serv	vices	i		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Α	mount of (	(\$)	
02/13/2015	Mahendru, Ashish					\$500.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77007-2515					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Attorney		Self				
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Α	mount of (	(\$)	
03/17/2015	Man, Joanne					\$300.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77096-3506					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
CEO		INNERWISDON INC				
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Α	mount of (	(\$)	
04/29/2015	Mandel, Barry					\$500.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77010-4065					
	pation / Job title (See Instructions)	Employer (See Instructions				
President and	d Park Director	Discovery Green Conse	rvan	су		

The Instruction Gu	ide explains how to complete this	form.	1	1		
2 FILER NAME			3	Sch: 93/148 Rpt	: 96/248	
BELL, CHRIS			ľ	1 1101 12		
	me of contributor	)	7	Amount of (	(\$)	\$5,000.00
6 Contrib	outor address; City; State; Zip Code					
Houst	on, TX 77005-1313	_				
8 Principal occupation / Job	title (See Instructions)	9 Employer (See Instructions	s)			
Interior Designer		Mann Designs				
04/29/2015 Manou	me of contributor	)		Amount of (	(\$)	\$25.00
	on, TX 77027-2807					
Principal occupation / Job	·	Employer (See Instructions	5)			
Not employed	,	Not employed	,			
Date Full na	me of contributor  ut-of-state PAC (ID#:	:_ )		Amount of (	(\$)	
05/11/2015 Martin	, Joe					\$30.00
Contrib	outor address; City; State; Zip Code					
Houst	on, TX 77007-8021					
Principal occupation / Job	title (See Instructions)	Employer (See Instructions	s)			
J Martin Productions		J Martin Productions				
	me of contributor  ut-of-state PAC (ID#:	: <u> </u>		Amount of (	(\$)	
01/29/2015 Martin						\$250.00
Contrib	outor address; City; State; Zip Code					
Houst	on, TX 77007-8021					
Principal occupation / Job	title (See Instructions)	Employer (See Instructions	s)			
J Martin Productions		J Martin Productions				
Date Full na	me of contributor  ut-of-state PAC (ID#:	:_ )		Amount of (	(\$)	
02/13/2015 Martin						\$100.00
Contrib	outor address; City; State; Zip Code					
Houst	on, TX 77007-8021					
Principal occupation / Job	title (See Instructions)	Employer (See Instructions	s)			
J Martin Productions		J Martin Productions	_			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 94/148 Rpt: 97/248	
2	FILER NAME BELL, CHRI	S		3	Filer ID	
4	Date 06/10/2015	<ul> <li>5 Full name of contributor out-of-state PAC (ID#:_Martinez &amp; Briscoe PLLC</li> <li>6 Contributor address; City; State; Zip Code</li> <li>Houston, TX 77021</li> </ul>	)	7	Amount of ( (\$)	\$1,000.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 05/15/2015	Full name of contributor out-of-state PAC (ID#:_ Mase, Jacob Contributor address; City; State; Zip Code Spring, TX 77380-3099	)		Amount of ( (\$)	\$100.00
	Principal occu Energy Trad	pation / Job title (See Instructions)	Employer (See Instructions Newport Global Advisors			
	Date 04/30/2015	Full name of contributor out-of-state PAC (ID#:_ Massey, Phoebe Contributor address; City; State; Zip Code  Houston, TX 77019-1102	)		Amount of ( (\$)	\$2,500.00
	Principal occu Financial ad	pation / Job title (See Instructions) visor	Employer (See Instructions Merril lynch	)		
	Date 02/26/2015	Full name of contributor out-of-state PAC (ID#:_ Massey, Poppi Contributor address; City; State; Zip Code Houston, TX 77019-1102	)		Amount of ( (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions CAPEA	)		
	Date 04/30/2015	Full name of contributor out-of-state PAC (ID#:_ Massey, Poppi Contributor address; City; State; Zip Code	)		Amount of ( (\$)	\$2,500.00
	Principal occu	Houston, TX 77019-1102 pation / Job title (See Instructions)	Employer (See Instructions CAPEA	)		

The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A Sch: 95/148 Rpt: 98/2		
FILER NAME BELL, CHRI	S		3	Filer ID		
Date 04/05/2015	Full name of contributor	)	7	Amount of (	(\$)	\$1,500.00
	Houston, TX 77006-5472					
Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions Self	5)			
Date 05/10/2015	Full name of contributor out-of-state PAC (ID#:_Mathews, Greg  Contributor address; City; State; Zip Code  Houston, TX 77005-3831			Amount of (	(\$)	\$100.00
Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Chevron	5)			
Date 02/17/2015	Full name of contributor out-of-state PAC (ID#:_Mathews, Meredith  Contributor address; City; State; Zip Code  Dallas, TX 75206-1837	)		Amount of (	(\$)	\$250.00
Principal occu Attorney	ipation / Job title (See Instructions)	Employer (See Instructions Powers Taylor	s)			
Date 06/30/2015	Full name of contributor out-of-state PAC (ID#:_ Matula, Sherrie Contributor address; City; State; Zip Code Houston, TX 77059-4615	)		Amount of (	(\$)	\$100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Educational	Consultant	Self				
Date 02/10/2015	Full name of contributor out-of-state PAC (ID#: McCracken, Ayse Contributor address; City; State; Zip Code			Amount of (	(\$)	\$500.00
	Houston, TX 77005-2836					
Principal occu healthcare a	pation / Job title (See Instructions) dministrator	Employer (See Instructions The Methodist Hospital		stem		

	The Instruc	ction Guide explains how to complete this f	form.	1	Total pages Sche Sch: 96/148 Rp		
2	FILER NAME			3	Filer ID		
	BELL, CHRIS	5					
4	Date 02/11/2015	5 Full name of contributor	. )	7	Amount of (	(\$)	\$500.00
		6 Contributor address; City; State; Zip Code					
		Houston, TX 77005-2836					
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Executive		VillageMD				
	Date	Full name of contributor  ut-of-state PAC (ID#:	. )		Amount of (	(\$)	
	04/16/2015	McElvaney, Rick					\$25.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77025-4112					
	Principal occur	pation / Job title (See Instructions)	Employer (See Instructions				
	Professor	Salion 7 305 title (Oce matricelons)	University of Houston La		Center		
	1					(4)	
	Date 06/05/2015	Full name of contributor out-of-state PAC (ID#:_ McFarland, John			Amount of (	(\$)	\$10.00
	00/03/2013	Contributor address; City; State; Zip Code					Ψ10.00
		Contributor address, Oity, State, 21p Code					
		Houston, TX 77030-1811					
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	()			
	Lawyer		Joyce + McFarland LLP				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of (	(\$)	
	05/11/2015	McGinity, Barbara					\$5.00
		Contributor address; City; State; Zip Code					
		Houston TV 77041					
_	Dringing occur	Houston, TX 77041 pation / Job title (See Instructions)	Employer (See Instructions				
	social worker		Better Business Bureau				
_	ı					(4)	
	Date 01/29/2015	Full name of contributor out-of-state PAC (ID#:			Amount of (	(\$)	\$500.00
	01/29/2013	McGinty, Milton  Contributor address; City; State; Zip Code					φ500.00
		Contributor address, City, State, Zip Code					
		Houston, TX 77005-3601					
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	;)			
	Director of Fa	acilities	US Physical Therapy Inc	С			

The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Scheo Sch: 97/148 Rpt		
2 FILER NAME			3		100/240	
BELL, CHRIS	S					
4 Date 02/28/2015	5 Full name of contributor out-of-state PAC (ID#:_ McKissack, John	)	7	Amount of (	(\$)	\$100.00
	6 Contributor address; City; State; Zip Code					
	Arlington, TX 76013-1004					
	pation / Job title (See Instructions)	9 Employer (See Instructions				
Admin. Direc	ctor	Texas Health Huguley F	los	spital		
Date 04/10/2015	Full name of contributor	)		Amount of (	(\$)	\$100.00
	Contributor address; City; State; Zip Code					
	Bellaire, TX 77401-4820					
	pation / Job title (See Instructions)	Employer (See Instructions	3)			
Retired		Retired				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	<b>#</b> 400.00
03/20/2015	McLaughlin, Pat					\$100.00
	Contributor address; City; State; Zip Code					
	Bellaire, TX 77401-4820					
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)			
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/28/2015	Mcenany, Michael					\$200.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77005-3356					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Not employe	d	Not employed				
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
05/11/2015	Mcguffee, Liz					\$50.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77025-1211					
	pation / Job title (See Instructions)	Employer (See Instructions	s)			
marketing		rice				

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Sche Sch: 98/148 Rp		1
2	FILER NAME			3	Filer ID		
	BELL, CHRIS	S					
4	Date 03/31/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$25.00
		Houston, TX 77025-2319					
8	Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Marketingi		Discover				
	Date 04/30/2015	Full name of contributor	)		Amount of (	(\$)	\$500.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77019-6526					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Senior Mana	ger- Finance	Direct Energy				
	Date 06/03/2015	Full name of contributor out-of-state PAC (ID#:_ Meers, Kelly	)		Amount of (	(\$)	\$100.00
		Contributor address; City; State; Zip Code  Houston, TX 77008-3214					
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Sr. Manager	Global Data Management	Macquarie Houldings				
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
	06/29/2015	Melcher, Marc					\$500.00
		Contributor address; City; State; Zip Code  Houston, TX 77056-1605					
		pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Financial Adv	visor	Merrill Lynch				
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
	02/17/2015	Meridian Pharmacy Gr Contributor address; City; State; Zip Code					\$1,000.00
		Dallas, TX 75207-2252					
	Principal occu N/A	pation / Job title (See Instructions)	Employer (See Instructions N/A	s)			

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Sch Sch: 99/148 R		3
2	FILER NAME			3	Filer ID		
	BELL, CHRIS	5					
4	Date 04/17/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$5,000.00
		Missouri City, TX 77489-3939					
8	Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Executive Dir	rector	Have Haven Inc				
	Date 05/08/2015	Full name of contributor	)		Amount of (	(\$)	\$2,500.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77055-7273					
		pation / Job title (See Instructions)	Employer (See Instructions				
	President		The Richland Companie	es			
	Date 06/24/2015	Full name of contributor	)		Amount of (	(\$)	\$100.00
		Contributor address; City; State; Zip Code  Houston, TX 77056-3946					
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
	01/29/2015	Miley, Jeanie	,		7 inount of v	(Ψ)	\$100.00
		Contributor address; City; State; Zip Code		ł			***************************************
		Houston, TX 77025-1324					
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Writer		Self				
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
	05/28/2015	Miller, Ann					\$250.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77006-4649					
		pation / Job title (See Instructions)	Employer (See Instructions				
	Financial Adv	visor	A. Miller Investment Adv	/is	ors L.P.		

The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Sche		10
2 FILER NAME			3	Sch: 100/148 R	pt: 103/24	<del>1</del> 8
BELL, CHRIS	S		ľ	THEFTE		
4 Date 03/20/2015	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Miller, Ann</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of (	(\$)	\$500.00
O Driving Land	Houston, TX 77006-4649	O. Farahara (O. a. hadaadiaa				
8 Principal occup Financial Adv		9 Employer (See Instructions A. Miller Investment Adv		ors I P		
			V 10		(4)	
Date 02/13/2015	Full name of contributor	)		Amount of (	(\$)	\$5,000.00
	Plano, TX 75093-4770					
	pation / Job title (See Instructions)	Employer (See Instructions	s)			
attorney		Patton Boggs LLP				
Date 03/01/2015	Full name of contributor	)		Amount of (	(\$)	\$10.00
	Houston, TX 77030-1215					
Not employe	pation / Job title (See Instructions) d	Employer (See Instructions Not employed	S)			
Date 06/30/2015	Full name of contributor			Amount of (	(\$)	\$25.00
	Houston, TX 77030-1215					
	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Not employe	d	Not employed				
Date 05/13/2015	Full name of contributor	)	•	Amount of (	(\$)	\$15.00
	Sugar Land, TX 77498-1512					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)			
Biostatisticia		Baylor College of Medic		Э		

The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Scheo Sch: 101/148 Rp		48
2 FILER NAME BELL, CHRI			3	Filer ID		
4 Date 04/10/2015	5 Full name of contributor out-of-state PAC (ID#:_ Mitcham, David  6 Contributor address; City; State; Zip Code	)	7	Amount of (	(\$)	\$250.00
	Houston, TX 77002-3526					
8 Principal occur Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions Self	5)			
Date 06/30/2015	Full name of contributor out-of-state PAC (ID#:_Mitcham, David  Contributor address; City; State; Zip Code  Houston, TX 77002-3526	)		Amount of (	(\$)	\$250.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions Self	5)			
Date 04/30/2015	Full name of contributor out-of-state PAC (ID#:_Modikoane, Susan  Contributor address; City; State; Zip Code  Laredo, TX 78040-7131	)		Amount of (	(\$)	\$25.00
Principal occu Landman	upation / Job title (See Instructions)	Employer (See Instructions Self	i)			
Date 04/13/2015	Full name of contributor out-of-state PAC (ID#:_Moffet, Ken  Contributor address; City; State; Zip Code  Houston, TX 77006-6323	)		Amount of (	(\$)	\$250.00
	pation / Job title (See Instructions)	Employer (See Instructions	5)			
finance	Full regres of contributes T 4 4 4 4 PAG (IP)	Hourglass Capital		Amount of (	<b>(</b> \$\dot\)	
Date 05/19/2015	Full name of contributor out-of-state PAC (ID#:_ Monroe, Jay  Contributor address; City; State; Zip Code			Amount of (	(\$)	\$1,000.00
	Houston, TX 77019-5916					
Principal occu Realtor	upation / Job title (See Instructions)	Employer (See Instructions Martha Turner Sotheby's				

The I	nstruction Guide explains how to complete this form.		1	Total pages Scheo Sch: 102/148 Rp		<b>1</b> 8
<b>2</b> FILER BELL,	NAME CHRIS		3	Filer ID		
4 Date 06/30/	5 Full name of contributor out-of-state PAC (ID#: Monroe, Jay  6 Contributor address; City; State; Zip Code	)	7	Amount of (	(\$)	\$858.00
	Houston, TX 77019-5916					
8 Principa Realto		loyer (See Instructions tha Turner Sotheby's				
Date 03/25/	Full name of contributor out-of-state PAC (ID#:_  Monsour, Trey  Contributor address; City; State; Zip Code  Houston, TX 77003-3238	)		Amount of (	(\$)	\$2,500.00
Princip attorne		oloyer (See Instructions - Gates	)			
Date 06/24/	Full name of contributor out-of-state PAC (ID#:_ 2015 Monsour, Trey  Contributor address; City; State; Zip Code  Houston, TX 77003-3238	)		Amount of (	(\$)	\$1,200.00
Princip attorno		oloyer (See Instructions - Gates	)			
Date 03/17/	Full name of contributor out-of-state PAC (ID#:_  2015 Montondon, Mark  Contributor address; City; State; Zip Code  Houston, TX 77098-2112	)		Amount of (	(\$)	\$250.00
•		loyer (See Instructions	)			
Health	ncare	Inc.				
Date 06/08/	Full name of contributor  out-of-state PAC (ID#:_ 2015  Mood, Judith Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$50.00
	Houston, TX 77077-3725					
	al occupation / Job title (See Instructions)	oloyer (See Instructions employed	)			

The Ir	struction Guide explains how to complete this f	orm.	1	Total pages Sche Sch: 103/148 R		48
2 FILER I BELL,			3	Filer ID		
4 Date 06/14/2	5 Full name of contributor out-of-state PAC (ID#:_ Mood, Judith  6 Contributor address; City; State; Zip Code	)	7	Amount of (	(\$)	\$50.00
	Houston, TX 77077-3725					
	l occupation / Job title (See Instructions)	Employer (See Instructions     Not employed	5)			
Date 04/21/2	Full name of contributor out-of-state PAC (ID#:_2015	)		Amount of (	(\$)	\$50.00
	al occupation / Job title (See Instructions)	Employer (See Instructions Not employed	s)			
Date 04/10/2	Full name of contributor out-of-state PAC (ID#:_ 2015 Moody III, Dan Contributor address; City; State; Zip Code Houston, TX 77027	)		Amount of (	(\$)	\$1,000.00
Principa Real E	al occupation / Job title (See Instructions) state	Employer (See Instructions  Moody Rambin	5)			
Date 06/24/2	Full name of contributor out-of-state PAC (ID#:_2015 Moore, Daryl Contributor address; City; State; Zip Code Houston, TX 77008-6913	)		Amount of (	(\$)	\$1,000.00
•	Il occupation / Job title (See Instructions)	Employer (See Instructions	5)			
Attorne	Full name of contributor out-of-state PAC (ID#:_	Self	1	Amount of (	(\$)	
04/30/2	·			Amount of V	(Φ)	\$25.00
	Houston, TX 77012-1128					
	l occupation / Job title (See Instructions) unications/Schedule Director	Employer (See Instructions Houston City Council	i)			

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Sche Sch: 104/148 R		18
2	FILER NAME BELL, CHRIS	S		3	Filer ID		
	Date 05/20/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$250.00
		Houston, TX 77027-3917					
8		oation / Job title (See Instructions) nt of Sales at Zephyr	Employer (See Instructions     Moss Landscaping Inc	)			
	Date 03/11/2015	Full name of contributor out-of-state PAC (ID#:_Moss, Gary  Contributor address; City; State; Zip Code  Houston, TX 77027-3917	)		Amount of (	(\$)	\$1,000.00
		pation / Job title (See Instructions) nt of Sales at Zephyr	Employer (See Instructions Moss Landscaping Inc	)			
	Date 06/25/2015	Full name of contributor out-of-state PAC (ID#:_Muecke, Bryan  Contributor address; City; State; Zip Code  Houston, TX 77005	)		Amount of (	(\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Local Appraiser	)			
	Date 05/27/2015	Full name of contributor out-of-state PAC (ID#:_Muller, Virginia  Contributor address; City; State; Zip Code  Houston, TX 77008-6832	)		Amount of (	(\$)	\$50.00
		pation / Job title (See Instructions)	Employer (See Instructions				
	Principal		Muller Financial Advisor	S			
	Date 01/26/2015	Full name of contributor	)		Amount of (	(\$)	\$100.00
		Houston, TX 77042-2829					
	Principal occu Recruiter	pation / Job title (See Instructions)	Employer (See Instructions BMC Software Inc.	)			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Sche Sch: 105/148 R		3
	FILER NAME BELL, CHRI	S.		3	Filer ID		
4 [	Date 02/12/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$150.00
		Houston, TX 77096-2816					
	Principal occu Human Resc	pation / Job title (See Instructions) purces	9 Employer (See Instructions PROS	5)			
	Date 01/26/2015	Full name of contributor out-of-state PAC (ID#:_ Nathan, Rodney  Contributor address; City; State; Zip Code  Houston, TX 77096-2816	)		Amount of (	(\$)	\$100.00
	Principal occu Human Resc	pation / Job title (See Instructions) purces	Employer (See Instructions PROS	5)			
	Date 02/17/2015	Full name of contributor out-of-state PAC (ID#:_Nayeb, Naser  Contributor address; City; State; Zip Code  Dallas, TX 75230-4129	)		Amount of (	(\$)	\$500.00
	Principal occu Investments	pation / Job title (See Instructions)	Employer (See Instructions Nayeb Group	5)			
	Date 03/20/2015	Full name of contributor out-of-state PAC (ID#:_Neal, Sheryl Contributor address; City; State; Zip Code  Houston, TX 77069-2437	)		Amount of (	(\$)	\$50.00
	•	pation / Job title (See Instructions)	Employer (See Instructions				
	pharmacist	Full name of contributor	Houston NW Medicall C	en		<b>(¢)</b>	
	Date 06/30/2015	Full name of contributor out-of-state PAC (ID#:_ Neal, Sheryl Contributor address; City; State; Zip Code			Amount of (	(\$)	\$20.00
		Houston, TX 77069-2437					
	Principal occu pharmacist	pation / Job title (See Instructions)	Employer (See Instructions Houston NW Medicall C		ter		

The Instruction	on Guide explains how to complete this fo	orm.	1	Total pages Sche Sch: 106/148 R		10
2 FILER NAME			3	Filer ID	.pt. 109/24	+0
BELL, CHRIS						
4 Date 5 05/20/2015	Full name of contributor	)	7	Amount of (	(\$)	\$100.00
6	Contributor address; City; State; Zip Code					
	Houston, TX 77024-6412					
	on / Job title (See Instructions)	9 Employer (See Instructions				
Commercial Re	al Estate	Mission Management C	om	npany		
Date 04/29/2015	Full name of contributor out-of-state PAC (ID#:_ Nelson, Joe Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$500.00
	Contributor address, City, State, Zip Code					
	Houston, TX 77006-6321					
	on / Job title (See Instructions)	Employer (See Instructions	5)			
Not employed		Not employed				
Date	Full name of contributor	)		Amount of (	(\$)	_
05/21/2015	Nelson, Joe					\$1,000.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77006-6321					
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions	()			
Not employed		Not employed				
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
03/27/2015	Nevers, Peg					\$250.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77025-4104					
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions	5)			
Retired		Retired				
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
05/21/2015	Newgard, James					\$100.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77019-5324					
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions	5)			
Investments		Total Petrochemicals				

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Sche Sch: 107/148 R		3
2	FILER NAME			3	Filer ID	<u>-</u>	
	BELL, CHRI	S					
4	Date 06/14/2015	Full name of contributor	)	7	Amount of (	(\$)	\$100.00
		Houston, TX 77019-5324					
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Investments		Total Petrochemicals				
	Date 04/10/2015	Full name of contributor out-of-state PAC (ID#:_ Newlin, Richard Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$100.00
	Principal occu	Houston, TX 77023-3503	Employer (See Instructions	5)			
	Florist/Self E		Self Employed	,			
_	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of (	(\$)	
	03/31/2015	Nicholson, Arthur	,		, o	(4)	\$100.00
		Contributor address; City; State; Zip Code  San Antonio, TX 78209-2205					
	Principal occu Attorney	upation / Job title (See Instructions)	Employer (See Instructions Self	5)			
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
	04/28/2015	Nicholson, Arthur					\$250.00
		Contributor address; City; State; Zip Code  San Antonio, TX 78209-2205					
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)			
	Attorney		Self				
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
	02/08/2015	Lindelef, Lisa					\$100.00
		Contributor address; City; State; Zip Code					
		San Francisco, CA 94115-1625					
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)			
	Retired		N/A				

The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Sche		
			_	Sch: 108/148 R	kpt: 111/248	3
2 FILER NAME BELL, CHRI	S		3	Filer ID		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of (	(\$)	
01/25/2015	Parizek, Ben					\$0.50
	6 Contributor address; City; State; Zip Code					
	Los Angeles, CA 90024-6260					
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
Partner		Barrel Strength Design				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
01/24/2015	Parizek, Ben					\$0.50
	Contributor address; City; State; Zip Code					
	Los Angeles, CA 90024-6260					
•	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Partner / Cre	Partner / Creative Director Barrel Strength Design					
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
01/24/2015	Parizek, Ben					\$5.00
	Contributor address; City; State; Zip Code					
	Los Angeles, CA 90024-6260					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)			
	eative Director	Barrel Strength Design				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/30/2015	Nobles, Jeff					\$100.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77009-6503		Ĺ			
	pation / Job title (See Instructions)	Employer (See Instructions		_		
Partner		Beirne Maynard & Parso	งทะ			
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	<b>0.105.5</b>
04/17/2015	Normandin, Robert					\$100.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77006-4136					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)			
Purchasing S	i i i i i i i i i i i i i i i i i i i	Legacy Health	•			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedu Sch: 109/148 Rpt		3
2	FILER NAME BELL, CHRI			3	Filer ID		
4	Date 06/30/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$250.00
		Williamsburg, VA 23185-3387					
8	Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions Squire Patton Boggs LL				
	Date 04/30/2015	Full name of contributor out-of-state PAC (ID#:_ORR, JAMES  Contributor address; City; State; Zip Code  Mesquite, TX 75149-1437	)		Amount of (	(\$)	\$10.00
	Principal occu Not employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not employed	5)			
	Date 05/26/2015	Full name of contributor out-of-state PAC (ID#:_ Oelkers, Dotty  Contributor address; City; State; Zip Code  Conroe, TX 77384-3247	)		Amount of (	(\$)	\$50.00
	Principal occu Consultant	upation / Job title (See Instructions)	Employer (See Instructions DES Inc.	s)			
	Date 04/29/2015	Full name of contributor out-of-state PAC (ID#:_ Oelkers, Dotty Contributor address; City; State; Zip Code Conroe, TX 77384-3247	)		Amount of (	(\$)	\$50.00
_	•	upation / Job title (See Instructions)	Employer (See Instructions	5)			
	Consultant		DES Inc.				
	Date 03/31/2015	Full name of contributor out-of-state PAC (ID#:_ Oelkers, Dotty  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$25.00
		Conroe, TX 77384-3247					
	Principal occu Consultant	upation / Job title (See Instructions)	Employer (See Instructions DES Inc.	s)			

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Sched		
2	FILER NAME	0		3	Filer ID		
4	Date 06/29/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$25.00
		Conroe, TX 77384-3247					
8	Principal occup Consultant	pation / Job title (See Instructions)	9 Employer (See Instructions DES Inc.	)			
	Date 04/29/2015	Full name of contributor out-of-state PAC (ID#:_ Oliveros, Burnet  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$10.00
	Principal occup	Houston, TX 77006-2007 pation / Job title (See Instructions)	Employer (See Instructions retired	)			
	Date 03/30/2015	Full name of contributor out-of-state PAC (ID#:_Oliveros, Burnet Contributor address; City; State; Zip Code  Houston, TX 77006-2007	)		Amount of (	(\$)	\$5.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions retired	)			
	Date 03/19/2015	Full name of contributor out-of-state PAC (ID#:_ Ortiz, Deborah Contributor address; City; State; Zip Code  Houston, TX 77040-2550	)		Amount of (	(\$)	\$50.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Director		Cornerstone Recovery				
	Date 03/18/2015	Full name of contributor			Amount of (	(\$)	\$50.00
		Houston, TX 77007-2028					
	Principal occup	pation / Job title (See Instructions) d	Employer (See Instructions Not employed	)			

The Instruc	ction Guide explains how to complete this fo	orm.	1	1		0
2 FILER NAME			2	Sch: 111/148 Rp	t: 114/24	8
BELL, CHRIS	5		٦	T IICI ID		
4 Date 03/20/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$50.00
O Driving Law	Houston, TX 77007-2028	O. Farahara (O. a. Instruction				
Not employed	pation / Job title (See Instructions)	9 Employer (See Instructions Not employed	5)			
Date 04/17/2015	Full name of contributor	)		Amount of (	(\$)	\$500.00
	Houston, TX 77047-6522					
	pation / Job title (See Instructions)	Employer (See Instructions				
Senior Advise	Senior Advisor Mainstream Latin America Shell Upstream America			Unconventionals		
Date 06/25/2015	Full name of contributor	)		Amount of (	(\$)	\$50.00
	Houston, TX 77006-2318					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Date 06/15/2015	Full name of contributor out-of-state PAC (ID#:_Parker, Charles  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$500.00
	Houston, TX 77002-2929					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	()			
Attorney		Yetter Coleman LLP				
Date 05/21/2015	Full name of contributor out-of-state PAC (ID#:_ Parkinson, Glena Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$350.00
	Pearland, TX 77584-4818					
Principal occup President	pation / Job title (See Instructions)	Employer (See Instructions Nurses Night & Day	;)			

The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Sche		40
2 FILER NAME	<u>.</u>		3	Sch: 112/148 R	pt: 115/24	48
BELL, CHRIS	5			THEITD		
4 Date 03/31/2015	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Parten, John</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of (	(\$)	\$5,000.00
	Houston, TX 77073-1700					
	·	9 Employer (See Instructions		0:10		
President & 0	Jwner	Parten Operating & Part	ter	n Oil Company		
Date 06/25/2015	Full name of contributor	)		Amount of (	(\$)	\$500.00
	Houston, TX 77005-1817					
	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Attorney		Baker and Patterson				
Date 04/26/2015	Full name of contributor			Amount of (	(\$)	\$250.00
	Houston, TX 77027-2891					
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instructions Live Nation	5)			
Date 05/13/2015	Full name of contributor out-of-state PAC (ID#:_ Pavona, Kennon Contributor address; City; State; Zip Code  Houston, TX 77006-4561			Amount of (	(\$)	\$50.00
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	:) [:			
ioipai ooou			,			
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/11/2015	Perkins, William  Contributor address; City; State; Zip Code				(+)	\$5,000.00
	St Thomas, VI 00802-1311					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions BP Consulting VI LLC	5)			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Sche Sch: 113/148 R		8	
2	FILER NAME			3	Filer ID			
	BELL, CHRI	S						
4	Date 06/30/2015	5 Full name of contributor out-of-state PAC (ID#:_ Peterson, Kay	)	7	Amount of (	(\$)	\$500.00	
		6 Contributor address; City; State; Zip Code						
		Houston, TX 77054-2138						
8		pation / Job title (See Instructions)	9 Employer (See Instructions		varation			
	Attorney		Toshiba International Co	JΓ	oralion			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	<b>^</b>	
	02/12/2015	Peterson, Kay					\$500.00	
		Contributor address; City; State; Zip Code						
		San Francisco, CA 94109-2012						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)				
	Attorney		Toshiba International Co	orp	ooration			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)		
	04/19/2015	Peterson, Kay					\$25.00	
		Contributor address; City; State; Zip Code						
		San Francisco, CA 94109-2012						
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)				
	Attorney		Toshiba International Corporation					
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)		
	03/04/2015	Peterson, Keith					\$100.00	
		Contributor address; City; State; Zip Code						
		Houston, TX 77065-3347						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)				
	attorney		Law Office of Keith D Pe	ete	erson			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)		
	06/30/2015	Peterson, Keith					\$250.00	
		Contributor address; City; State; Zip Code						
		Houston, TX 77065-3347						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	(;)				
	attorney	,	Law Office of Keith D Pe		erson			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedu Sch: 114/148 Rpt		3
2	FILER NAME BELL, CHRI	s		3	Filer ID		
4	Date 06/24/2015	6/24/2015 Pettiette, John  6 Contributor address; City; State; Zip Code			Amount of (	(\$)	\$250.00
		Houston, TX 77019-1836					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 03/18/2015	Full name of contributor out-of-state PAC (ID#:_ Pfeiffer, Mary Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$15.00
	Principal occu	Washington, DC 20002-7331 pation / Job title (See Instructions)	Employer (See Instructions	\			
	Finance Dire		Kuster for Congress	,			
	Date 04/18/2015	Full name of contributor out-of-state PAC (ID#:_ Pfeiffer, Mary  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$15.00
	Principal occu	Washington, DC 20002-7331 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Finance Dire		Kuster for Congress	,			
	Date 06/18/2015	Full name of contributor out-of-state PAC (ID#:_ Pfeiffer, Mary Contributor address; City; State; Zip Code			Amount of (	(\$)	\$15.00
	Delevieral	Washington, DC 20002-7331	Faralana (On a lantanation				
	Finance Dire	pation / Job title (See Instructions)	Employer (See Instructions Kuster for Congress	)			
	Date 05/18/2015	Full name of contributor out-of-state PAC (ID#:_ Pfeiffer, Mary Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$15.00
		Washington, DC 20002-7331					
	Principal occu Finance Dire	pation / Job title (See Instructions)	Employer (See Instructions Kuster for Congress	)			

The In	struction Guide explains how to complete this fo	orm.	1	Total pages Sche Sch: 115/148 R		3
2 FILER N			3	Filer ID		
4 Date 04/09/2	5 Full name of contributor out-of-state PAC (ID#:_ Phillips, Nicholas  6 Contributor address; City; State; Zip Code		7	Amount of (	(\$)	\$200.00
	Houston, TX 77007-4068					
8 Principal Manage	occupation / Job title (See Instructions)	9 Employer (See Instructions WattsON	s)			
Date 06/25/2	Full name of contributor out-of-state PAC (ID#:_015 Pikoff, Erin  Contributor address; City; State; Zip Code  Manvel, TX 77578-7824			Amount of (	(\$)	\$250.00
Principa	occupation / Job title (See Instructions)	Employer (See Instructions	5)			
Date 06/25/2	Full name of contributor out-of-state PAC (ID#:_ O15	)		Amount of (	(\$)	\$200.00
Principal Attorne	occupation / Job title (See Instructions)	Employer (See Instructions Law Office of Laurie L. F		easant P.C.		
Date 03/18/2	Full name of contributor out-of-state PAC (ID#:_015 Plummer, Sharon  Contributor address; City; State; Zip Code  Houston, TX 77025-1204	)		Amount of (	(\$)	\$25.00
•	occupation / Job title (See Instructions)	Employer (See Instructions	5)			
Mosaic		Self			(4)	
Date 05/19/2	Full name of contributor out-of-state PAC (ID#:_ 015		•	Amount of (	(\$)	\$100.00
	Houston, TX 77006-4604					
	occupation / Job title (See Instructions) ional designer doctor executive coach	Employer (See Instructions self contract	5)			

The Instruction Guide explains how to complete this	form.	1	Total pages Scho		
2 FILER NAME		3	Sch: 116/148 F	Rpt: 119/248	3
BELL, CHRIS					
4 Date 06/19/2015  5 Full name of contributor out-of-state PAC (ID#: Powers, Jason  6 Contributor address; City; State; Zip Code	)	7	Amount of (	(\$)	\$100.00
Houston, TX 77006-4604					
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions	s)			
instructional designer doctor executive coach	self contract				
Date Full name of contributor out-of-state PAC (ID#: 04/17/2015 Pozmantier, Irving  Contributor address; City; State; Zip Code	<u>.                                    </u>	•	Amount of (	(\$)	\$500.00
Houston, TX 77056-3243					
Principal occupation / Job title (See Instructions)	Employer (See Instructions	5)			
Insurance Consultant	Terrace Risk Manageme	ent			
Date Full name of contributor out-of-state PAC (ID#: 03/20/2015 Pratt, Alice Evans  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$500.00
Houston, TX 77027-4140	1				
Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions Retired	5)			
Date Full name of contributor out-of-state PAC (ID#: 02/27/2015 Prioleau, Mimi  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$500.00
Houston, TX 77019-3025					
Principal occupation / Job title (See Instructions)	Employer (See Instructions	5)			
Homemaker	Self				
Date Full name of contributor out-of-state PAC (ID#: 05/04/2015 Provencio, Rick  Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$25.00
El Paso, TX 79902-2611	Employer (Cas Instructions				
Principal occupation / Job title (See Instructions) not employed	Employer (See Instructions none	5)			

The Instru	ction Guide explains how to complete this fo	orm.	1	1		
2 FILER NAME			3	Sch: 117/148 R	pt. 120/240	<b></b>
BELL, CHRI	S					
4 Date 05/28/2015	Full name of contributor	)	7	Amount of (	(\$)	\$250.00
	Houston, TX 77002					
Principal occup     Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions Fortis Energy Marketing		Trading GP		
Date 06/30/2015	Full name of contributor out-of-state PAC (ID#:_ Puccio, Charles Contributor address; City; State; Zip Code			Amount of (	(\$)	\$150.00
	Houston, TX 77007-4954					
	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Director		The Beacon				
Date 04/09/2015	Full name of contributor	)		Amount of (	(\$)	\$100.00
	Houston, TX 77007-4954					
Principal occu Operations [	pation / Job title (See Instructions) Director	Employer (See Instructions The Beacon	s)			
Date 03/20/2015	Full name of contributor out-of-state PAC (ID#:_ Puccio, Mike Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$100.00
	Houston, TX 77007-4954					
	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Operations D	Director	The Beacon				
Date 05/21/2015	Full name of contributor out-of-state PAC (ID#:_ Puccio, Mike Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$100.00
	Houston, TX 77007-4954					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Operations [	Director	The Beacon				

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Sche Sch: 118/148 R		18
2	FILER NAME BELL, CHRI	S		3	Filer ID		
4	Date 06/30/2015	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Pulaski, Eric</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of (	(\$)	\$250.00
		Houston, TX 77024-3834					
8	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions     SmartVault Corp.	5)			_
	Date 06/30/2015	Full name of contributor out-of-state PAC (ID#:_ Queen, Derek Contributor address; City; State; Zip Code  Houston, TX 77288-6738	)		Amount of (	(\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 06/28/2015	Full name of contributor out-of-state PAC (ID#:_ REYNOLDS, MARJORIE  Contributor address; City; State; Zip Code  Lubbock, TX 79424-2821	)		Amount of (	(\$)	\$100.00
	Principal occu Not employe	pation / Job title (See Instructions) d	Employer (See Instructions Not employed	5)			
	Date 06/29/2015	Full name of contributor out-of-state PAC (ID#:_ ROLL, RANDY Contributor address; City; State; Zip Code  Houston, TX 77019-5717	)		Amount of (	(\$)	\$100.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)			
	ATTORNEY		SELF				
	Date 05/29/2015	Full name of contributor out-of-state PAC (ID#:_ Rahaman, Raymond Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$1,000.00
	Data sin -1	Houston, TX 77079-2115	Franksian (Cookerture)				
	Principal occu Land Survey	pation / Job title (See Instructions) or	Employer (See Instructions Western Group Consult		ts		

The Instruction	Guide explains how to complete this f	orm.	1	1 . 9		10
2 FILER NAME			3	Sch: 119/148 R	ρι. 122/22	+0
BELL, CHRIS						
05/28/2015 Re	I name of contributor	_ )	7	Amount of (	(\$)	\$250.00
6 Cor	ntributor address; City; State; Zip Code					
Ho	uston, TX 77002-5215					
Principal occupation /	Job title (See Instructions)	9 Employer (See Instructions	5)			
Attorney		Gibbs & Bruns L.L.P.				
Date Ful	I name of contributor  ut-of-state PAC (ID#:	. )		Amount of (	(\$)	
04/30/2015 Re	eder, James					\$1,000.00
Col	ntributor address; City; State; Zip Code					
Ho	ouston, TX 77027-4106					
	Job title (See Instructions)	Employer (See Instructions	<u> </u>			
Attorney		Vinson & Elkins				
Date Ful	I name of contributor  ut-of-state PAC (ID#:	)		Amount of (	(\$)	
06/25/2015 Re	eder, Reeder					\$500.00
Col	ntributor address; City; State; Zip Code					
Но	ouston, TX 77002-6710					
Principal occupation /	Job title (See Instructions)	Employer (See Instructions	5)			
Attorney		Vinson & Elkins LLP				
Date Ful	I name of contributor  ut-of-state PAC (ID#:	)		Amount of (	(\$)	
03/11/2015 Re	edy, Robert					\$500.00
Col	ntributor address; City; State; Zip Code					
Ho	ouston, TX 77024-6510					
	Job title (See Instructions)	Employer (See Instructions	) ;)			
lawyer		porter hedges llp				
Date Ful	I name of contributor  ut-of-state PAC (ID#:	)		Amount of (	(\$)	
04/08/2015 Re	edy, Robert					\$500.00
Col	ntributor address; City; State; Zip Code					
			ı			
Ho	ouston, TX 77024-6510					
	Juston, TX 77024-6510  Job title (See Instructions)	Employer (See Instructions	) ;)			

The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Sche Sch: 120/148 R		2
2 FILER NAME			3	Filer ID	μι. 123/248	)
BELL, CHRI	S			-		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of (	(\$)	
06/29/2015	Reedy, Robert					\$10.00
	6 Contributor address; City; State; Zip Code					
	Houston, TX 77024-6510					
Principal occu		9 Employer (See Instructions	5)			
lawyer	,	porter hedges llp	•			
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/30/2015	Reilley, Steven					\$250.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77007-2603					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	•			
Attorney		Thompson & Reilley P.C	).			
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/30/2015	Ribbeck, Craig					\$500.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77027					
	pation / Job title (See Instructions)	Employer (See Instructions		_		
Attorney		The Ribbeck Law Firm F	PLI	LC		
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
03/05/2015	Richardson, Nell					\$250.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77054-4032					
	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Not employe	ed	Not employed				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
04/30/2015	Richardson, Nell					\$25.00
	Contributor address; City; State; Zip Code					
Data storet	Houston, TX 77054-4032	Frankrice (October 1997)				
	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Not employe	;u	Not employed				

The	Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Scheo Sch: 121/148 Rp		3
	R NAME L, CHRIS	5		3	Filer ID		
4 Date 06/1	3/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$25.00
		Houston, TX 77054-4032					
	ipal occur employe	pation / Job title (See Instructions)	9 Employer (See Instructions Not employed	s)			
Date 04/1	7/2015	Full name of contributor out-of-state PAC (ID#:_Riley, Timothy  Contributor address; City; State; Zip Code  Houston, TX 77007-2502	)		Amount of (	(\$)	\$200.00
	ipal occup nding Pri	pation / Job title (See Instructions) ncipal	Employer (See Instructions Riley Law Firm	s)			
Date 06/1	7/2015	Full name of contributor	)		Amount of (	(\$)	\$100.00
Princ	cipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Date 02/1	7/2015	Full name of contributor out-of-state PAC (ID#:_Rivera, Richard  Contributor address; City; State; Zip Code  Dallas, TX 75354-0131	)		Amount of (	(\$)	\$500.00
	cipal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)			
N/A			N/A				
Date 06/1	8/2015	Full name of contributor	)		Amount of (	(\$)	\$500.00
		Houston, TX 77008-6421					
Princ Attor		pation / Job title (See Instructions)	Employer (See Instructions Roach Gannon LLP	s)			

1	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Sche Sch: 122/148 R		18
	FILER NAME BELL, CHRI	S		3	Filer ID		
<b>4</b> C	Date 05/28/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$300.00
		Houston, TX 77042-4115					
	Principal occup Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions Self	5)			
	Date 04/26/2015	Full name of contributor			Amount of (	(\$)	\$1,000.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Robertson Anschutz Ve		re		
	Date 03/17/2015	Full name of contributor out-of-state PAC (ID#:_ Rockefeller, Shawn Contributor address; City; State; Zip Code  Houston, TX 77007-2618	)		Amount of (	(\$)	\$250.00
	Principal occu /P	pation / Job title (See Instructions)	Employer (See Instructions Data Display	5)			
	Date 06/29/2015	Full name of contributor out-of-state PAC (ID#:_ Rockefeller, Wilson Rockefeller Contributor address; City; State; Zip Code  Houston, TX 77007-2618	)		Amount of (	(\$)	\$250.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)			
	/P		Data Display		A	(4)	
	Date 02/27/2015	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Olga Contributor address; City; State; Zip Code	)	•	Amount of (	(\$)	\$500.00
		Houston, TX 77006-5403					
	Principal occu Manager	pation / Job title (See Instructions)	Employer (See Instructions Port of Houston	5)			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedul Sch: 123/148 Rpt:		3
2	FILER NAME BELL, CHRI	s		3	Filer ID		
4	Date 06/23/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$100.00
		Houston, TX 77072-4204					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 06/29/2015	Full name of contributor out-of-state PAC (ID#:_ Rosenstock, Harvey Contributor address; City; State; Zip Code  Houston, TX 77056-3248			Amount of (	(\$)	\$500.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Rosenstock Clinic	)			
	Date 06/30/2015	Full name of contributor out-of-state PAC (ID#:_Rowe, G M  Contributor address; City; State; Zip Code  Houston, TX 77266-6802	)		Amount of (	(\$)	\$500.00
	Principal occu Oil and gas	pation / Job title (See Instructions)	Employer (See Instructions Self	)			
	Date 03/20/2015	Full name of contributor out-of-state PAC (ID#:_ Rudelson, Michael Contributor address; City; State; Zip Code Houston, TX 77005-2150	)		Amount of (	(\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Investment		Self				
	Date 02/05/2015	Full name of contributor			Amount of (	(\$)	\$15.00
		Houston, TX 77096-3924					
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions N/a	)			

The	Instruction Guide explains how to complete this form.			al pages Sch h: 124/148 l	nedule A1: Rpt: 127/248	
	R NAME ., CHRIS		3 File	er ID		
4 Date 03/20	5 Full name of contributor out-of-state PAC (ID#:_ Russ, Bill  6 Contributor address; City; State; Zip Code	)	<b>7</b> Am	ount of (	(\$)	\$500.00
	Houston, TX 77030-3602					
8 Princip		r (See Instructions) or Natural Gas	١			
Date 06/11	Full name of contributor out-of-state PAC (ID#:	)	Am	ount of (	(\$)	\$500.00
Princi	pal occupation / Job title (See Instructions)  Employe	er (See Instructions)	١			
Date 04/17	Full name of contributor out-of-state PAC (ID#:_ 7/2015 Rustay, George  Contributor address; City; State; Zip Code  Houston, TX 77025-2414	)	Am	ount of (	(\$)	\$100.00
Princip Attorr		er (See Instructions) eed& Msgraw	١			
Date 04/29	Full name of contributor out-of-state PAC (ID#:_  Rustay, George  Contributor address; City; State; Zip Code  Houston, TX 77025-2414	)	Am	ount of (	(\$)	\$5.00
		er (See Instructions)				
Attorr		eed& Msgraw				
Date 05/28	Full name of contributor out-of-state PAC (ID#:_ 8/2015	)	Am	ount of (	(\$)	\$100.00
	Houston, TX 77057-3502					
	pal occupation / Job title (See Instructions)  Employed  Not em	er (See Instructions) ployed				

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Scheo Sch: 125/148 Rp		18
2	FILER NAME			3	Filer ID		
	BELL, CHRI	S					
4	Date 06/29/2015	5 Full name of contributor out-of-state PAC (ID#:_ Ryan, James	)	7	Amount of (	(\$)	\$350.00
		6 Contributor address; City; State; Zip Code					
		Houston, TX 77065-3325					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
	04/10/2015	Rytting, James					\$100.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77025-2303					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Attorney		Hilder and Associates				
_	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
		_ ` -	,			(.,	
		Contributor address; City; State; Zip Code					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
	05/28/2015	Sabom, Robert					\$250.00
		Contributor address; City; State; Zip Code  Houston, TX 77057-1210					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Attorney		Self				
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
	02/13/2015	Sandeen, Michael					\$5,000.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77005					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	CFP	. , , , , , , , , , , , , , , , , , , ,	self	,			

The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule Sch: 126/148 Rpt:		Q
2 FILER NAME			3	·	129/24	•о
BELL, CHRIS	S					
4 Date 06/12/2015	5 Full name of contributor out-of-state PAC (ID#:_ Sargent, Eddie	)	7	Amount of (	(\$)	\$500.00
	6 Contributor address; City; State; Zip Code					ψοσοίσο
	Houston, TX 77019-4829					
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
Sales		Arc-Com				
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/27/2015	Sawyer, Scott					\$50.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77010-4065					
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	;) 			
Physician	patient, cos title (coe mendedone)	Legacy Community Hea	•	1		
Date	Full name of contributor		1	Amount of (	<b>(¢)</b>	
06/08/2015	Full name of contributor out-of-state PAC (ID#:_ Schenke, Richard	)		Amount of C	(\$)	\$200.00
00/00/2010	Contributor address; City; State; Zip Code					Ψ200.00
	Contribution additions, City, Citate, Esp Code					
	Houston, TX 77023-4003					
•	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Teacher		HISD				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
02/13/2015	Schneider, Peter					\$500.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77098-3708					
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			
Attorney	,	Schneider Wallace Cott		I Konecky Wotkyns		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Π	Amount of (	(\$)	
04/17/2015	Schreiber, Joseph	,			(+)	\$500.00
	Contributor address; City; State; Zip Code		1			
	·					
	Houston, TX 77006-5851					
	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Attorney		Self				

The Instruction Guide explains how to complete this f	form.	1	Total pages Sche Sch: 127/148 F		48
2 FILER NAME BELL, CHRIS		3	Filer ID		
4 Date 06/15/2015 5 Full name of contributor out-of-state PAC (ID#: Schreiber, Joseph 6 Contributor address; City; State; Zip Code	. )	7	Amount of (	(\$)	\$500.00
Houston, TX 77006-5851					
8 Principal occupation / Job title (See Instructions) Attorney	9 Employer (See Instructions Self	s)			
Date Full name of contributor ☐ out-of-state PAC (ID#:_05/19/2015 Schweinle Ginzel, Leslie  Contributor address; City; State; Zip Code  Humble, TX 77396-1534			Amount of (	(\$)	\$15.00
Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions Beacon Law	s)			
Date Full name of contributor out-of-state PAC (ID#:_04/17/2015 Selassie, Rahel  Contributor address; City; State; Zip Code  Manvel, TX 77578-7824	)		Amount of (	(\$)	\$5,000.00
Principal occupation / Job title (See Instructions) Assistant Professor	Employer (See Instructions Baylor College of Medic				
Date  Full name of contributor  O2/13/2015  Shank, Daniel  Contributor address; City; State; Zip Code  Houston, TX 77046-0307	)		Amount of (	(\$)	\$500.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions				
Attorney	Coats Rose Yale Ryma	n &			
Date Full name of contributor out-of-state PAC (ID#: 06/08/2015 Shank, Daniel  Contributor address; City; State; Zip Code		-	Amount of (	(\$)	\$250.00
Houston, TX 77046-0307					
Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions Coats Rose Yale Ryma		Lee		

The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Sche Sch: 128/148 R		0
2 FILER NAME			3		.μι. 131/24	0
BELL, CHRI	S					
<b>4</b> Date 04/30/2015	5 Full name of contributor out-of-state PAC (ID#:_ Shelton, Tony	)	7	Amount of (	(\$)	\$250.00
	6 Contributor address; City; State; Zip Code					
	Houston, TX 77005-2334					
	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
Public Relati	ons	Vullmer PR				
Date 05/29/2015	Full name of contributor out-of-state PAC (ID#:_ Sherman, Robert Contributor address; City; State; Zip Code			Amount of (	(\$)	\$250.00
	Houston, TX 77024-5524					
	pation / Job title (See Instructions)	Employer (See Instructions	S)			
Information r	·	Information requested				
Date 04/16/2015	Full name of contributor	)		Amount of (	(\$)	\$25.00
	Contributor address; City; State; Zip Code  Houston, TX 77096-1308					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)			
Not employe		Not employed	-7			
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	<b>#</b> =0.00
03/15/2015	Shy, James  Contributor address; City; State; Zip Code					\$50.00
	Houston, TX 77063-1905					
	pation / Job title (See Instructions)	Employer (See Instructions	S)			
Retired Attor		None				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	<b>\$400.00</b>
06/24/2015	Sigala, Isabel  Contributor address; City; State; Zip Code					\$100.00
	Houston, TX 77008-3569					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			

The Instruction	n Guide explains how to complete this f	orm.	1	Total pages Sche Sch: 129/148 R		48
2 FILER NAME BELL, CHRIS			3	Filer ID		
03/25/2015	Full name of contributor	)	7	Amount of (	(\$)	\$1.00
F	Palm Beach Gardens, FL 33418-4630					
8 Principal occupation Not employed	n / Job title (See Instructions)	Employer (See Instructions     Not employed	5)			
03/25/2015	Full name of contributor  out-of-state PAC (ID#:_Silagy, Laura  Contributor address; City; State; Zip Code  Palm Beach Gardens, FL 33418-4630	)		Amount of (	(\$)	\$1,000.00
Principal occupation Not employed	n / Job title (See Instructions)	Employer (See Instructions Not employed	5)			
03/15/2015	Full name of contributor  out-of-state PAC (ID#:_Silverman, Seth Contributor address; City; State; Zip Code Houston, TX 77006-5467	)		Amount of (	(\$)	\$150.00
Principal occupation Psychiatrist	n / Job title (See Instructions)	Employer (See Instructions Silverman Forensic Psy		ology		
06/22/2015	Full name of contributor  out-of-state PAC (ID#:_Silverman, Seth  Contributor address; City; State; Zip Code  Houston, TX 77006-5467	)		Amount of (	(\$)	\$200.00
·	n / Job title (See Instructions)	Employer (See Instructions				
Psychiatrist		Silverman Forensic Psy	cn		(4)	
04/30/2015	Full name of contributor out-of-state PAC (ID#:_Smith, Bruce Contributor address; City; State; Zip Code			Amount of (	(\$)	\$2,500.00
	Houston, TX 77006-2840					
Principal occupation Dentist	n / Job title (See Instructions)	Employer (See Instructions self	5)			

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Sche Sch: 130/148 R		8
2	FILER NAME			3	Filer ID	·	
	BELL, CHRI	S					
4	Date 06/19/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$100.00
		Spring, TX 77386-3146					
8	Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Parish Admir	nistrator	St. Martins Episcopal Cl	านเ	rch		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
	03/15/2015	Smith, Carolyn	,		7 anodne or v	(Ψ)	\$100.00
	00/10/2010	Contributor address; City; State; Zip Code					ψ100.00
		Contributor address, City, State, 2ip Code					
		Houston, TX 77005-3126					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Retired		Homemaker				
_	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
	06/24/2015	Smith, Mark	,		Amount of V	(Ψ)	\$100.00
	00/2 1/20 10	Contributor address; City; State; Zip Code					ψ.σσ.σσ
		Communication addresses, City, State, Elp Code					
		Houston, TX 77006-1034					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)			
_	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
	03/20/2015	Smith, Philip	,			(,,	\$100.00
		Contributor address; City; State; Zip Code					
		, ,, , ,					
		Houston, TX 77227-7226					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Retired		Retired				
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
	04/30/2015	Smith, Ross					\$250.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77252-2220					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	retired		none				
_							

The Instruct	ion Guide explains how to complete this fo	orm.	1	1 1 9 1 1 1		0
: FILER NAME	<u> </u>		3	Sch: 131/148 R	рт. 134/24	0
BELL, CHRIS				I IICI ID		
Date 5	Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of (	(\$)	
06/26/2015	Snead, Brad					\$50.00
6	Contributor address; City; State; Zip Code					
	Houston, TX 77009-6537					
Principal occupa		9 Employer (See Instructions	<u>                                      </u>			
Attorney	,	Wright & Close LLP	•			
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/29/2015	Snider, Charles					\$25.00
	Contributor address; City; State; Zip Code					
Dringing aggre	New York, NY 10036-1266	Employer (See Instructions				
Sales	ation / Job title (See Instructions)	Argus Media	·)			
ı					(4)	
Date 04/21/2015	Full name of contributor out-of-state PAC (ID#:_ Soltani, Kathy	)		Amount of (	(\$)	\$100.00
04/21/2013	Contributor address; City; State; Zip Code					φ100.00
	Contributor address, City, State, Zip Code					
	Missouri City, TX 77459-3231					
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	5)			
Business own	er	Amore bakery				
Date	Full name of contributor  uut-of-state PAC (ID#:_	)		Amount of (	(\$)	
04/10/2015	Sorensen, Nick					\$250.00
	Contributor address; City; State; Zip Code					
	Spring, TX 77386-2818		L			
	ation / Job title (See Instructions)	Employer (See Instructions	5)			
Attorney		Porter Hedges LLP				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
03/20/2015	Soussan, Susan					\$250.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77056-3079					
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	5)			

The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Sche Sch: 132/148 F		10
2 FILER NAME			3	Filer ID	κρι. 135/2 <sup>2</sup>	+0
BELL, CHRIS	8					
4 Date 02/04/2015	5 Full name of contributor out-of-state PAC (ID#:_Spalding, John	)	7	Amount of (	(\$)	\$5,000.00
	6 Contributor address; City; State; Zip Code					
	Houston, TX 77025-2403					
	pation / Job title (See Instructions)	9 Employer (See Instructions				
Attorney		Jonson Spalding Doyle	W	est & Trent		
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/29/2015	Spears, Steven					\$500.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77025-2316					
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
Attorney	(	McDermott Will & Emery	•			
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Π	Amount of (	(\$)	
06/24/2015	Stafford, Thomas	,		Amount of v	(Ψ)	\$1,000.00
00/2 1/2010	Contributor address; City; State; Zip Code					ψ.,σσσ.σσ
	Alvin, TX 77512					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Date	Full name of contributor	,	ı	Amount of (	(ቀ)	
04/24/2015	Full name of contributor out-of-state PAC (ID#:_ Stanley, Michael	)		Amount of (	(\$)	\$5,000.00
04/24/2010	Contributor address; City; State; Zip Code					ψ0,000.00
	Contributor address, Oity, State, 219 Code					
	Houston, TX 77024-2125					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Attorney		Stanley Frank & Rose				
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
05/18/2015	Starr, Julia May					\$20.00
	Contributor address; City; State; Zip Code					
	Moraga, CA 94556-2234					
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>			
i moipai oooup	assumed the control of the control o	Employor (Odd matruotions	,			

The Instru	ction Guide explains how to complete this fo	orm.	1	1 7		40
2 FILER NAME			3	Sch: 133/148 R	pt: 136/24	48
BELL, CHRI	S		ľ	1 1101 12		
<b>4</b> Date 04/17/2015	5 Full name of contributor out-of-state PAC (ID#:_ Steen, Barbara	)	7	Amount of (	(\$)	\$5,000.00
	6 Contributor address; City; State; Zip Code					
	Houston, TX 77024-5210					
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
Retired		Retired				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
01/29/2015	Steen, Lias					\$5,000.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77024-5210					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Senior VP		Oil States International				
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
03/19/2015	Stewart, Robert					\$1,000.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77079-7211					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Attorney		Beilue & Stewart P.C.				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
04/14/2015	Stone, Paula					\$25.00
	Contributor address; City; State; Zip Code					
	Aransas Pass, TX 78335-1056					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
retired teach	er	TRS				
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
02/06/2015	Stravato, Claudia					\$50.00
	Contributor address; City; State; Zip Code					
	Amarillo, TX 79106-4108					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u>			
Professor		WTAMU	-			

The Instruction Guide explains how to complete this fo	orm.	1	1		40
2 FILER NAME		3	Sch: 134/148 F	κρι. 13 <i>112</i>	<del>4</del> 0
BELL, CHRIS					
4 Date 06/16/2015 5 Full name of contributor out-of-state PAC (ID#:_ Stravato, Claudia Stravato 6 Contributor address; City; State; Zip Code	)	7	Amount of (	(\$)	\$35.00
Amarillo, TX 79106-4108					
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions	5)			
Political Science Instructor	WT A & M University				
Date Full name of contributor out-of-state PAC (ID#:_ 06/30/2015 Susman, Harry  Contributor address; City; State; Zip Code			Amount of (	(\$)	\$1,000.00
Houston, TX 77024-7525					
Principal occupation / Job title (See Instructions)	Employer (See Instructions	;)			
lawyer	Not employed				
Date Full name of contributor out-of-state PAC (ID#:_ 04/30/2015 Taylor, Robert  Contributor address; City; State; Zip Code			Amount of (	(\$)	\$100.00
Houston, TX 77006-4013					
Principal occupation / Job title (See Instructions)	Employer (See Instructions	<b>s</b> )			
Architect/Engineer	Chelsea Architects				
Date Full name of contributor ☐ out-of-state PAC (ID#:_ 03/06/2015 Taylor, Robert  Contributor address; City; State; Zip Code			Amount of (	(\$)	\$250.00
Houston, TX 77006-4013					
Principal occupation / Job title (See Instructions)	Employer (See Instructions	s)			
Architect	Chelsea Architects				
	)		Amount of (	(\$)	\$200.00
Contributor address; City; State; Zip Code					
Houston, TX 77006-3027					
Principal occupation / Job title (See Instructions) Photographer	Employer (See Instructions self	5)			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedu Sch: 135/148 Rpt		48
2	FILER NAME BELL, CHRI	S		3	Filer ID		
4	Date 05/20/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$50.00
		Houston, TX 77096-1420					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 02/13/2015	Full name of contributor out-of-state PAC (ID#:_ Thompson, Barkley  Contributor address; City; State; Zip Code  Houston, TX 77019-1504	)		Amount of (	(\$)	\$250.00
	Principal occu Reverend	pation / Job title (See Instructions)	Employer (See Instructions Christ Church	)			
	Date 04/10/2015	Full name of contributor out-of-state PAC (ID#:_ Thrower, Greg Contributor address; City; State; Zip Code Houston, TX 77027-2893	)		Amount of (	(\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	)			
	Date 06/26/2015	Full name of contributor out-of-state PAC (ID#:_ Tikabo, Luuly Contributor address; City; State; Zip Code  Houston, TX 77031-2488	)		Amount of (	(\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 03/17/2015	Full name of contributor out-of-state PAC (ID#:_ Tilton, Frank Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$1,000.00
	Principal occu Retired	Houston, TX 77005-3140  pation / Job title (See Instructions)	Employer (See Instructions Retired	)			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Sche Sch: 136/148 F		18
2	FILER NAME BELL, CHRI	S		3	Filer ID		
4	Date 06/16/2015	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Tilton, Frank</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of (	(\$)	\$2,000.00
		Houston, TX 77005-3140					
8	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions     Retired	5)			
	Date 04/26/2015	Full name of contributor out-of-state PAC (ID#:_ Tinkham, Monte Contributor address; City; State; Zip Code Houston, TX 77019-6202			Amount of (	(\$)	\$500.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Monte Tinkham Propert				
	Date 02/12/2015	Full name of contributor out-of-state PAC (ID#:_ Titus, Amy Contributor address; City; State; Zip Code  Dallas, TX 75205-2919	)		Amount of (	(\$)	\$250.00
	Principal occu Investor	pation / Job title (See Instructions)	Employer (See Instructions Self	5)			
	Date 06/30/2015	Full name of contributor out-of-state PAC (ID#:_ Titus, Amy Contributor address; City; State; Zip Code  Dallas, TX 75205-2919	)		Amount of (	(\$)	\$250.00
	·	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Investor		Self		A 1 - 1 1	<b>(()</b>	
	Date 02/13/2015	Full name of contributor out-of-state PAC (ID#:_ Titus, Amy Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$250.00
		Dallas, TX 75205-3238					
	Principal occu investor	pation / Job title (See Instructions)	Employer (See Instructions self	5)			

	The Instruct	tion Guide explains how to complete this	form.	1	Total pages Sche Sch: 137/148 F		48
2	FILER NAME			3	Filer ID		
	BELL, CHRIS						
4	02/17/2015	Full name of contributor out-of-state PAC (ID# Todd, Rob Contributor address; City; State; Zip Code	)	7	Amount of (	(\$)	\$1,000.00
		Houston, TX 77027-2999					
8	Principal occupa Attorney	ation / Job title (See Instructions)	9 Employer (See Instructions Self	)			
	Date 04/15/2015 	Full name of contributor out-of-state PAC (ID# Todd, Rob  Contributor address; City; State; Zip Code	<u>.                                    </u>		Amount of (	(\$)	\$1,000.00
_	Driverinal	Houston, TX 77002-1712	Franksian (Cas Instructions				
	Executive	ation / Job title (See Instructions)	Employer (See Instructions Amplified Solutions	)			
	Date 06/09/2015	Full name of contributor out-of-state PAC (ID# Todd, Rob  Contributor address; City; State; Zip Code  Houston, TX 77002-1712	)		Amount of (	(\$)	\$1,000.00
	Principal occupa Executive	ation / Job title (See Instructions)	Employer (See Instructions Amplified Solutions	)			
	Date 04/21/2015	Full name of contributor out-of-state PAC (ID# Touchette, Kimberly Contributor address; City; State; Zip Code  Houston, TX 77008-1360	)		Amount of (	(\$)	\$250.00
	Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	)			
	CEO Founder	· · · · · · · · · · · · · · · · · · ·	Rainbow Care Concierg				
	Date 06/18/2015	Full name of contributor out-of-state PAC (ID# Trachtenberg, Stefanie Contributor address; City; State; Zip Code  Bellaire, TX 77401-5334	<u></u> )		Amount of (	(\$)	\$250.00
	Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions Beth Liskow Lewis	)			

The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Sche		
				Sch: 138/148 R	pt: 141/2	48
2 FILER NAME BELL, CHRI	S		3	Filer ID		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of (	(\$)	
06/04/2015	Tran, Michael					\$1,000.00
	6 Contributor address; City; State; Zip Code					
	Houston, TX 77096-2202					
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
Date	Full name of contributor Out-of-state PAC (ID#:	,	1	Amount of (	<b>(¢)</b>	
06/11/2015	Full name of contributor out-of-state PAC (ID#:_ Tran, Michael	)		Amount of (	(\$)	\$1,000.00
00/11/2013	Contributor address; City; State; Zip Code					Ψ1,000.00
	Houston, TX 77096-2202					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/23/2015	Turner, Paul	,			(.,	\$175.00
	Contributor address; City; State; Zip Code					
	Bellaire, TX 77401-5331					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Attorney		Reed/Smith				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/11/2015	Unger, John					\$500.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77006-4313					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Attorney		NEXT Financial Group				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
05/25/2015	VIVIANO, CHRISTOPHER					\$250.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77098-3311					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Mortgage Ba	anker	Houston Capital				

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Sche Sch: 139/148 R		48
2	FILER NAME BELL, CHRI	S		3	Filer ID		
4	Date 06/24/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$200.00
		Houston, TX 77007-1806					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 04/17/2015	Full name of contributor out-of-state PAC (ID#:_ Vezey, Bryan Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$1,000.00
	Principal occu	Houston, TX 77023-1129 pation / Job title (See Instructions)	Employer (See Instructions	.)			
	Attorney	pation / 300 title (See Instructions)	Cozen O'Connor	')			
	Date 06/29/2015	Full name of contributor out-of-state PAC (ID#:_ Vezey, Bryan Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$250.00
	Principal occu	Houston, TX 77023-1129 pation / Job title (See Instructions)	Employer (See Instructions				
	Attorney	pation / 300 title (See Instructions)	Cozen O'Connor	')			
	Date 03/30/2015	Full name of contributor out-of-state PAC (ID#:_ Vialet, Jill Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$100.00
	Principal occu	Oakland, CA 94619-3607 pation / Job title (See Instructions)	Employer (See Instructions	()			
	CEO	,	Playworks	,			
	Date 05/08/2015	Full name of contributor out-of-state PAC (ID#:_ Vickery, Andy Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$1,000.00
		Houston, TX 77057-1472					
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Justice Seekers	s)			

The Instruc	ction Guide explains how to complete this fo	orm.	1	1		0
2 FILER NAME			3	Sch: 140/148 R	pt: 143/24	8
BELL, CHRIS	S					
4 Date 02/25/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$25.00
	Danville, CA 94526-2343					
	pation / Job title (See Instructions)	9 Employer (See Instructions		2		
Campaign Co		Joan Buchanan for State	e &	Senate		
Date 06/29/2015	Full name of contributor	)		Amount of (	(\$)	\$500.00
	Houston, TX 77021-1529					
Principal occup Architect	pation / Job title (See Instructions)	Employer (See Instructions	)			
Date 04/30/2015	Full name of contributor	)		Amount of (	(\$)	\$500.00
	Houston, TX 77056-1763					
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instructions Walker Texas Lawyer	)			
Date 03/31/2015	Full name of contributor			Amount of (	(\$)	\$35.00
	Houston, TX 77004-7138					
	pation / Job title (See Instructions)	Employer (See Instructions	)			
geophysicist		seitel-inc.				
Date 04/23/2015	Full name of contributor out-of-state PAC (ID#:_ Walker, John Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$25.00
	Houston, TX 77004-7138					
Principal occup geophysicist	pation / Job title (See Instructions)	Employer (See Instructions seitel-inc.	)			

The Instruc	ction Guide explains how to complete this fo	orm.	1	1		0
2 FILER NAME			3	Sch: 141/148 R Filer ID	pt: 144/24	8
BELL, CHRI	S			1 1101 12		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of (	(\$)	
06/30/2015	Wall, Ken					\$200.00
	6 Contributor address; City; State; Zip Code					
	Houston, TX 77019-7019					
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
Lawyer		Self				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
03/30/2015	Wallfisch, Benjamin					\$50.00
	Contributor address; City; State; Zip Code					
	Austin, TX 78704-2605					
	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Attorney		Norton Rose Fulbright				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
02/05/2015	Ward, Jo Ann					\$200.00
	Contributor address; City; State; Zip Code					
	Santa Fe, NM 87505-1626					
	pation / Job title (See Instructions)	Employer (See Instructions	;)			
retired		none				
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
01/29/2015	Warren, Scott					\$500.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77005-2512					
	pation / Job title (See Instructions)	Employer (See Instructions	()			
N/A		N/A				
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of (	(\$)	
01/25/2015	Wasserstrom, Gregory					\$10.00
	Contributor address; City; State; Zip Code					
	B 11 NV 4555					
Dringing!	Brooklyn, NY 11237-2936	Employer (Coo Instructions				
Consultant	pation / Job title (See Instructions)	Employer (See Instructions Spearhead Digital	)			
Consultant		Speameau Digital				

The Instruction Guide explains how	w to complete this fo	orm.	1	Total pages School Sch: 142/148 F		1Ω
2 FILER NAME			3	Filer ID	τρι. 145/24	<del></del>
BELL, CHRIS						
4 Date 5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of (	(\$)	
01/26/2015 Wasserstrom, Gregory						\$10.00
6 Contributor address; City; S	State; Zip Code					
Brooklyn, NY 11237-293	6					
8 Principal occupation / Job title (See Instruction		9 Employer (See Instructions	s)			
Consultant	,	Spearhead Digital				
Date Full name of contributor	out-of-state PAC (ID#:_	)		Amount of (	(\$)	
05/04/2015 Weisser, Blake						\$250.00
Contributor address; City; S	State; Zip Code		1			
Houston, TX 77056						
Principal occupation / Job title (See Instruction	is)	Employer (See Instructions	s)			
Retired		Retired				
Date Full name of contributor	out-of-state PAC (ID#:	)		Amount of (	(\$)	
06/26/2015 Weitzenhoffer, CIndy						\$1,000.00
Contributor address; City; S	State; Zip Code					
Houston, TX 77095						
Principal occupation / Job title (See Instruction	s)	Employer (See Instructions	s)			
controller/paralegal		AJ Bell Holdings Limited	d			
Date Full name of contributor	out-of-state PAC (ID#:_	)		Amount of (	(\$)	
05/19/2015 Wells, Chip						\$50.00
Contributor address; City; S	State; Zip Code					
Houston, TX 77006-6035	5					
Principal occupation / Job title (See Instruction	is)	Employer (See Instructions	s)			
Lawyer		McDowellWells LLP				
Date Full name of contributor	out-of-state PAC (ID#:_	)		Amount of (	(\$)	
02/13/2015 Wells, Clinton						\$500.00
Contributor address; City; S	State; Zip Code					
Houston, TX 77006-6035	5					
Principal occupation / Job title (See Instruction		Employer (See Instructions	s)			
Attorney		McDowell Wells				

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Sche Sch: 143/148 R		3
2	FILER NAME BELL, CHRI			3	Filer ID	•	
4	Date 06/23/2015	Full name of contributor	)	7	Amount of (	(\$)	\$100.00
		Houston, TX 77019-3899					
8	Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions Reed Smith	5)			
	Date 02/27/2015	Full name of contributor out-of-state PAC (ID#:_ Westheimer, Alan Contributor address; City; State; Zip Code Houston, TX 77027-3104	)		Amount of (	(\$)	\$100.00
	Principal occu CPA	upation / Job title (See Instructions)	Employer (See Instructions self	s)			
	Date 06/04/2015	Full name of contributor out-of-state PAC (ID#:_ Westheimer, Alan Contributor address; City; State; Zip Code Houston, TX 77027-3104	)		Amount of (	(\$)	\$100.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions self	5)			
	Date 05/20/2015	Full name of contributor out-of-state PAC (ID#:_ Wetsch, Sherry Contributor address; City; State; Zip Code  Houston, TX 77077-1817	)		Amount of (	(\$)	\$100.00
_		upation / Job title (See Instructions)	Employer (See Instructions	5)			
	attorney		Self				
	Date 06/15/2015	Full name of contributor			Amount of (	(\$)	\$100.00
		Houston, TX 77025-2901					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			

The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedul Sch: 144/148 Rpt:		<b>1</b> 9
2 FILER NAME			3	Filer ID	141/2	40
BELL, CHRIS	3					
4 Date 06/23/2015	5 Full name of contributor out-of-state PAC (ID#:_ Williams, Andrew	)	7	Amount of (	(\$)	\$1,000.00
	6 Contributor address; City; State; Zip Code					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Houston, TX 77035-3637					
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
Lawyer		McCormick McNeel Edle	er (	& Williams L.L.P.		
Date	Full name of contributor  uut-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/30/2015	Williams, Andrew					\$100.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77035-3637					
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	3)			
Lawyer	,	McCormick McNeel Edle		& Williams L.L.P.		
Date	Full name of contributor	)		Amount of (	(\$)	
03/31/2015	Williams, Jett	,			( )	\$1,000.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77027-3119					
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	3)			
Attorney		Nickens Keeton Lawles		arrell & Flack LLP		
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
06/24/2015	Williams, John					\$60.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77009					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	S)			
	, ,	, , ,				
Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of (	(\$)	
04/10/2015	Williams, Phillip					\$50.00
	Contributor address; City; State; Zip Code					
	Galveston, TX 77550-7626					
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	S)			
Real Estate D	· · · · · · · · · · · · · · · · · · ·	Panattoni Development		ompany		
Real Estate D	Developer	Panattoni Development	Co	ompany		

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Scheo		3
2	FILER NAME BELL, CHRI			3	Filer ID		
4	Date 04/30/2015	5 Full name of contributor out-of-state PAC (ID#:_ Williams, Tanner  6 Contributor address; City; State; Zip Code	)	7	Amount of (	(\$)	\$250.00
		Houston, TX 77007-3266					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions Texas AFT	5)			
	Date 04/10/2015	Full name of contributor out-of-state PAC (ID#:_Williamson, Douglas  Contributor address; City; State; Zip Code  Houston, TX 77008-1507	)		Amount of (	(\$)	\$100.00
	Principal occu N/A	upation / Job title (See Instructions)	Employer (See Instructions N/A	5)			
	Date 04/10/2015	Full name of contributor out-of-state PAC (ID#:_ Williamson, Florene Contributor address; City; State; Zip Code Houston, TX 77008-3933	)		Amount of (	(\$)	\$100.00
	Principal occu N/A	upation / Job title (See Instructions)	Employer (See Instructions N/A	5)			
	Date 04/17/2015	Full name of contributor out-of-state PAC (ID#:_Williamson, Peter  Contributor address; City; State; Zip Code  Houston, TX 77019-5324	)		Amount of (	(\$)	\$100.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 05/13/2015	Full name of contributor out-of-state PAC (ID#:_ Williamson, Peter Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$15.00
		Houston, TX 77019-5324					
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)			

The Instruction Guide explains how to comp	ete this form.  1 Total pages Schedule A1: Sch: 146/148 Rpt: 149/248	
2 FILER NAME	3 Filer ID	
BELL, CHRIS		
5 Full name of contributor out-of-sta	te PAC (ID#:	
05/02/2015 Winebrenner, Irene V	\$500.0	)0
6 Contributor address; City; State; Zip Cod	<del></del>	
Houston, TX 77036-5351		
Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
Not employed	Not employed	
Date Full name of contributor out-of-sta	te PAC (ID#:) Amount of ( (\$)	
06/25/2015 Winn, Odell	\$1,000.0	)0
Contributor address; City; State; Zip Cod	)	
Houston, TX 77054		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Consultant	Winn Consulting Group	
Date Full name of contributor out-of-sta	te PAC (ID#:) Amount of ( (\$)	_
04/17/2015 Winn, Odell	\$1,000.0	)0
Contributor address; City; State; Zip Cod	)	
Houston, TX 77096-4038		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Managing Director	Winn Consulting Group	
Date Full name of contributor out-of-sta	te PAC (ID#:) Amount of ( \$)	
06/26/2015 Wondefrash, Tedros	\$25.0	)0
Contributor address; City; State; Zip Cod		
Houston, TX 77053-4565		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Date Full name of contributor out-of-sta	te PAC (ID#:) Amount of ( (\$)	_
06/25/2015 Wood, Mark	\$100.0	)0
Contributor address; City; State; Zip Cod		
Houston, TX 77004-7374		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

The	e Instruc	tion Guide explains how to complete this f	orm.	1	Total pages Sche Sch: 147/148 R		<b>1</b> 8
	ER NAME L, CHRIS	S		3	Filer ID		
4 Date 06/3	30/2015	<ul> <li>Full name of contributor</li></ul>	·	7	Amount of (	(\$)	\$1,000.00
		Houston, TX 77028-5920					
	cipal occup f employe	ation / Job title (See Instructions)	9 Employer (See Instructions none	5)			
Date 05/0	e 08/2015	Full name of contributor out-of-state PAC (ID#:_Yang, George  Contributor address; City; State; Zip Code  Houston, TX 77004-6932	)	•	Amount of (	(\$)	\$1,000.00
Prin CE(		pation / Job title (See Instructions)	Employer (See Instructions Asia Chemical	5)			
Date 05/0	e 08/2015	Full name of contributor out-of-state PAC (ID#:_Yang, George  Contributor address; City; State; Zip Code  Houston, TX 77004-6932			Amount of (	(\$)	\$1,000.00
Prin	cipal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)			
Date 04/1	e 15/2015	Full name of contributor out-of-state PAC (ID#:_Yarborough, Donald Patrick  Contributor address; City; State; Zip Code  Austin, TX 78751-4415	)		Amount of (	(\$)	\$50.00
		pation / Job title (See Instructions)	Employer (See Instructions	s)			
	employed		none				
Date 03/0	e 04/2015	Full name of contributor out-of-state PAC (ID#:_ Young, Gordon Speights Contributor address; City; State; Zip Code	)		Amount of (	(\$)	\$100.00
		Houston, TX 77006-1261					
	cipal occup orney	pation / Job title (See Instructions)	Employer (See Instructions US Dept. Of Justice	5)			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Scheo Sch: 148/148 Rp		8
2	FILER NAME BELL, CHRI	S		3	Filer ID		
4	Date 03/21/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of (	(\$)	\$250.00
		Houston, TX 77005-1013					
8	Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions University of Texas Hea		Science Center		
	Date 02/27/2015	Full name of contributor out-of-state PAC (ID#:_ Zansitis, Richard Contributor address; City; State; Zip Code  Houston, TX 77019-5731	)		Amount of (	(\$)	\$500.00
	Principal occu General Cou	pation / Job title (See Instructions) unsel	Employer (See Instructions Rice University	5)			
	Date 06/04/2015	Full name of contributor out-of-state PAC (ID#:_Zansitis, Richard  Contributor address; City; State; Zip Code  Houston, TX 77019-5731	)		Amount of (	(\$)	\$100.00
	Principal occu General Cou	pation / Job title (See Instructions) unsel	Employer (See Instructions Rice University	s)			
	Date 06/30/2015	Full name of contributor out-of-state PAC (ID#:_ Zucker, James Contributor address; City; State; Zip Code Houston, TX 77008-6940	)		Amount of (	(\$)	\$300.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)			
_	Attorney	Full name of contributor out-of-state PAC (ID#:	Yetter Coleman LLP		Amount of (	<b>(¢)</b>	
	Date	Full name of contributor out-of-state PAC (ID#:_	······································		AMOUNT	(\$)	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2:
2 FILER NAME			Sch: 1/4 Rpt: 152/248  3 Filer ID
BELL, CHRI			J THE ID
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$	
5 Date 05/21/2015	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Andrews Myers</li> <li>Contributor address; City; State; Zip Code</li> </ul>	8 Amount of 9 In-kind contribution contribution (\$) description Catering Costs	
10 Principal occu	Houston, TX 77027 pation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  -JUDICIAL) (See instructions)
12 Contributor's p	orincipal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's e	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor is	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 05/28/2015	Full name of contributor  out-of-state PAC (ID#:  Anschutz, Karen  Contributor address; City; State; Zip Code	)	Amount of In-kind contribution contribution (\$) description \$3,071.49 Catering Costs
Principal occu	Houston, TX 77019-3002 spation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor i	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 02/12/2015	Full name of contributor out-of-state PAC (ID#: Bischoff, Linda Contributor address; City; State; Zip Code	)	Amount of In-kind contribution contribution (\$) description \$3,000.00 Event Costs
	Houston, TX 77019		Check if travel outside of Texas. Complete Schedule T.
Principal occu	pation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor i	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>	

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	ction Guide explains how to complete this f	orm.	Sch: 2/4 Rpt: 153/248
2 FILER NAME			3 Filer ID
BELL, CHRI	15		
	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 02/05/2015	6 Full name of contributor ☐ out-of-state PAC (ID#: Briscoe, Willie	)	8 Amount of 9 In-kind contribution contribution (\$) description
	7 Contributor address; City; State; Zip Code		\$1,931.87 Catering, Travel Costs
	D-II TV 75000 0057		_
40 Dringing Lago	Dallas, TX 75229-3957	44 Francisco /FOD NON	Check if travel outside of Texas. Complete Schedule T.
Attorney	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON Briscoe Group	-JUDICIAL) (See instructions)
	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
12 Contributor 5	principal cocapation (i Cit Cobion (L)	To Continuator a job title	(CON GODION LE)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor i	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor  uut-of-state PAC (ID#:	)	Amount of In-kind contribution
06/18/2015	Cox, Jacquelyn		contribution (\$) description \$500.00 Catering Costs
	Contributor address; City; State; Zip Code		\$500.00 Catering Costs
	Houston, TX 77005		Charle if travel outside of Taylor Complete Cabadula T
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  I-JUDICIAL) (See instructions)
·	,		,
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of In-kind contribution contribution (\$) description
04/09/2015	Dow, Sanford		\$1,508.92 Catering Costs
	Contributor address; City; State; Zip Code		
	Houston, TX 77096		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Attorney		Dow Golub Remel	s & Beverly, LLP
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
0-21" 1	and and the Control of the Control o	Laurettern C. 1911	(for HIDIOM)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ii oonanbatoi i	is a sima, law limit of parent(s) (if any) (if ON ODDIOIAL)		

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	ction duide explains now to complete this is		Sch: 3/4 Rpt: 15	54/248
2 FILER NAME	0		3 Filer ID	
BELL, CHRI	S			
	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of contribution (\$)	In-kind contribution description
06/24/2015	Guthrie, Steve		\ \'.''	atering Costs
	7 Contributor address; City; State; Zip Code			anormig a cons
	Houston, TX 77008		Chook if travel outsi	ide of Texas. Complete Schedule T.
10 Principal occur	pation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		
.,	,	1 3/3 ( 3	, .	,
12 Contributor's p	orincipal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (Se	ee instructions)
14 Contributor's e	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FO	R JUDICIAL)
16 If contributor is	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of	In-kind contribution
03/06/2015	Hedrick, Heidi		contribution (\$)	description ffice Furniture
	Contributor address; City; State; Zip Code		φ3,000.0010	ince Furniture
	Houston, TX 77024			
Principal occu	pation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		ide of Texas. Complete Schedule T.
Consultant	patient, des title (t ent neit de siente) (terre siente s,	Lone Star Strategie		· · · · · · · · · · · · · · · · · · ·
	principal occupation (FOR JUDICIAL)	Contributor's job title		ee instructions)
	, ,	•	,	
Contributor's 6	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FO	R JUDICIAL)
If contributor is	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor  uut-of-state PAC (ID#:	)	Amount of	In-kind contribution
06/22/2015	Monsour, Trey		contribution (\$)	description
	Contributor address; City; State; Zip Code		\$350.00 E	vent Costs
	Houston TV 77002 2220		_	
Principal occu	Houston, TX 77003-3238 pation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		ide of Texas. Complete Schedule T.
attorney	pation / Job title (1 OK NON-JOBICIAL) (God metacolone)	K&L Gates	1-JODICIAL) (OCCURON	donono,
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (Se	ee instructions)
	, , , , , , , , , , , , , , , , , , , ,		·,	•
Contributor's 6	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FO	R JUDICIAL)
	•			
If contributor is	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 4/4 Rpt: 155/248			
2 FILER NAME			3 Filer ID			
	BELL, CHR	IS				
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$			\$			
5	Date 06/24/2015	6 Full name of contributor ☐ out-of-state PAC (ID#: Psaras, Anna	)	8 Amount of contribution (\$)	9 In-kind contribution description Catering Costs	
	7 Contributor address; City; State; Zip Code  Houston, TX 77008			_	outside of Texas. Complete Schedule T.	
10	Principal occu	pation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See ii	nstructions)	
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title	(FOR JUDICIAL)	(See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributo	r's spouse (if any) (	FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel in District
Travel Out of District
Contract Labor
OTHER (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

		The Instruction Guide explains how to con	mple	ete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	
	Sch: 1/58 Rpt:	BELL, CHRIS			
4	Date	5 Payee name		·	
	02/20/2015	ADP			
6	Amount (\$)	7 Payee address; City; State; Zip Co.	de		
	\$90.98	9900 Richmond Ave			
		Houston, TX 77042			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
				Payroll Fees	
				. 4,	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
٠	expenditure to benefit C/Ol		giit	Office field	
	Date	Davis acres			
	02/27/2015	Payee name ADP			
			do		
	Amount (\$)	Payee address; City; State; Zip Co	ue		
	\$63.43	9900 Richmond Ave			
		Houston, TX 77042			
	BUBBBBB				
	PURPOSE OF	,	(b)	Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living expense	
				Payroll Fees	
				•	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
	expenditure to benefit C/OI	1			
	Date	Payee name			
	03/06/2015	ADP			
	Amount (\$)	Payee address; City; State; Zip Co	de		
	\$63.43	9900 Richmond Ave	uo		
	φσσσ	0000 1 110 1111 110 110 110 110 110 110			
		Houston, TX 77042			
	PURPOSE		(h)	Description	
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	(~)	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	1 555		Check if Austin, TX, officeholder living expense	
				Payroll Fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
	expenditure to benefit C/OI	1			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

		The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID
	Sch: 2/58 Rpt:	BELL, CHRIS		
4	Date	5 Payee name		·
	03/20/2015	ADP		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$63.43	9900 Richmond Ave		
		Houston, TX 77042		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Payroll Fees
				•
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/Oh	1		
	Date	Payee name		
	04/10/2015	ADP		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$75.26	9900 Richmond Ave		
		Houston, TX 77042		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Payroll Fees
				·
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ight	Office held
	expenditure to benefit C/Oł	1		
	Date	Payee name		
	04/24/2015	ADP		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$96.47	9900 Richmond Ave		
		Houston, TX 77042		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Payroll Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI	1		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 3/58 Rpt:	2 FILER NAME BELL, CHRIS 3 Filer ID
4	Date 05/08/2015	5 Payee name ADP
6	Amount (\$) \$69.82	7 Payee address; City; State; Zip Code 9900 Richmond Ave  Houston, TX 77042
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Payroll Fees
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/15/2015	ADP
	Amount (\$)	Payee address; City; State; Zip Code
	\$252.74	9900 Richmond Ave  Houston, TX 77042
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Payroll Fees
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/20/2015	ADP
	Amount (\$) \$135.97	Payee address; City; State; Zip Code 9900 Richmond Ave
		Houston, TX 77042
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Payroll Fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

		The Instruction Guide explains how to con	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID
	Sch: 4/58 Rpt:	BELL, CHRIS		
4	Date	5 Payee name		<u> </u>
	06/12/2015	ADP		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$72.54	9900 Richmond Ave		
		Houston, TX 77042		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Payroll Fees
				rayion rees
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
Ĭ	expenditure to benefit C/O		j	omee nea
_	Date	Dayloo nama		
	06/26/2015	Payee name ADP		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$72.54	9900 Richmond Ave		
		Houston, TX 77042		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	-			Check if Austin, TX, officeholder living expense Payroll Fees
				1 ayron 1 ees
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O			
_	Date	Payee name		
	03/09/2015	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$155.65	14 Arrow Street		
		Cambridge, MA 02138		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Online Costs
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/Oh			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reinbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

OTHER (enter a category not listed above)

		The Instruction Guide explains how to co	omple	ete this form.
1	Total pages Schedule F1: Sch: 5/58 Rpt:	2 FILER NAME BELL, CHRIS		3 Filer ID
4	Date 04/07/2015	5 Payee name ActBlue		
6	Amount (\$) \$394.63	7 Payee address; City; State; Zip Control 14 Arrow Street  Cambridge, MA 02138	ode	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Online Costs
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soil	ıght	Office held
	Date	Payee name		
	04/24/2015	ActBlue		
	Amount (\$) \$98.86	Payee address; City; State; Zip Ci 14 Arrow Street	ode	
		Cambridge, MA 02138		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Online Costs
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ıght	Office held
	Date	Payee name		
	05/08/2015	ActBlue		
	Amount (\$) \$334.40	Payee address; City; State; Zip City; 14 Arrow Street  Cambridge, MA 02138	ode	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Online Costs
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Legal Services OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. Total pages Schedule F1: FILER NAME Filer ID BELL, CHRIS Sch: 6/58 Rpt: Date Payee name 06/05/2015 ActBlue 6 Amount (\$) 7 Payee address: City; State; Zip Code \$184.46 14 Arrow Street Cambridge, MA 02138 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Online Costs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/14/2015 Allen Center Garage Payee address; Amount (\$) City; State; Zip Code \$3.00 300 Clay Houston, TX 77002 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Parking-reimbursed to Zach Brigham Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/30/2015 Amegy Bank Amount (\$) Payee address; City; State; Zip Code \$8.00 2105 Taylor Street Houston, TX 77007 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Bank Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

OTHER (enter a category not listed above)

			The Instruction Guide explains how to	comple	ete this form.
1	Total pages Schedule F1: Sch: 7/58 Rpt:	2	FILER NAME BELL, CHRIS		3 Filer ID
4	Date 02/05/2015	5	Payee name Amegy Bank		·
6	Amount (\$) \$9.00	7	Payee address; City; State; Zip 2105 Taylor Street  Houston, TX 77007	Code	
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Accounting/Banking	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Banking Fees
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office s	ought	Office held
	Date		Payee name		
	02/23/2015		Amegy Bank		
	Amount (\$)		Payee address; City; State; Zip	Code	
	\$9.00  PURPOSE OF	(a)	2105 Taylor Street  Houston, TX 77007  Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Banking Fees
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office s	ought	Office held
	Date		Payee name		
	02/23/2015		Amegy Bank		
	Amount (\$) \$25.00		Payee address; City; State; Zip 2105 Taylor Street	Code	
			Houston, TX 77007		
	PURPOSE OF EXPENDITURE	(a	Category (See Categories listed at the top of this schedule) Accounting/Banking	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fees
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office s	ought	Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: FILER NAME Filer ID Sch: 8/58 Rpt: BELL, CHRIS Date Payee name Anthem Blue Cross 02/18/2015 6 Amount (\$) Payee address: State: Zip Code \$194.41 3000 Goffs Falls Rd Manchester NH Manchester, NH 13103 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Health insurance-reimbursed to Patrick Devney Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/31/2015 Anthem Blue Cross Amount (\$) Payee address; City; State; Zip Code \$194.41 3000 Goffs Falls Rd Manchester NH Manchester, NH 13103 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Health insurance-reimbursed to Patrick Devney Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/19/2015 BELL, CHRIS Amount (\$) Payee address; City; State; Zip Code \$532.59 PO Box 66544 Houston, TX 77266 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Reimbursement of Schedule G Expenditures Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

		The Instruction Guide explains how t	o comple	ete this form.
1	Total pages Schedule F1: Sch: 9/58 Rpt:	2 FILER NAME BELL, CHRIS		3 Filer ID
4	Date 05/11/2015	5 Payee name BELL, CHRIS		1
6	Amount (\$) \$875.37	7 Payee address; City; State; Zip PO Box 66544  Houston, TX 77266	Code	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Reimbursement of Schedule G Expenditures
9	Complete ONLY if direct expenditure to benefit C/O		sought	Office held
	Date 04/08/2015 Amount (\$) \$1,008.75	Payee name BELL, CHRIS  Payee address; City; State; Zip PO Box 66544	) Code	
		Houston, TX 77266		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Reimbursement of Schedule G Expenditures
	Complete ONLY if direct expenditure to benefit C/Oh		sought	Office held
	Date 03/09/2015	Payee name BELL, CHRIS		
	Amount (\$) \$1,131.81	Payee address; City; State; Zip PO Box 66544  Houston, TX 77266	Code	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Reimbursement of Schedule G Expenditures
	Complete ONLY if direct expenditure to benefit C/Oh		sought	Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reinbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

OTHER (enter a category not listed above)

		The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1: Sch: 10/58 Rpt:	2 FILER NAME BELL, CHRIS	3 Filer ID
4	Date 02/19/2015	5 Payee name BELL, CHRIS	
6	Amount (\$) \$2,579.11	7 Payee address; City; State; Zip Code PO Box 66544  Houston, TX 77266	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement of Schedule G Expenditures
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	Date 02/18/2015	Payee name Best Buy	
	Amount (\$) \$120.05	Payee address; City; State; Zip Code 5133 Richmond Ave Houston TX  Houston, TX 77027	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies-reimbursed to Patrick Devney
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	Date 02/18/2015	Payee name Best Buy	
	Amount (\$) \$263.02	Payee address; City; State; Zip Code 5133 Richmond Ave Houston TX  Houston, TX 77027	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies-reimbursed to Patrick Devney
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 11/58 Rpt:	2 FILER NAME BELL, CHRIS 3 Filer ID
4	Date 02/11/2015	5 Payee name Brigham, Zach
6	Amount (\$) \$3,830.51	7 Payee address; City; State; Zip Code 2301 Commerce Street  Houston, TX 77002
8	PURPOSE	
0	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/18/2015	Brigham, Zach
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,051.34	2301 Commerce Street  Houston, TX 77002
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/27/2015	Brigham, Zach
	Amount (\$) \$2,051.35	Payee address; City; State; Zip Code 2301 Commerce Street
		Houston, TX 77002
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District OTHER (enter a category not listed above)

		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 12/58 Rpt:	2 FILER NAME BELL, CHRIS 3 Filer ID
4	Date 03/13/2015	5 Payee name Brigham, Zach
6	Amount (\$) \$2,051.34	7 Payee address; City; State; Zip Code 2301 Commerce Street  Houston, TX 77002
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 04/01/2015	Payee name Brigham, Zach
	Amount (\$) \$2,134.68	Payee address; City; State; Zip Code 2301 Commerce Street
		Houston, TX 77002
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Salary
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 04/15/2015	Payee name Brigham, Zach
	Amount (\$) \$2,134.67	Payee address; City; State; Zip Code 2301 Commerce Street
		Houston, TX 77002
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

OTHER (enter a category not listed above)

			The Instruction Guide exp	plains how to co	omple	ete this form.
1	Total pages Schedule F1: Sch: 13/58 Rpt:	2	FILER NAME BELL, CHRIS			3 Filer ID
4	Date 05/01/2015	5	Payee name Brigham, Zach			<b>'</b>
6	Amount (\$) \$2,134.68	7	Payee address; City; 2301 Commerce Street  Houston, TX 77002	State; Zip C	ode	
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Salaries/Wages/Contract Labor	this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	ught	Office held
	Date 06/01/2015		Payee name Brigham, Zach			
			-	Ct-t-: 7:- C		
	Amount (\$) \$2,134.68		Payee address; City; 2301 Commerce Street	State; Zip C	oae	
			Houston, TX 77002			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Salaries/Wages/Contract Labor	this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	ught	Office held
	Date		Payee name			
	06/15/2015		Brigham, Zach			
	Amount (\$) \$2,134.67			State; Zip C	ode	
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Salaries/Wages/Contract Labor	this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	ught	Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

		The Instruction Guide explains how t	o comple	ete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	
	Sch: 14/58 Rpt:	BELL, CHRIS			
4	Date	5 Payee name		•	
	03/31/2015	Central Parking Garage			
6	Amount (\$)	7 Payee address; City; State; Zip	Code		
	\$1.50	1111 San Jacinto			
		Houston, TX 77002			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE			Check if Austin, TX, officeholder living expense	
				Parking-reimbursed to Zach Brigham	
9	Complete ONLY if direct expenditure to benefit C/OI		sought	Office held	
	experience to some of ex				
	Date	Payee name			
	01/12/2015	City of Houston			
	Amount (\$)	Payee address; City; State; Zip	Code		
	\$2.50	901 Bagby			
		Houston, TX 77002			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense	
				Parking-reimbursed to Zach Brigham	
	Complete ONLY if direct	Candidate/Officeholder name Office	sought	Office held	
	expenditure to benefit C/OI		Sought	Cinice field	
	D :				
	Date	Payee name			
	01/12/2015	City of Houston			
	Amount (\$)	Payee address; City; State; Zip	Code		
	\$2.15	901 Bagby			
		Houston, TX 77002			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense Parking-reimbursed to Zach Brigham	
				r anang-reimbursed to Zaon Dhigham	
	Complete ONLY if direct	Candidate/Officeholder name Office	sought	Office held	
	expenditure to benefit C/OI		Jougist	Cince held	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.							
1	1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID							
	Sch: 15/58 Rpt:	BELL, CHRIS						
4	Date	5 Payee name		•				
	01/12/2015	City of Houston						
6	Amount (\$)	7 Payee address; City; State; Zip Co	de					
	\$3.10	901 Bagby						
		Houston, TX 77002						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.				
	EXI ENDITORE			Check if Austin, TX, officeholder living expense				
				Parking-reimbursed to Zach Brigham				
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	abt	Office held				
9	expenditure to benefit C/OI		gni	Office field				
	Date	Payee name						
	01/20/2015	City of Houston						
	Amount (\$)	Payee address; City; State; Zip Co	ode					
	\$2.00	901 Bagby						
		Houston, TX 77002						
PURPOSE OF		(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Travel In District		Check if Austin, TX, officeholder living expense				
				Parking-reimbursed to Zach Brigham				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held				
	expenditure to benefit C/OI	1						
	Date	Payee name						
	01/22/2015	City of Houston						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1.75	901 Bagby						
	Houston, TX 77002							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.				
				Check if Austin, TX, officeholder living expense Parking-reimbursed to Zach Brigham				
				i armiy-reimbursed to Zaon Drigitatii				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held				
	expenditure to benefit C/OI		9.11	Onios noid				

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Magas/Control Inc.

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schodule E1:	
•	Total pages Schedule F1:	
	Sch: 16/58 Rpt:	BELL, CHRIS
4	Date	5 Payee name
	01/28/2015	City of Houston
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.30	901 Bagby
		Houston, TX 77002
8	PURPOSE	
0	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel in district  Check if Austin, TX, officeholder living expense
		Parking-reimbursed to Zach Brigham
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Dete	
	Date	Payee name
	02/04/2015	City of Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	901 Bagby
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Parking-reimbursed to Zach Brigham
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oh	
	Date	Payee name
	02/04/2015	City of Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$176.75	611 Walker Street Houston TX
	•	
		Houston, TV 77002
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		City maps-reimbursed to Patrick Devney
		Oity maps-reimbursed to Father Deviley
	Complete ONII V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Oh	<b>o</b>

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Travel Out of District
OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1: Sch: 17/58 Rpt:	riges Schedule F1: 2 FILER NAME 17/58 Rpt: BELL, CHRIS 3 Filer ID					
4	Date 05/18/2015	5 Payee name Clement, Mary Kate	-				
6	Amount (\$) \$2,005.02	7 Payee address; City; State; Zip Code 2030 Winrock Blvd Houston, TX 77057					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date 05/15/2015	Payee name Clement, Mary Kate					
	Amount (\$) \$857.87	Payee address; City; State; Zip Code 2030 Winrock Blvd					
	PURPOSE OF EXPENDITURE	Houston, TX 77057  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date 05/15/2015 Amount (\$)	Payee name Clement, Mary Kate Payee address; City; State; Zip Code					
	\$1,147.15	2030 Winrock Blvd  Houston, TX 77057					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

### SCHEDULE F1

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel in District
Travel Out of District OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1: Sch: 18/58 Rpt:	2 FILER NAME BELL, CHRIS 3 Filer ID					
4	Date 05/15/2015	5 Payee name Clement, Mary Kate					
6	Amount (\$) \$2,134.67	Payee address; City; State; Zip Code 2030 Winrock Blvd  Houston, TX 77057					
8	PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary					
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held					
	Date 06/01/2015	Payee name Clement, Mary Kate					
	Amount (\$) \$1,147.15	Payee address; City; State; Zip Code 2030 Winrock Blvd					
		Houston, TX 77057					
	PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	Date 06/15/2015	Payee name Clement, Mary Kate					
	Amount (\$) \$1,147.15	Payee address; City; State; Zip Code 2030 Winrock Blvd  Houston, TX 77057					
	PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1: Sch: 19/58 Rpt:	2 FILER NAME BELL, CHRIS 3 Filer ID					
4	Date 06/30/2015	5 Payee name Clement, Mary Kate					
6	Amount (\$) \$1,147.16	7 Payee address; City; State; Zip Code 2030 Winrock Blvd Houston, TX 77057					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date 04/13/2015	Payee name Comcast					
	Amount (\$) \$631.47	Payee address; City; State; Zip Code 1701 JFK Blvd Philadelphia PA, PA 19103					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office Costs					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date 05/11/2015	Payee name Comcast					
	Amount (\$) \$190.69	Payee address; City; State; Zip Code 1701 JFK Blvd Philadelphia PA, PA 19103					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office Costs					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 20/58 Rpt:	2 FILER NAME BELL, CHRIS 3 Filer ID
4	Date 06/15/2015	5 Payee name Comcast
6	Amount (\$) \$190.69	7 Payee address; City; State; Zip Code 1701 JFK Blvd Philadelphia PA, PA 19103
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Office Costs
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/14/2015	Costco
	Amount (\$) \$247.17	Payee address; City; State; Zip Code 3836 Richmond Ave. Houston TX
		Houston, TX 77027
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Office Supplies-reimbursed to Patrick Devney
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/11/2015	Devney, Patrick
	Amount (\$) \$2,372.76	Payee address; City; State; Zip Code 505 W. Polk Street
		Houston, TX 77019
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 21/58 Rpt:	2 FILER NAME BELL, CHRIS 3 Filer ID
4	Date 02/18/2015	5 Payee name Devney, Patrick
6	Amount (\$) \$2,724.85	7 Payee address; City; State; Zip Code 505 W. Polk Street
_	DUDDOG	Houston, TX 77019
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/27/2015	Devney, Patrick
	Amount (\$) \$2,724.84	Payee address; City; State; Zip Code 505 W. Polk Street
		Houston, TX 77019
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/13/2015	Devney, Patrick
	Amount (\$) \$2,724.85	Payee address; City; State; Zip Code 505 W. Polk Street
		Houston, TX 77019
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1: Sch: 22/58 Rpt:	2	FILER NAME BELL, CHRIS			3 Filer ID
4	Date 04/01/2015	5	Payee name Devney, Patrick			1
6	Amount (\$) \$2,808.17	7	Payee address; City; State; Z 505 W. Polk Street Houston, TX 77019	Zip Code	•	
8	PURPOSE OF EXPENDITURE	(a	Category (See Categories listed at the top of this schedul Salaries/Wages/Contract Labor	(b		escription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  alary
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Office	ce sough	t	Office held
	Date		Payee name			
	04/15/2015		Devney, Patrick			
	Amount (\$)		Payee address; City; State; Z	Zip Code	)	
	\$2,808.18 PURPOSE	(a	Houston, TX 77019  Category (See Categories listed at the top of this schedul	uo) (b	) De	escription
	OF EXPENDITURE	<b>(</b> -)	Salaries/Wages/Contract Labor	ile) (		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  alary
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office	ce sough	t	Office held
	Date		Payee name			
	05/01/2015		Devney, Patrick			
	Amount (\$) \$2,808.17		505 W. Polk Street	Zip Code	}	
			Houston, TX 77019	_		
	PURPOSE OF EXPENDITURE	(a	Category (See Categories listed at the top of this schedul Salaries/Wages/Contract Labor	(b		escription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  alary
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office	ce sough	t	Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1: Sch: 23/58 Rpt:		LER NAME ELL, CHRIS			3 Filer ID
4	Date 05/15/2015	5 Payee name Devney, Patrick				
6	Amount (\$) \$2,808.18	5	ayee address; City; 05 W. Polk Street ouston, TX 77019	State; Zip C	ode	
8	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top alaries/Wages/Contract Labor		(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary
9	Complete ONLY if direct expenditure to benefit C/OI		ndidate/Officeholder name	Office so	ught	Office held
	Date 06/01/2015		ayee name evney, Patrick			
	Amount (\$) \$2,808.17		ayee address; City; 05 W. Polk Street	State; Zip C	ode	
	PURPOSE OF EXPENDITURE	(a) C	ouston, TX 77019  ategory (See Categories listed at the top alaries/Wages/Contract Labor		(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary
	Complete ONLY if direct expenditure to benefit C/Ol		ndidate/Officeholder name	Office so	ught	Office held
	Date 06/15/2015		ayee name evney, Patrick			
	Amount (\$) \$2,808.18	5	ayee address; City; 05 W. Polk Street ouston, TX 77019	State; Zip C	ode	
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top alaries/Wages/Contract Labor		(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary
	Complete ONLY if direct expenditure to benefit C/OI		ndidate/Officeholder name	Office so	ught	Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1: Sch: 24/58 Rpt:	: 2 FILER NAME BELL, CHRIS 3 Filer ID					
4	Date 04/26/2015	5 Payee name Doneraki Mexican Restaurant					
6	Amount (\$) \$413.80	7 Payee address; City; State; Zip Gulfgate Center 300 Gulfgate Mall Houston, TX 77087	Code				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Meeting-reimbursed to Patrick Devney			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office : H	sought	Office held			
	Date	Payee name					
	06/26/2015	El Tiempo Cantina					
	Amount (\$) \$1,156.84	Payee address; City; State; Zip 1308 Montrose Blvd	Code				
		Houston, TX 77019					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Catering Costs			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office s	sought	Office held			
	Date	Payee name					
	04/10/2015	Elegant Valet Services					
	Amount (\$) \$350.00	Payee address; City; State; Zip 2323 South Voss Road #203 Houston, TX 77057	Code				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Costs			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office :	sought	Office held			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID			
	Sch: 25/58 Rpt:	BELL, CHRIS					
4	Date	5 Payee name		1			
	01/25/2015	FedEx Kinkos					
6	Amount (\$)	7 Payee address; City; State; Zip	Code				
	\$63.39	2200 SW Freeway Houston TX					
		Houston, TX 77098					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.			
	LXI ENDITORE			Check if Austin, TX, officeholder living expense			
				Printing-reimursed to Patrick Devney			
_	0 1: 01:11/1/1/1		Ц.,				
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office :	sought	Office held			
	•						
	Date	Payee name					
	02/03/2015	FedEx Kinkos					
	Amount (\$)	Payee address; City; State; Zip	Code				
	\$86.06	2200 SW Freeway Houston TX					
		Houston, TX 77098					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.			
				Check if Austin, TX, officeholder living expense			
				Printing-reimursed to Patrick Devney			
	Complete ONLY if direct	Candidate/Officeholder name Office	sought	Office held			
	expenditure to benefit C/O		Jougin	Cilido Hold			
_	Date	D					
	02/03/2015	Payee name FedEx Kinkos					
			0-4-				
	Amount (\$)	Payee address; City; State; Zip	Code				
	\$115.89	2200 SW Freeway Houston TX					
		Houston, TX 77098					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
				Printing-reimursed to Patrick Devney			
	Complete ONLY if direct	Candidate/Officeholder name Office	sought	Office held			
	expenditure to benefit C/O		-				

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1: Sch: 26/58 Rpt:	2 FILER NAME BELL, CHRIS 3 Filer ID					
4	Date 03/23/2015	Payee name FedEx Office					
6	Amount (\$) \$93.96	7 Payee address; City; State; Zip Code 2200 SW Freeway Houston TX  Houston, TX 77027					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Printing-reimursed to Patrick Devney					
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held					
	Date 04/01/2015 Amount (\$) \$506.34	Payee name Foster, Erica  Payee address; City; State; Zip Code 3322 Yellowstone					
		Houston, TX 77021					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary					
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held					
	Date 04/01/2015	Payee name Foster, Erica					
	Amount (\$) \$1,025.46	Payee address; City; State; Zip Code 3322 Yellowstone  Houston, TX 77021					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held					

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID					
Sch: 27/58 Rpt:	BELL, CHRIS						
4 Date	5 Payee name						
04/15/2015	Foster, Erica						
6 Amount (\$)	7 Payee address; City; State; Zip (	Code					
\$1,025.47	3322 Yellowstone						
• ,							
	Houston, TX 77021						
8 PURPOSE		(b) December					
OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description  Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	Salaries/ wages/Contract Labor	Check if Austin, TX, officeholder living expense					
		Salary					
9 Complete ONLY if direct	Candidate/Officeholder name Office so	sought Office held					
expenditure to benefit C/O	H						
Date	Payee name						
05/01/2015	Foster, Erica						
Amount (\$)	Payee address; City; State; Zip (	Code					
\$1,025.46	3322 Yellowstone						
	Houston, TX 77021						
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE		Check if Austin, TX, officeholder living expense					
		Salary					
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	sought Office held					
experience to benefit eye	•	expenditure to benefit C/OH					
D-1-							
Date	Payee name						
05/15/2015	Payee name Foster, Erica						
	•	Code					
05/15/2015	Foster, Erica	Code					
05/15/2015 Amount (\$)	Foster, Erica Payee address; City; State; Zip (	Code					
05/15/2015 Amount (\$)	Foster, Erica Payee address; City; State; Zip (	Code					
05/15/2015  Amount (\$)  \$1,025.47	Foster, Erica  Payee address; City; State; Zip ( 3322 Yellowstone  Houston, TX 77021	Code  (b) Description					
05/15/2015 Amount (\$) \$1,025.47  PURPOSE OF	Foster, Erica  Payee address; City; State; Zip ( 3322 Yellowstone	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T.					
05/15/2015  Amount (\$)  \$1,025.47	Foster, Erica  Payee address; City; State; Zip ( 3322 Yellowstone  Houston, TX 77021  (a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
05/15/2015 Amount (\$) \$1,025.47  PURPOSE OF	Foster, Erica  Payee address; City; State; Zip ( 3322 Yellowstone  Houston, TX 77021  (a) Category (See Categories listed at the top of this schedule)	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T.					
O5/15/2015  Amount (\$) \$1,025.47  PURPOSE OF EXPENDITURE	Foster, Erica  Payee address; City; State; Zip ( 3322 Yellowstone  Houston, TX 77021  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary					
05/15/2015 Amount (\$) \$1,025.47 PURPOSE OF	Foster, Erica  Payee address; City; State; Zip ( 3322 Yellowstone  Houston, TX 77021  (a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary					

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1: Sch: 28/58 Rpt:	2 FILER NAME BELL, CHRIS 3 Filer ID				
4	Date 06/01/2015	Payee name Foster, Erica				
6	Amount (\$) \$1,025.46	7 Payee address; City; State; Zip Code 3322 Yellowstone  Houston, TX 77021				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary				
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held				
	Date 06/15/2015	Payee name Foster, Erica				
	Amount (\$) \$1,025.47	Payee address; City; State; Zip Code 3322 Yellowstone				
		Houston, TX 77021				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary				
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held				
	Date 06/30/2015	Payee name Foster, Erica				
	Amount (\$) \$1,025.46	Payee address; City; State; Zip Code 3322 Yellowstone  Houston, TX 77021				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held				

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

ment Solicitation/Fundraising Expense
ense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

pes/Contract Labor OTHER (enter a category not listed above)

			The Instruction Guide explains how to	compl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID
	Sch: 29/58 Rpt:		BELL, CHRIS		
4	Date	5	Payee name		<u> </u>
	06/26/2015		Friends of Emancipation Park		
6	Amount (\$)	7	Payee address; City; State; Zip	Code	
	\$50.00		PO Box 8041		
			Houston, TX 77288		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Event Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense
					Parade Costs
9	Complete ONLY if direct		Candidate/Officeholder name Office s	ought	Office held
3	expenditure to benefit C/O		Candidate/Officerolder frame Office s	ougrit	Office field
_	5.4	_			
	Date 05/04/2015		Payee name Google		
				Codo	
	Amount (\$) \$24.67		Payee address; City; State; Zip 1600 Amphitheatre Parkway	Code	
	Ψ24.07		1000 Amphilineatie Farkway		
			Mountainview, CA 94043		
	PURPOSE	/-	·	(6)	December 6
	OF	(a	Category (See Categories listed at the top of this schedule) Advertising Expense	(6)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Advertising Expense		Check if Austin, TX, officeholder living expense
					Online ads-reimbursed to Patrick Devney
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office s	ought	Office held
	experience to benefit 6/6				
	Date		Payee name		
	04/13/2015		Google		
	Amount (\$)		Payee address; City; State; Zip	Code	
	\$12.83		1600 Amphitheatre Parkway		
			Mountainview, CA 94043		
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Online ads-reimbursed to Patrick Devney
_	Complete ONLY if direct		Candidate/Officeholder name Office s	ought	Office held
	expenditure to benefit C/O	Н			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID		
	Sch: 30/58 Rpt:		BELL, CHRIS				
4	Date	5	Payee name		<u> </u>		
	04/21/2015		Greater Houston Partnership				
6	Amount (\$)	7	Payee address; City; State; Zip C	ode		_	
	\$100.00		1200 Smith St Suite 700				
			Houston, TX 77002				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE		Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.		
			Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense  Ticket for event-reimbursed to Patrick Devney		
					Ticket for event-reimbursed to Fattick Deviley		
9	Complete ONLY if direct		Candidate/Officeholder name Office so	uaht	Office held		
	expenditure to benefit C/OI		Sandado, Sinosholasi namo	ugin	Cinide Held		
	Date		Device norma			_	
	04/15/2015		Payee name Greater Houston Partnership				
_	Amount (\$)		Payee address; City; State; Zip C	ode,			
\$100.00			1200 Smith St Suite 700	oue			
	ψ100.00		1200 Gillian Gi Guille 700				
			Houston, TX 77002				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Contributions/Donations Made By			Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
			Candidate/Officeholder/Political Committee		Ticket for event-reimbursed to Patrick Devney		
					Tioner for Grown formbureous to Fauncia Berniey		
	Complete ONLY if direct	(	Candidate/Officeholder name Office so	ught	Office held		
	expenditure to benefit C/OI	Н		_			
	Date		Payee name			_	
	04/17/2015		Harris County Democratic Party				
	Amount (\$)		Payee address; City; State; Zip C	ode		_	
	\$120.00		1445 N Loop W				
			Houston, TX 77008				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
			Candidate/Onicendide/Folitical Committee		Sustaining Membership-reimbursed to Patrick		
Devney							
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	Office held		
	expenditure to benefit C/OI	Н					

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 31/58 Rpt:	2 FILER NAME BELL, CHRIS 3 Filer ID
4	Date 04/15/2015	5 Payee name Health Insurance Marketplace
6	Amount (\$) \$833.11	7 Payee address; City; State; Zip Code 7500 Security Boulevard
_		Baltimore, MD 21244
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Healthcare
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/01/2015	Health Insurance Marketplace
	Amount (\$)	Payee address; City; State; Zip Code
	\$833.11	7500 Security Boulevard  Baltimore, MD 21244
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Health Insurance
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/14/2015	Houston Chronicle
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 801 Texas Street
		Houston, TX 77002
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Subscription-reimbursed to Patrick Devney
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1: Sch: 32/58 Rpt:	2	FILER NAME BELL, CHRIS		3 Filer ID		
4	Date 04/20/2015	5	Payee name Houston LGBT Caucus				
6	Amount (\$) \$200.00	7	Payee address; City; State; Zip PO Box 66664  Houston, TX 77266	Code			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Sponsorship-reimbursed to Patrick Devney		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office s	ought	Office held		
	Date 06/17/2015		Payee name Human Rights Campaign				
	Amount (\$) \$300.00	Payee address; City; State; Zip Code  1640 Rhode Island Ave, NW  Washington, DC 20036					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event Sponsorship		
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name Office s	ought	Office held		
	Date 05/02/2015		Payee name Intuit				
	Amount (\$) \$19.18		Payee address; City; State; Zip of 2700 Coast Ave.  Mountainview, CA 94043	Code			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Accounting/Banking	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Accounting Software-reimbursed to Patrick Devney		
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name Office s	ought	Office held		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID					
	Sch: 33/58 Rpt:	BELL, CHRIS					
4	Date	5 Payee name					
	03/09/2015	Johnnie Melia Moving					
_							
0	Amount (\$)						
	\$544.00	2527 Fairway Park Drive					
		Houston, TX 77092					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Transportation Equipment & Related					
		Expense Check if Austin, TX, officeholder living expense					
		Relocation Expenses					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held					
	experialitate to bettern 6/01						
	Date	Payee name					
	04/01/2015	Legacy Parking Downtown					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$20.00 909 Milam Street Houston TX						
		Houston, TX 77002					
	PURPOSE						
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Parking-reimbursed to Patrick Devney					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	<del>1</del>					
_	Date	Davies name					
	05/11/2015	Payee name					
		Legal Directories, Inc					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$51.42	9111 Garland Rd					
		Dallas, TX 75218					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Solicitation/Fundraising Expense					
	LXI LINDITORL	Check if Austin, TX, officeholder living expense					
		Fundraising Costs					
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held					
	experiditure to benefit 6/011						

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

OTHER (enter a category not listed above)

	The Instruction Guide explains how t	o complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID
Sch: 34/58 Rpt:	BELL, CHRIS	
4 Date	5 Payee name	<u>'</u>
03/10/2015	Legal Media, Inc	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$100.00	1602 Washington Avenue	
	#B	
	Houston, TX 77007	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Legal Services	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Legal Services
9 Complete ONLY if direct	Candidate/Officeholder name Office	sought Office held
expenditure to benefit C/O		onice neid
Date	Para cons	
06/04/2015	Payee name Litle & Co	
Amount (\$)	Payee address; City; State; Zip	Code
\$15.50	900 Chelmsford St	Code
ψ10.00	Soo Gridinisiona Gt	
	Lowell, MA 01852	
PURPOSE		(h) Description
OF	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1 000	Check if Austin, TX, officeholder living expense
		Bank Fees
Complete ONLY if direct expenditure to benefit C/O		sought Office held
Date	Payee name	
04/06/2015	Litle & Co	
Amount (\$)	Payee address; City; State; Zip	Code
\$15.50	900 Chelmsford St	
	Lowell, MA 01852	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Bank Fees
Complete ONLY if direct expenditure to benefit C/O		sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1: Sch: 35/58 Rpt:	2 FILER NAME BELL, CHRIS		3 Filer ID			
4	Date 02/18/2015	5 Payee name Lonestar Strategies		•			
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zij 3401 Louisiana Street Suite 250 Houston, TX 77002	p Code				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Compliance Consulting			
9	Complete ONLY if direct expenditure to benefit C/Oh		esought	Office held			
	Date 03/11/2015	Payee name Lonestar Strategies					
	Amount (\$) \$1,000.00	Payee address; City; State; Zij 3401 Louisiana Street Suite 250 Houston, TX 77002	p Code				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting Costs			
	Complete ONLY if direct expenditure to benefit C/Oh		e sought	Office held			
	Date 04/10/2015	Payee name Lonestar Strategies					
	Amount (\$) \$1,000.00	Payee address; City; State; Zij 3401 Louisiana Street Suite 250 Houston, TX 77002	p Code				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting Costs			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking

Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

OTHER (enter a category not listed above)

			The Instruction Guide explains how t	o compl	ete this form.
1	Total pages Schedule F1: Sch: 36/58 Rpt:	2	FILER NAME BELL, CHRIS		3 Filer ID
4	Date 05/29/2015	5	Payee name Lonestar Strategies		l l
6	Amount (\$) \$1,000.00	7	Payee address; City; State; Zip 3401 Louisiana Street Suite 250 Houston, TX 77002	Code	
8	PURPOSE OF EXPENDITURE	(а	Category (See Categories listed at the top of this schedule) Consulting Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consulting Costs
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office	sought	Office held
	Date 06/30/2015		Payee name Lonestar Strategies		
	Amount (\$) \$1,000.00		Payee address; City; State; Zip 3401 Louisiana Street Suite 250 Houston, TX 77002	Code	
	PURPOSE OF EXPENDITURE	(а	Category (See Categories listed at the top of this schedule) Consulting Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting Costs
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office	sought	Office held
	Date 01/01/2015		Payee name Molina Healthcare		
	Amount (\$) \$180.60		Payee address; City; State; Zip 15115 Park Row Drive #110	Code	
	PURPOSE OF EXPENDITURE	(a	Houston, TX 77084  Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Health insurance-reimbursed to Zach Brigham
-	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office	sought	Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: FILER NAME Filer ID Sch: 37/58 Rpt: BELL, CHRIS Date Payee name 02/01/2015 Molina Healthcare 6 Amount (\$) Payee address: State; Zip Code \$180.50 15115 Park Row Drive #110 Houston, TX 77084 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Health insurance-reimbursed to Zach Brigham Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/01/2015 Molina Healthcare Payee address; Amount (\$) City; State; Zip Code \$180.60 15115 Park Row Dr #110 Houston, TX 77084 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Health insurance-reimbursed to Zach Brigham Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/01/2015 Molina Healthcare Amount (\$) Payee address; City; State; Zip Code \$180.60 15115 Park Row Dr #110 Houston, TX 77084 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Health insurance-reimbursed to Zach Brigham Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1: Sch: 38/58 Rpt:	2 FILER NAME BELL, CHRIS	3 Filer ID	
4 Date 03/10/2015	5 Payee name Monarch Printing		
6 Amount (\$) \$43.40	7 Payee address; City; State; Zip C 6605 McGrew Street #B Houston, TX 77087	ode	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held	
Date 04/15/2015	Payee name Monarch Printing		
Amount (\$) \$834.26	Payee address; City; State; Zip C 6605 McGrew Street #B Houston, TX 77087	ode	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held	
Date 05/13/2015	Payee name Monarch Printing		
Amount (\$) \$668.98	Payee address; City; State; Zip C 6605 McGrew Street #B Houston, TX 77087	rode	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing Costs	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1: Sch: 39/58 Rpt:	2 FILER NAME BELL, CHRIS 3 Filer ID			
4	Date 02/10/2015	5 Payee name Monarch Printing			
6	Amount (\$) \$521.87	Payee address; City; State; Zip Code 6605 McGrew Street Houston TX  Houston, TX 77087			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing-reimursed to Patrick Devney			
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held			
	Date 02/04/2015	Payee name NGP VAN			
	Amount (\$) \$562.00	Payee address; City; State; Zip Code  1101 15th St NW Washington DC  Washington, DC 20006			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fundraising Database-reimbursed to Patrick Devney			
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held			
	Date 03/03/2015	Payee name NGP VAN			
	Amount (\$) \$938.00	Payee address; City; State; Zip Code 1101 15th St NW Washington DC  Washington, DC 20006			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fundraising Database-reimbursed to Patrick Devney			
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1: Sch: 40/58 Rpt:	2 FILER NAME BELL, CHRIS 3 Filer ID			
4	Date 02/11/2015	5 Payee name Office Max			
6	Amount (\$) \$7.57	7 Payee address; City; State; Zip Code 1576 West Gray  Houston, TX 77019			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies-reimursed to Zach Brigham			
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held OH			
	Date 02/03/2015	Payee name OfficeMax			
	Amount (\$) \$557.14	Payee address; City; State; Zip Code 1576 W. Gray Houston TX  Houston, TX 77019			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office Supplies-reimbursed to Patrick Devne	еу		
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held OH			
	Date 02/17/2015	Payee name OfficeMax			
	Amount (\$) \$49.00	Payee address; City; State; Zip Code 1576 W. Gray Houston TX  Houston, TX 77019			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office Supplies-reimbursed to Patrick Devne	еу		
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held OH			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1: Sch: 41/58 Rpt:	2 FILER NAME BELL, CHRIS	3 Filer ID		
	Date 03/03/2015	5 Payee name OfficeMax			
6	Amount (\$) \$54.10	7 Payee address; City; State; Zip Code 1576 W. Gray Houston TX  Houston, TX 77019			
8	PURPOSE OF EXPENDITURE	Check if	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense upplies-reimbursed to Patrick Devney		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held		
	Date 03/03/2015	Payee name OfficeMax			
	Amount (\$) \$378.45	Payee address; City; State; Zip Code 1576 W. Gray Houston TX  Houston, TX 77019			
	PURPOSE OF EXPENDITURE	Check if	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense upplies-reimbursed to Patrick Devney		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held		
	Date 03/09/2015	Payee name OfficeMax			
	Amount (\$) \$51.06	Payee address; City; State; Zip Code 1576 W. Gray Houston TX  Houston, TX 77019			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Descriptio	on travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense upplies-reimbursed to Patrick Devney		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1: Sch: 42/58 Rpt:	2 FILER NAME BELL, CHRIS 3 Filer ID			
4	Date 03/14/2015	5 Payee name OfficeMax			
6	Amount (\$) \$60.96	7 Payee address; City; State; Zip Code 1576 W. Gray Houston TX  Houston, TX 77019			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office Supplies-reimbursed to Patrick Devney			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	04/20/2015	OfficeMax			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$19.77	Houston, TX 77019			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office Supplies-reimbursed to Patrick Devney			
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	03/03/2015	OfficeMax			
	Amount (\$) \$16.00	Payee address; City; State; Zip Code 1576 West Gray			
		Houston, TX 77019			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office Supplies-reimursed to Zach Brigham			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 43/58 Rpt:	2 FILER NAME BELL, CHRIS 3 Filer ID
4	Date 04/29/2015	5 Payee name Oldmixon Hill
6	Amount (\$) \$1,956.25	7 Payee address; City; State; Zip Code 1201 1st Ave S. #325 Seattle, WA 98134
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consulting Costs
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/19/2015	Oldmixon Hill
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,037.50	1201 1st Ave S.
		#325
		Seattle, WA 98134
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consulting Costs
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/27/2015	Outsmart Magazine, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$597.00	3406 Audubon Place
		Houston, TX 77006
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Advertising Costs
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1: Sch: 44/58 Rpt:	2 FILER NAME BELL, CHRIS	3 Filer ID		
4	Date 02/13/2015	5 Payee name Plants N Petals	•		
6	Amount (\$) \$54.11	7 Payee address; City; State; Zip Code 3810 Westheimer Rd Houston TX  Houston, TX 77027			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gift-reimbursed to Patrick Devney		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held		
	Date 05/20/2015	Payee name Pride Houston			
	Amount (\$) \$700.00	Payee address; City; State; Zip Code PO Box 541713  Houston, TX 77254			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Parade Costs		
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held		
	Date 03/02/2015	Payee name QuickBooks			
	Amount (\$) \$19.18	Payee address; City; State; Zip Code 2632 Marine Way Mountain View CA  Mountain View, CA 94043			
	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Accounting Software-reimbursed to Patrick Devney		
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica	Committee
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 45/58 Rpt:	BELL, CHRIS
4	Date	5 Payee name
	04/02/2015	QuickBooks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.18	2632 Marine Way Mountain View CA
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Accounting Software-reimbursed to Patrick Devney
0	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/Oh	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	02/05/2015	Quickbooks
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.21	2700 Coast Avenue
		Mountain View, TX 94034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oh	
	Date	
	Date	Payee name
	02/17/2015	Quickbooks
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.50	2700 Coast Avenue
		Mountain View, TX 94034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Software
	0	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
		•

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 46/58 Rpt:	BELL, CHRIS
4	Date	5 Payee name
	02/03/2015	Quickbooks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.18	2632 Marine Way Mountain View CA
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Accounting Software-reimbursed to Patrick Devney
		Accounting Software-Tellibursed to Fattick Deviley
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/Ol	
	Date	Payee name
	05/12/2015	Reliant Energy
	Amount (\$)	Payee address; City; State; Zip Code
	\$261.17	1201 Fannin Street
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Office Costs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	06/12/2015	Reliant Energy
	Amount (\$)	Payee address; City; State; Zip Code
	\$272.13	1201 Fannin Street
		Haveten TV 77000
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office Costs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oh	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica	l Committee Legal Services Salaries/ The Instruction Guide explains how to co	Wages/Contract Labor OTHER (enter a category not listed above)  complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID
Sch: 47/58 Rpt:	BELL, CHRIS	
4 Date	5 Payee name	
06/09/2015	RoadWomen	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$250.00	PO BOX 22678	
	Houston, TX 77277	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Event Sponsorship
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Jaht Office held
expenditure to benefit C/Oh		agrit Office field
Date	Payee name	
02/23/2015	Spearhead Consulting LLC	
Amount (\$)	Payee address; City; State; Zip C	ode
\$8,500.00	32 Court Street	
	Suite 2109	
	Brooklyn New York, NY 11201	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Consulting Costs
		Consulting Costs
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/OI		
Date	Paris and a	
04/13/2015	Payee name	
	Spearhead Consulting LLC	- 4-
Amount (\$)	Payee address; City; State; Zip C	ode
\$15,125.00	32 Court Street	
	Suite 2109	
	Brooklyn New York, NY 11201	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Consulting Costs
		Consuming Coold
Complete ONLY if direct	Candidate/Officeholder name Office so	Light Office held
expenditure to benefit C/OI		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1: Sch: 48/58 Rpt:	2 FILER NAME BELL, CHRIS	3 Filer ID		
4 Date 04/13/2015	5 Payee name Stanford Campaigns			
6 Amount (\$) \$5,750.00	7 Payee address; City; State; Zip Cod 2520 Longview St. #410 Austin, TX 78705	le		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense	b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consulting Costs		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office soug	ht Office held		
Date 03/13/2015	Payee name Staples			
Amount (\$) \$6.48	Payee address; City; State; Zip Cod 1919 Taylor Street	le		
PURPOSE OF EXPENDITURE	Houston, TX 77007  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office Supplies-reimursed to Zach Brigham		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held		
Date 04/21/2015 Amount (\$) \$125.57	Payee name Tejas Office Products Payee address; City; State; Zip Cod 1225 W 20th St	le		
<b>\$120.01</b>	Houston, TX 77008			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies-reimbursed to Patrick Devney		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office soug	ht Office held		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: FILER NAME Filer ID Sch: 49/58 Rpt: BELL, CHRIS Date Payee name 02/11/2015 US Department of Treasury 6 Amount (\$) Payee address: State; Zip Code \$3,504.86 1500 Pennsylvania Avenue Washington, DC 20220 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Fed. Tax Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/27/2015 **US** Department of Treasury Amount (\$) Payee address; State; Zip Code \$2,295,32 1500 Pennsylvania Avenue Washington, DC 20220 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Fed. Tax Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/13/2015 **US** Department of Treasury Amount (\$) Payee address; State; Zip Code \$2,221.07 1500 Pennsylvania Avenue Washington, DC 20220 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Fed. Tax Complete ONLY if direct Candidate/Officeholder name Office sought Office held

expenditure to benefit C/OH

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By-

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.	gory not listed above)
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID	
	Sch: 50/58 Rpt:	BELL, CHRIS	
4	Date	5 Payee name	
	03/31/2015	US Department of Treasury	
6	Amount (\$) \$3,178.34	7 Payee address; City; State; Zip Code 1500 Pennsylvania Avenue	
		Washington, DC 20220	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete  Check if Austin, TX, officeholder living experted. Tax	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	04/15/2015	US Department of Treasury	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,861.24		
	+ /	,	
		Washington, DC 20220	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete  Check if Austin, TX, officeholder living experted. Tax	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	04/30/2015	US Department of Treasury	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,861.24	1500 Pennsylvania Avenue	
		Washington, DC 20220	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete  Check if Austin, TX, officeholder living experts.  Fed. Tax	
	Complete ONLY if direct expenditure to benefit C/OI	L L Candidate/Officeholder name Office sought Office held OH	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1: Sch: 51/58 Rpt:	2	FILER NAME BELL, CHRIS			3 Filer ID
_						
4	Date	5	Payee name			
	05/15/2015		US Department of Treasury			
6	Amount (\$)	7	Payee address; City;	State; Zip C	ode	
	\$3,239.65		1500 Pennsylvania Avenue			
			Washington, DC 20220			
8	PURPOSE OF	(a)	Category (See Categories listed at the top o	f this schedule)	(b)	Description
	EXPENDITURE		Salaries/Wages/Contract Labor			Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
						Fed. Tax
						Tod. Tax
_	Complete ONLY if direct	Ц,	Candidate/Officeholder name	Office	ught	Office held
9	expenditure to benefit C/Oł		Candidate/Oniceriolder flame	Office so	ugnt	Office field
	·					
	Date		Payee name			
	06/01/2015		US Department of Treasury			
	Amount (\$)		Payee address; City;	State; Zip C	ode	
	\$3,232.46		1500 Pennsylvania Avenue			
			Washington, DC 20220			
	PURPOSE	(a)	Category (See Categories listed at the top or	f this schedule)	(b)	Description
	OF EXPENDITURE		Salaries/Wages/Contract Labor			Check if travel outside of Texas. Complete Schedule T.
						Check if Austin, TX, officeholder living expense
						Fed. Tax
	0 1: 0 1 1 1 1 1 1	<u> </u>	2 11 1 100	0"	<u> </u>	000
	Complete ONLY if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office so	ught	Office held
	Date		Payee name			
	06/16/2015		US Department of Treasury			
	Amount (\$)		Payee address; City;	State; Zip C	ode	
	\$3,205.25		1500 Pennsylvania Avenue			
			•			
			Washington, DC 20220			
_	PURPOSE	(a)	Category (See Categories listed at the top or	f this schedule)	(b)	Description
	OF	<u> </u>	Salaries/Wages/Contract Labor			Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		-			Check if Austin, TX, officeholder living expense
						Fed. Tax
_					1	
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ught	Office held
	expenditure to benefit C/OI	4				

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID			
	Sch: 52/58 Rpt:	BELL, CHRIS					
4	Date	5 Payee name		<u>'</u>			
	03/19/2015	US Post Office					
6	Amount (\$)	7 Payee address; City; State; Zip	Code				
	\$147.00	1900 W. Gray Houston TX					
		•					
		Houston, TX 77019					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
				Postage-reimbursed to Patrick Devney			
9	Complete ONLY if direct	Candidate/Officeholder name Office	souaht	Office held			
•	expenditure to benefit C/Ol		, o a g	Sinde Heid			
	Data						
	Date	Payee name					
	04/30/2015	US Post Office					
	Amount (\$)	Payee address; City; State; Zip	Code				
	\$147.00	1900 W Gray St.					
		Houston, TX 77019					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
				Postage-reimbursed to Patrick Devney			
				Todago Tolinbarood to Fathor Bovilloy			
	Complete ONLY if direct	Candidate/Officeholder name Office	sought	Office held			
	expenditure to benefit C/OI		g				
	Data						
	Date	Payee name US Post Office					
	04/28/2015		0 1				
	Amount (\$)	Payee address; City; State; Zip	Code				
	\$98.00	1900 W Gray St.					
		Houston, TX 77019					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
				Postage-reimbursed to Patrick Devney			
	Complete ONLY if direct	Candidate/Officeholder name Office :	Sought	Office held			
	expenditure to benefit C/Oh		Jugiit	Cilibo Hold			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1: Sch: 53/58 Rpt:	2 FILER NAME BELL, CHRIS	3 Filer ID				
4	Date 04/20/2015	5 Payee name US Post Office					
6	Amount (\$) \$98.00	7 Payee address; City; State; Zip Code 1900 W Gray St. Houston, TX 77019					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Postage-reimbursed to Patrick Devney				
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	t Office held				
	Date 01/08/2015	Payee name USPS					
	Amount (\$) \$21.00	Payee address; City; State; Zip Code 1319 Richmond  Houston, TX 77006	3				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Postage-reimbursed to Zach Brigham				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held				
	Date 03/16/2015	Payee name USPS					
	Amount (\$) \$21.00	Payee address; City; State; Zip Code 1319 Richmond Ave  Houston, TX 77006					
	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Postage-reimbursed to Zach Brigham				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1: Sch: 54/58 Rpt:	E 2 FILER NAME BELL, CHRIS 3 Filer ID					
4	Date 03/19/2015	5 Payee name Verizon Wireless					
6	Amount (\$) \$38.59	7 Payee address; City; State; Zip Code 3817 SW Freeway Houston TX  Houston, TX 77027					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Cor Check if Austin, TX, officeholder livin Campaign cell phone-reimb	g expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office h	eld				
	Date 04/21/2015	Payee name Verizon Wireless					
	Amount (\$) \$44.10	Payee address; City; State; Zip Code 3817 SW Freeway Houston TX  Houston, TX 77027					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Cor Check if Austin, TX, officeholder livir Campaign cell phone-reimb	g expense				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office h	eld				
	Date 03/26/2015	Payee name Walgreens					
	Amount (\$) \$13.59						
	PURPOSE OF EXPENDITURE	Houston, TX 77006  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Con Check if Austin, TX, officeholder livir Office Supplies-reimbursed	g expense				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Travel Out of District OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1: Sch: 55/58 Rpt:	2 FILER NAME BELL, CHRIS	3 Filer ID				
4	Date 03/02/2015	5 Payee name Walmart					
6	Amount (\$) \$111.89	7 Payee address; City; State; Zip Code 111 Yale Street Houston TX  Houston, TX 77007					
8	PURPOSE OF EXPENDITURE		scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ice Supplies-reimbursed to Patrick Devney				
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held				
	Date 03/03/2015	Payee name Walmart					
	Amount (\$) \$20.07	Payee address; City; State; Zip Code  111 Yale Street Houston TX  Houston, TX 77007					
	PURPOSE OF EXPENDITURE		scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ice Supplies-reimbursed to Patrick Devney				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
	Date 03/11/2015	Payee name Walmart					
	Amount (\$) \$26.72	Payee address; City; State; Zip Code 111 Yale Street Houston TX  Houston, TX 77007					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ice Supplies-reimbursed to Patrick Devney				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID			
	Sch: 56/58 Rpt:	BELL, CHRIS					
4	Date	5 Payee name		·			
	04/12/2015	Walmart					
6	Amount (\$)	7 Payee address; City; State; Zip	Code				
	\$41.01	111 Yale Street Houston TX					
		Houston, TX 77007					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.			
				Check if Austin, TX, officeholder living expense Office Supplies-reimbursed to Patrick Devney			
				Office Supplies-reinbursed to Fathor Deviley			
0	Complete ONLY if direct	Candidate/Officeholder name Office s	ought	Office held			
9	expenditure to benefit C/O		ougni	Office field			
	•						
	Date	Payee name					
	04/01/2015	Young, Maryann					
	Amount (\$)	Payee address; City; State; Zip	Code				
	\$600.04	1212 Fairview					
		Houston, TX 77006					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.			
EXI ENDITORE				Check if Austin, TX, officeholder living expense			
				Salary			
	Operation ONLY 's direct	One distance (Office Includes a constant of the constant of th		Office heald			
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office s	sougnt	Office held			
	'						
	Date	Payee name					
	04/01/2015	Young, Maryann					
	Amount (\$)	Payee address; City; State; Zip	Code				
	\$1,218.84	1212 Fairview					
		Houston, TX 77006					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.			
				Check if Austin, TX, officeholder living expense			
				Salary			
	0 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 114 (00)		000			
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office s	ought	Office held			
	5,F5,Ianalo to 25,Ianalo (7, 5).						

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica		mmittee Legal Services			/Contract Labor OTHER (enter a category not listed above)
			The Instruction Guide e	xplains how to co	omple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID
	Sch: 57/58 Rpt:		BELL, CHRIS			
4	Date	5	Payee name			•
	04/15/2015		Young, Maryann			
6	Amount (\$)	7	Payee address; City;	State; Zip Co	ode	
	\$1,218.84		1212 Fairview			
			Houston, TX 77006			
8	PURPOSE OF	(a)	Category (See Categories listed at the top	of this schedule)	(b)	Description
	EXPENDITURE		Salaries/Wages/Contract Labor			Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
						Salary
						,
9	Complete ONLY if direct	(	Candidate/Officeholder name	Office sou	uaht	Office held
	expenditure to benefit C/O	Н			Ū	
	Date		Davisa nama			
	05/01/2015		Payee name Young, Maryann			
	Amount (\$)		Payee address; City;	State; Zip Co	ada	
	\$1,218.84		1212 Fairview	State, Zip Ci	Jue	
	φ1,210.04		1212 Fall view			
			Houston, TX 77006			
	PURPOSE OF	(a)	Category (See Categories listed at the top	of this schedule)	(b)	Description
	EXPENDITURE		Salaries/Wages/Contract Labor			Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
						Salary
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ıaht	Office held
	expenditure to benefit C/OI			• • • • • • • • • • • • • • • • • • • •	-g	
	Dete					
	Date		Payee name			
	05/15/2015		Young, Maryann			
	Amount (\$)		Payee address; City;	State; Zip Co	ode	
	\$1,218.84		1212 Fairview			
			Houston, TX 77006			
	PURPOSE	(a)	Category (See Categories listed at the top	of this schedule)	(b)	Description
	OF EXPENDITURE		Salaries/Wages/Contract Labor			Check if travel outside of Texas. Complete Schedule T.
	-					Check if Austin, TX, officeholder living expense  Salary
						Galaty
	Complete ONII V if dire ==	Ц	Condidata/Officeholder name	O#:00 ===	ıah*	Office hold
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name	Office sou	ıgnt	Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1: Sch: 58/58 Rpt:	2 FILER NAME BELL, CHRIS	3 Filer ID				
4	Date 06/01/2015	5 Payee name Young, Maryann					
6	Amount (\$) \$1,218.84	7 Payee address; City; State; Zip Co. 1212 Fairview  Houston, TX 77006	de				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary				
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sough	ht Office held				
	Date 06/15/2015	Payee name Young, Maryann					
	Amount (\$) \$1,218.84	Payee address; City; State; Zip Co. 1212 Fairview  Houston, TX 77006	de				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						

### SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica	l Committee Legal Services Salaries	Vages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to co	emplete this form.
1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID
Sch: 1/4 Rpt: 214/248	BELL, CHRIS	
TOTAL OF UNITEMIZ	ZED UNPAID INCURRED OBLIGATIONS	\$
5 Date	6 Payee name	
06/28/2015	Bell , Chris	
<b>7</b> Amount (\$)	8 Payee address; City; State; Zip Co	ode
\$1,237.30	9410 Endicott Lane	
	H	
	Houston, TX 77096	
9 TYPE OF EXPENDITURE	Political Non-Pol	itical
10 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
-		Check if Austin, TX, officeholder living expense Fundraising Event Costs, Food/Beverage, Office
		Supplies, Transportation Expenses
11 Complete ONLY if direct	Candidate/Officeholder name Office sou	
expenditure to benefit C/Ol		gnit Onice neid
Date	Payee name	
05/04/2015	Clement, Mary Kate	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$565.16	2030 Winrock Blvd	
	Houston, TX 77057	
TYPE OF EXPENDITURE	Political Non-Pol	itical
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Transportation Equipment & Related	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Expense	Check if Austin, TX, officeholder living expense
		Moving Expenses
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office soul	ight Office held

### SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wanes/Contract Lobor

Candidate/Officenolder/Politica	The Instruction Guide expla	salaries/wages/Contract l	
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID
Sch: 2/4 Rpt: 215/248	BELL, CHRIS		
TOTAL OF UNITEMIZ	ZED UNPAID INCURRED OBLIGA	TIONS	\$
5 Date 06/30/2015	6 Payee name Devney, Patrick		·
7 Amount (\$) \$6,752.27	8 Payee address; City; S 505 W. Polk Street Houston, TX 77019	tate; Zip Code	
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi Office Overhead/Rental Expense	Chec	on  k if travel outside of Texas. Complete Schedule T.  k if Austin, TX, officeholder living expense  ursement Expenses
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
01/16/2015	Global Strategies Group		
Amount (\$)	Payee address; City; S	tate; Zip Code	
\$13,199.58	215 Park Ave South  New York, NY 10003		
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi Polling Expense	Chec	on k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

# **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica		Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID
Sch: 3/4 Rpt: 216/248	BELL, CHRIS	
TOTAL OF UNITEMIZ	ZED UNPAID INCURRED OBLIGATIONS	\$
5 Date	6 Payee name	
06/30/2015	Lonestar Strategies	
<b>7</b> Amount (\$)	8 Payee address; City; State; Zip C	code
\$1,000.00	3401 Louisiana Street	
	Suite 250	
	Houston, TX 77002	
9 TYPE OF EXPENDITURE	Political Non-Po	litical
10 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Consulting Costs
44 Occasion ONE Vitalian of	One district (Office bashdare a second	Office held
11 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office so H	ught Office held
Date	Payee name	
06/12/2015	Oldmixon Hill	
Amount (\$)	Payee address; City; State; Zip C	code
\$4,656.25	1201 1st Ave S.	
	#325	
	Seattle, WA 98134	
TYPE OF EXPENDITURE	Political Non-Po	ulitical
	I Tollical INOTH	mucai
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF		(b) Description  Check if travel outside of Texas. Complete Schedule T.
	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.
OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consulting Costs

# **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Magas/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeriolder/Politica	ar Committee Legar Services	Salaries/Wages/Contract Labor	OTHER (effici a category flot listed above)				
	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID				
Sch: 4/4 Rpt: 217/248	BELL, CHRIS						
TOTAL OF UNITEMIZ	ZED UNPAID INCURRED OBLIGAT	IONS	\$				
5 Date	6 Payee name						
06/02/2015	Stanford Campaigns						
7 Amount (\$) \$6,100.00	8 Payee address; City; Sta 2520 Longview St. #410 Austin, TX 78705	te; Zip Code					
9 TYPE OF EXPENDITURE	Political	Non-Political					
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Consulting Expense	Check if travel	outside of Texas. Complete Schedule T.  , TX, officeholder living expense  OStS				
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held				

### SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ment Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category pot listed above)

	Candidate/Officeholder/Politica	•	rvices Sa struction Guide explains how	alaries/Wages/Contract Lal	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule G: Sch: 1/30 Rpt: 218/248	2 FILER NAME BELL, CHRIS	·	<u> </u>	3 Filer ID
4	Date 01/08/2015	<ul><li>Payee name</li><li>Best Sandwich Pla</li></ul>	ace		
6	Amount (\$) \$8.79 Reimbursement from olitical contributions intended	<ul><li>7 Payee address;</li><li>3000 K St NW # 1</li><li>Washington, DC 2</li></ul>		ip Code	
8	PURPOSE OF EXPENDITURE	(a) Category (See Category Food/Beverage Ex	ories listed at the top of this schedul	(b) Descripti Campaign N	Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder r	name	Office sou	ought Office held
	Date	Payee name			
	04/07/2015	COH Parking			
	Amount (\$) \$3.50	Payee address; 2020 McKinney	City; State; Z	lip Code	
	Reimbursement from political contributions intended	Houston, TX 7700	3		
	PURPOSE OF EXPENDITURE	Category (See Catego Travel In District	ories listed at the top of this schedul	Parking	tion 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 r	name	Office sou	ought Office held
	Date	Payee name			
	04/26/2015	Canopy			
	Amount (\$)	Payee address;	City; State; Z	ip Code	
	\$142.68	3939 Montrose Bl	vd		
	Reimbursement from olitical contributions intended	Houston, TX 7700	6		
	PURPOSE OF EXPENDITURE	Category (See Categor Food/Beverage Ex	ories listed at the top of this schedul	Descripti Campaign N	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder r	name	Office sou	ought Office held

### SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagns/Contract Labor

	Candidate/Officeholder/Politica	l Co		es/Wage	es/Contract Labor	OTHER (enter a category not listed above)
			The Instruction Guide explains how to	compl	lete this form.	
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID
	Sch: 2/30 Rpt: 219/248		BELL, CHRIS			
4	Date	5	Payee name			
	03/11/2015		Canopy Restaurant			
6	Amount (\$)	7	Payee address; City; State; Zip	Code		
	\$66.29		3939 Montrose Blvd			
	Reimbursement from olitical contributions intended		Houston, TX 77006			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense			Check if Austin, TX, officeholder living expense
				Ca	ampaign Meetin	ng
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	01/20/2015		Continental Club			
	Amount (\$)		Payee address; City; State; Zip	Code		
	\$23.00		3700 Main St			
	Reimbursement from olitical contributions intended		Houston, TX 77002			
	PURPOSE		Category (See Categories listed at the top of this schedule)		Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense			Check if Austin, TX, officeholder living expense
				Ca	ampaign Meetin	ng
		_				
	Complete ONLY if direct expenditure to benefit	Ca	ndidate/Officeholder name		Office sought	Office held
	C/OH					
	Date		Davis name			
	03/15/2015		Payee name Costco			
	Amount (\$)		Payee address; City; State; Zip	Code		
	\$45.40		3836 Richmond Ave.	Outc		
			oos Nominaria / ve.			
	Reimbursement from political contributions intended		Houston, TX 77006			
	PURPOSE		Category (See Categories listed at the top of this schedule)		Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense		<i></i>	Check if Austin, TX, officeholder living expense
	-			Of	fice Supplies	
	Commission ONII V 15 alliand		n di data (Offica la data una con-		Office	Office keld
	Complete ONLY if direct expenditure to benefit C/OH	Са	ndidate/Officeholder name		Office sought	Office held

### SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (asters extensive to listed above)

	Candidate/Officeholder/Politica		mmittee Legal Services Salaries	Expense Wages/Contract Labor	r	OTHER (enter a category not listed above)
			The Instruction Guide explains how to o	omplete this form.		
1	. •	2	FILER NAME		3	Filer ID
	Sch: 3/30 Rpt: 220/248		BELL, CHRIS			
4	Date	5	Payee name		•	
	01/08/2015		Curb Transportation			
6	Amount (\$)	7	Payee address; City; State; Zip C	ode		
	\$22.93		2401 Smith Boulevard			
	Reimbursement from olitical contributions intended		Arlington, VA 22202	_		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	ı X C	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel Out of District			heck if Austin, TX, officeholder living expense
	_/			Taxi		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Caı	ndidate/Officeholder name	Office soug	ht	Office held
	Date		Payee name			
	02/05/2015		Dallas Parking			
	Amount (\$)		Payee address; City; State; Zip C	ode		
	\$7.98		2002 Commerce St.			
	Reimbursement from olitical contributions intended		Dallas, TX 75201			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	ı 🗌 c	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel Out of District			heck if Austin, TX, officeholder living expense
				Parking		
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name	Office sough	nt	Office held
	Date		Development			
	05/21/2015		Payee name Downtown Parking			
	Amount (\$)		Payee address; City; State; Zip C	ode		
	\$2.00		909 Fanin Street	ouc		
	Reimbursement from		ooo i aliin olioot			
	X political contributions intended		Houston, TX 77010	_		
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description		heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In District	Dorkin a		heck if Austin, TX, officeholder living expense
				Parking		
	Complete ONLY if direct	C 2:	ndidate/Officeholder name	Office soug	ht	Office held
	expenditure to benefit C/OH	oal	ididate/Officeriolider flame	Onice sough	i i t	Office field

### SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica			Salaries/M	/ages/Contract Labor	OTHER (enter a category not listed above)
			The Instruction Guide explains ho	w to co	mplete this form.	
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID
	Sch: 4/30 Rpt: 221/248		BELL, CHRIS			
4	Date	5	Payee name			
	03/12/2015		El Meson Restaurant			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de	
	\$34.69		2425 University Blvd			
	Reimbursement from volitical contributions intended		Houston, TX 77005			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense			Check if Austin, TX, officeholder living expense
	LAI LINDITORE				Campaign Meeti	ng
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	02/14/2015		Enterprise Car Rental - DFW			
	Amount (\$)		Payee address; City; State;	Zip Co	de	
	\$73.51		7366 Cedar Springs Rd.			
	Reimbursement from olitical contributions intended		Dallas, TX 75201			
	PURPOSE		Category (See Categories listed at the top of this schedu	ule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel Out of District			Check if Austin, TX, officeholder living expense
	EXI ENDITORE				Rental car	
	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	01/27/2015		Equality Texas Foundation			
	Amount (\$)		Payee address; City; State;	Zip Co	de	
	\$100.00		221 E 9th St			
	Reimbursement from olitical contributions intended		Austin, TX 78701			
	PURPOSE		Category (See Categories listed at the top of this schedu	ule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Gift/Awards/Memorials Expense			Check if Austin, TX, officeholder living expense
	LAI LIBITOIL				Contribution	
		Ĺ	11.1.1000			<b></b>
	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name		Office sought	Office held

### SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Loan Repayment/Reimbursement

Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Food/Beverage Expense Travel in District Gift/Awards/Memorials Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID Sch: 5/30 Rpt: 222/248 BELL, CHRIS Date Payee name 02/27/2015 **Equality Texas Foundation** 6 Amount (\$) Payee address: City: State: Zip Code \$100.00 221 E 9th St Reimbursement from political contributions Austin, TX 78701 intended 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Gift/Awards/Memorials Expense **EXPENDITURE** Contribution Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 03/27/2015 **Equality Texas Foundation** Amount (\$) Payee address; City; State; Zip Code \$100.00 221 E 9th St Reimbursement from X political contributions Austin, TX 78701 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Gift/Awards/Memorials Expense **EXPENDITURE** Contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 02/05/2015 **Evin Thayer Studios** Payee address; Amount (\$) State; Zip Code City; \$189.44 405 Avondale Reimbursement from X political contributions intended Houston, TX 77006 **PURPOSE** Description Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Printing Expense **EXPENDITURE** Headshot Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit

C/OH

# SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	·	Salaries/Wages/Contract Labor ins how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID
	Sch: 6/30 Rpt: 223/248	BELL, CHRIS		
4	Date	5 Payee name		
	03/03/2015	Gay and Lesbian Victory Fund		
6	Amount (\$)	7 Payee address; City; St	ate; Zip Code	
	\$250.00	1133 15th Street NW		
	Reimbursement from			
	X political contributions intended	Washington, DC 20006		
8	PURPOSE		schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.
0	OF	(a) Category (See Categories listed at the top of this	(b) Description	Check if traver outside of rexas. Complete scriedule 1.  Check if Austin, TX, officeholder living expense
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Cor	nmittee Contribution	
9	Complete ONLY if direct	Candidate/Officeholder name	Office sough	Office held
	expenditure to benefit			
	C/OH			
	Date	Payee name		
	01/18/2015	Giacomos Cibo Vino		
	Amount (\$)	Payee address; City; St	ate; Zip Code	
	\$265.88	3215 Westheimer Rd		
Reimbursement from				
	X political contributions intended	Houston, TX 77098		
	DUDDOG		1 5	Па
	PURPOSE OF	Category (See Categories listed at the top of this	schedule) Description	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	EXPENDITURE	Food/Beverage Expense	Campaign Me	
				9
	Complete ONLY if direct	Candidate/Officeholder name	Office sough	Office held
	expenditure to benefit			
	C/OH			
	Date	Payee name		
	03/18/2015	H Liqour		
	Amount (\$)	Payee address; City; St	ate; Zip Code	
	\$67.10	9621 Hilcroft Street		
	Reimbursement from			
	X political contributions intended	Houston, TX 77035		
				<b>—</b>
	PURPOSE OF	Category (See Categories listed at the top of this	schedule) Description	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	EXPENDITURE	Event Expense	Event Expense	
			L vent Expense	
	Complete ONLY if direct	Candidate/Officeholder name	Office sough	Office held
	expenditure to benefit	Januale/Onicenduel Hallie	Office Sough	Onice field
	C/OH			

### SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By-

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officenoider/Politica	II C0	The Instruction Guide explains how to c	omplete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME	-	3 Filer ID
	Sch: 7/30 Rpt: 224/248		BELL, CHRIS		
4	Date	5	Payee name		
	01/12/2015		Heritage Society of Houston		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
·	\$890.00	ľ	1100 Bagby St	000	
	Reimbursement from		Tioo Bagay et		
	X political contributions intended		Houston, TX 77002		
_		_			
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	EXPENDITURE		Event Expense	Event Expenses	
				ZVOIN EXPONO	
9	Complete ONLY if direct	Ca	ndidate/Officeholder name	Office sought	Office held
	expenditure to benefit			Ü	
	C/OH				
	Date		Payee name		
	01/09/2015		Hobby Airport Parking		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$38.00		7800 Airport Blvd		
	Reimbursement from political contributions				
	intended		Houston, TX 77061		
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In District		Check if Austin, TX, officeholder living expense
	EXPENDITORE			Parking	
	Complete ONLY if direct expenditure to benefit	Ca	ndidate/Officeholder name	Office sought	Office held
	C/OH				
	Date		Davies name		
	02/14/2015		Payee name Houston Airport Parking		
_	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$28.00		7800 Airport Blvd		
	Reimbursement from				
	X political contributions intended		Houston, TX 77061		
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	EXPENDITURE		Travel In District	Parking	Shook if Austin, 17, Sinceriouel living expense
	Complete ONLY if direct	Ca	ndidate/Officeholder name	Office sought	Office held
	expenditure to benefit			3	
	C/OH				

### SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Loan
Fees Offic
Food/Beverage Expense Pollii
Gift/Awards/Memorials Expense Print

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica			ı Expens s∕Wages	se Contract Labor		Travel Out of District OTHER (enter a category not listed above)
			The Instruction Guide explains how to	comple	ete this form.		
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID
	Sch: 8/30 Rpt: 225/248		BELL, CHRIS				
4	Date	5	Payee name				
	01/26/2015		Kams Chinese				
6	Amount (\$)	7	Payee address; City; State; Zip (	Code			
	\$35.38		4500 Montrose Blvd				
	Reimbursement from olitical contributions intended		Houston, TX 77006				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description	CI	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense			CI	neck if Austin, TX, officeholder living expense
	EXPENDITORE			Ca	mpaign Meet	ing	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Caı	ndidate/Officeholder name	1	Office sought		Office held
	Date		Payee name				
	02/21/2015		Kroger Grocery				
	Amount (\$)		Payee address; City; State; Zip (	Code			
	\$52.59		10306 S. Post Oak Rd				
	Reimbursement from olitical contributions intended		Houston, TX 77035				
	PURPOSE		Category (See Categories listed at the top of this schedule)		Description	Cl	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Event Expense				neck if Austin, TX, officeholder living expense
	EXI ENDITORE			Eve	ent Expenses		
	Complete ONLY if direct expenditure to benefit C/OH	Caı	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	01/12/2015		LAZ Parking				
	Amount (\$)		Payee address; City; State; Zip (	Code			
	\$8.00		1401 Congress Ave				
	Reimbursement from olitical contributions intended		Houston, TX 77002				
	PURPOSE		Category (See Categories listed at the top of this schedule)		Description	Cl	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In District		_	Cł	neck if Austin, TX, officeholder living expense
				Pai	rking		
	Complete ONLY if allowed	C=	adidata/Officebolder name		Office garrent		Office held
	Complete ONLY if direct expenditure to benefit C/OH	cai	ndidate/Officeholder name		Office sought		Office held

### SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donati

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Ex Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica		mmittee Legal Services	Salaries/M	/ages/Contract Labor	OTHER (enter a category not listed above)
			The Instruction Guide explains ho	w to co	mplete this form.	
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID
	Sch: 9/30 Rpt: 226/248		BELL, CHRIS			
4	Date	5	Payee name			
	01/07/2015		La Colombe D'or			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de	
	\$150.57		3410 Montrose Blvd			
	Reimbursement from political contributions intended		Houston, TX 77006			
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	ule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense			Check if Austin, TX, officeholder living expense
	LAI LINDITORE				Campaign Meetin	g
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	01/23/2015		La Colombe D'or			
	Amount (\$)		Payee address; City; State;	Zip Co	de	
	\$108.93		3410 Montrose Blvd			
	Reimbursement from olitical contributions intended		Houston, TX 77006			
	PURPOSE		Category (See Categories listed at the top of this sched	ule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense			Check if Austin, TX, officeholder living expense
					Campaign Meetin	g
	0 1 0 0 1 1 1 1		F1 + 100 - 1 - 1 - 1		0"	000
	Complete ONLY if direct expenditure to benefit C/OH	Са	ndidate/Officeholder name		Office sought	Office held
	Date		Davis and			
	04/24/2015		Payee name La Colombe D'or			
	Amount (\$)		Payee address; City; State;	Zin Co	do	
	\$55.47		3410 Montrose Blvd	Zip 00	ue	
			3410 Worldose Divu			
	Reimbursement from volitical contributions intended		Houston, TX 77006			
	PURPOSE		Category (See Categories listed at the top of this sched	ule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense			Check if Austin, TX, officeholder living expense
	-				Campaign Meetin	g
	Operation ONE VIII II		- 1. 1-1-10ff 1-1-1		0#*	Office hall
	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name		Office sought	Office held

# SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expendittee Legal Services	ense	Printing Ex	pense /ages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
			The Instruction Guide	explains h	now to co	mplete this form.	
1	Total pages Schedule G:	<b>2</b> F	ILER NAME				3 Filer ID
	Sch: 10/30 Rpt:	Е	BELL, CHRIS				
4	Date	5 F	ayee name				
	01/28/2015	L	a Griglia Houston				
6	Amount (\$)	<b>7</b> F	Payee address; City;	State;	Zip Co	de	
	\$58.18	2	2002 W Gray St				
	Reimbursement from volitical contributions intended	ŀ	Houston, TX 77019				
8	PURPOSE	(a) (	Category (See Categories listed at the top	o of this sche	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	F	Food/Beverage Expense				Check if Austin, TX, officeholder living expense
						Campaign Meet	ing
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cand	idate/Officeholder name			Office sought	Office held
	Date	F	Payee name				
	04/08/2015		/ //inuteMade Park				
	Amount (\$)	F	Payee address; City;	State;	Zip Co	de	
	\$61.75	5	501 Crawford St				
	Reimbursement from olitical contributions intended	ŀ	Houston, TX 77002				
	PURPOSE	(	Category (See Categories listed at the top	o of this sche	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	F	Food/Beverage Expense				Check if Austin, TX, officeholder living expense
	LXI LINDITORL					Campaign Meet	ing
	Complete ONLY if direct expenditure to benefit C/OH	Cano	lidate/Officeholder name			Office sought	Office held
	Date	F	Payee name				
	04/26/2015	1	Natachees Supper n Punch				
	Amount (\$)	F	Payee address; City;	State;	Zip Co	de	
	\$46.94	3	3622 Main St				
	Reimbursement from						
	X political contributions intended	ŀ	louston, TX 77002				
	PURPOSE	(	Category (See Categories listed at the to	o of this sche	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF	F	Food/Beverage Expense		,	· [	Check if Austin, TX, officeholder living expense
	EXPENDITURE		Ŭ i			Campaign Meet	ing
	Complete ONLY if direct expenditure to benefit C/OH	Cano	lidate/Officeholder name			Office sought	Office held

# SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica			Expense /Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)	
			The Instruction Guide explains how to c	complete this form.	•	
1	Total pages Schedule G:	2	FILER NAME	Į:	Filer ID	
	Sch: 11/30 Rpt:		BELL, CHRIS			
4	Date	5	Payee name	•		
	04/16/2015		National MS Assoc.			
6	Amount (\$)	7	Payee address; City; State; Zip C	Code		
	\$100.00		8111 N Stadium Dr # 100			
	Reimbursement from					
	X political contributions intended		Houston, TX 77054			
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Gift/Awards/Memorials Expense		Check if Austin, TX, officeholder living expense	
	EXI ENDITORE			Contribution		
9	Complete ONLY if direct expenditure to benefit	Ca	ndidate/Officeholder name	Office sought	Office held	
	C/OH					
	Date		Payee name			
	05/22/2015		One City Centre			
	Amount (\$)		Payee address; City; State; Zip C	Code		
	\$12.00 1021 Main St #1900					
	Reimbursement from X political contributions					
	intended		Houston, TX 77002			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Travel In District	<u> </u>	Check if Austin, TX, officeholder living expense	
	EXI ENDITORE			Parking		
	Complete ONLY if direct expenditure to benefit	Ca	ndidate/Officeholder name	Office sought	Office held	
	C/OH					
	Date		Payee name			
	05/22/2015		Pax Americana			
	Amount (\$)		Payee address; City; State; Zip C	Code		
	\$82.25		4319 Montrose Blvd			
	Reimbursement from X political contributions					
	intended		Houston, TX 77002			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Food/Beverage Expense	-	Check if Austin, TX, officeholder living expense	
	LAI LINDITURE			Campaign Meeting	g	
		Ca	ndidate/Officeholder name	Office sought	Office held	
	expenditure to benefit C/OH					

# SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica		ommittee	Gift/Awards/Memorials Expens Legal Services	e	Printing Ex Salaries/W	pense ages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
				The Instruction Guide ex	cplains l		•	,
1	Total pages Schedule G:	2	FILER NAM	E				3 Filer ID
	Sch: 12/30 Rpt:		BELL, CHF	RIS				
4	Date	5	Payee name	•				
	04/16/2015		Plat Parkin	g				
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	de	
	\$6.50		Mckinney F	Place 930 Main St				
	Reimbursement from							
	political contributions intended		Houston, T	X 77002				
8	PURPOSE	(a	) Category (S	See Categories listed at the top of	f this sche	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In D	istrict				Check if Austin, TX, officeholder living expense
							Parking	
_								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate/Office	holder name			Office sought	Office held
	Date		Payee name	1				
	04/09/2015		Plat Parkin					
_	Amount (\$)		Payee addre		State:	Zip Co	de	
	\$6.50		-	Place 930 Main St	,			
	Reimbursement from political contributions intended		Houston, T					
_	DURDOSE						Description	Charle if travel autoide of Taylor Complete Cabadula T
	PURPOSE OF		Travel In D	See Categories listed at the top of	T THIS SCH	eaule)	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE		Haveilli	istrict			Parking	
							Ü	
_	Complete ONLY if direct	Ca	ndidate/Office	holder name			Office sought	Office held
	expenditure to benefit						Ū	
	C/OH							
	Date		Payee name	•				
	05/05/2015		Post Oak F	Parking				
_	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de	
	\$2.00		4400 Post	Oak Pkwy				
	Reimbursement from							
	X political contributions intended		Houston, T	X 77002				
	PURPOSE		Category (S	See Categories listed at the top of	f this sche	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In D	istrict			·	Check if Austin, TX, officeholder living expense
	EAFENDITURE						Parking	
	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Office	holder name			Office sought	Office held

### SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Prin	nting Expe nting Exp laries/Wa		Travel Out of District OTHER (enter a category not listed above)
			The Instruction Guide explains how	to com	plete this form.	
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID
	Sch: 13/30 Rpt:		BELL, CHRIS			
4	Date	5	Payee name			
	04/27/2015		Pratham Gala Donation			
6	Amount (\$)	7	Payee address; City; State; Zip	ip Cod	9	
	\$100.00		9703 Richmond Ave # 102			
	Reimbursement from					
	X political contributions intended		Houston, TX 77042			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	e) (I	<b>b)</b> Description	Check if travel outside of Texas. Complete Schedule T.
•	OF	()	Gift/Awards/Memorials Expense	, [	o, 2000p	Check if Austin, TX, officeholder living expense
	EXPENDITURE		City (Walas) Mellioliais Expelies	C	Contribution	
9		Car	ndidate/Officeholder name	•	Office sought	Office held
	expenditure to benefit C/OH					
	Date		Payee name			
	02/14/2015		Quick Trip			
	Amount (\$)		Payee address; City; State; Zip	ip Cod	Э	
	\$3.45		4301 N. Belt Line Rd			
	Reimbursement from X political contributions					
	intended		Dallas, TX 75021			
	PURPOSE		Category (See Categories listed at the top of this schedule)	e)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In District		L	Check if Austin, TX, officeholder living expense
					arking	
	Complete ONLY if direct		adidata (Office le alder record		Office security	O#iss hald
	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officeholder name		Office sought	Office held
	C/OH					
	Date		Payee name			
	01/08/2015		Ristorante Tosca			
_	Amount (\$)		Payee address; City; State; Zip	ip Cod	9	
	\$186.75		1112 F St NW			
	Reimbursement from					
	X political contributions intended		Washington, DC 20004			
_	PURPOSE		Category (See Categories listed at the top of this schedule)	2)	Description	X Check if travel outside of Texas. Complete Schedule T.
	OF		Food/Beverage Expense	,	Description	Check if Austin, TX, officeholder living expense
	EXPENDITURE			C	Campaign Meet	ing
		Ca	ndidate/Officeholder name		Office sought	Office held
	expenditure to benefit C/OH					

# SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica			lemorials Expense s	Printing Ex Salaries/M	pense ages/Contract Labor	Travel Out of District OTHER (enter a category not li	sted above)	
			The Instru	ction Guide explains	how to co	mplete this form.			
1	Total pages Schedule G:	2 FI	LER NAME				3 Filer ID		
	Sch: 14/30 Rpt:	В	ELL, CHRIS						
4	Date	<b>5</b> Pa	ayee name						
	02/25/2015	S	onoma Wine Bar						
6	Amount (\$)	<b>7</b> Pa	ayee address; City	/; State;	; Zip Co	de			
	\$57.63	2	720 Richmond Ave						
	Reimbursement from olitical contributions intended	Н	ouston, TX 77006						
8	PURPOSE	(a) C	ategory (See Categories	listed at the top of this sch	odulo)	(b) Description	Check if travel outside of Texas. C	omplete Schedule T	
Ŭ	OF	` '	ood/Beverage Expe		edule)	(b) Besonption	Check if Austin, TX, officeholder liv	•	
	EXPENDITURE	. '	ood/beverage Expe	1136		Campaign Meeti	ng		
9	Complete ONLY if direct expenditure to benefit C/OH	Candi	date/Officeholder nam	е		Office sought	Office held		
	Date	D.	ayee name						
	02/24/2015		orrento Ristorante						
	Amount (\$)	_	ayee address; Cit	/: State:	Zip Co	de			
	\$414.07		15 Westheimer Roa						
	Reimbursement from Olitical contributions intended		ouston, TX 77006						
	PURPOSE	C	ategory (See Categories	listed at the top of this sch	edule)	Description	Check if travel outside of Texas. C	omplete Schedule T.	
	OF EXPENDITURE	F	ood/Beverage Expe	nse		Check if Austin, TX, officeholder living expense			
						Campaign Meeti	ng		
	Complete ONLY if direct	Candi	date/Officeholder nam	e		Office sought	Office held		
	expenditure to benefit C/OH					, and the second			
	Date	Pa	ayee name						
	01/03/2015	S	outhwest Airliens						
	Amount (\$)	Pa	ayee address; City	/; State;	; Zip Co	de			
	\$682.70	78	800 Airport Blvd						
	Reimbursement from								
	X political contributions intended	Н	ouston, TX 77061						
	PURPOSE	C	ategory (See Categories	listed at the top of this sch	edule)	Description	Check if travel outside of Texas. C	omplete Schedule T.	
	OF EXPENDITURE	T	ravel Out of District				Check if Austin, TX, officeholder liv	ing expense	
	LA LIBITOIL					Flight to Washin	gton DC		
	0 1 0 0 0 0 0 0 0	<u> </u>	1. 1011:			000	200		
	Complete ONLY if direct expenditure to benefit C/OH	Candi	date/Officeholder nam	e		Office sought	Office held		

### SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense mmittee Legal Services	Printing Ex Salaries/W		Travel Out of District OTHER (enter a category not listed above)		
			The Instruction Guide explains h	ow to co	mplete this form.			
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID		
	Sch: 15/30 Rpt:		BELL, CHRIS					
4	Date	5	Payee name					
	02/14/2015		Southwest Airlines					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$128.00		PO Box 36647					
	Reimbursement from							
	X political contributions intended		Dallas, TX 75201					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.		
	OF	`	Travel Out of District	ŕ	· · · · · · [	Check if Austin, TX, officeholder living expense		
	EXPENDITURE				Flight to Dallas			
9		Car	ndidate/Officeholder name	<u> </u>	Office sought	Office held		
	expenditure to benefit C/OH							
	Date		Payee name					
	02/14/2015		Southwest Airlines					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$128.00		PO Box 36647					
	Reimbursement from							
	X political contributions intended		Dallas, TX 75201					
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	OF		Travel Out of District		·	Check if Austin, TX, officeholder living expense		
	EXPENDITURE				Flight to Dallas			
		Ca	ndidate/Officeholder name	•	Office sought	Office held		
	expenditure to benefit C/OH							
	0,011							
	Date		Payee name					
	03/25/2015		Specs					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$83.33		2410 Smith Street					
	Reimbursement from							
	X political contributions intended		Houston, TX 77002					
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	OF		Event Expense	,		Check if Austin, TX, officeholder living expense		
	EXPENDITURE		•		Event Expenses			
		Ca	ndidate/Officeholder name		Office sought	Office held		
	expenditure to benefit C/OH							

### SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense  Legal Services	Printing Ex Salaries/V		Travel Out of District OTHER (enter a category not listed above)		
			The Instruction Guide explains	how to co	mplete this form.			
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID		
	Sch: 16/30 Rpt:		BELL, CHRIS					
4	Date	5	Payee name					
	04/08/2015		The Grove					
6	Amount (\$)	7	Payee address; City; State	; Zip Co	ode			
	\$52.00		1611 Lamar St					
	Reimbursement from							
	X political contributions intended		Houston, TX 77010					
_	DUDDOSE	(0)			(h) Description	Cheek if travel outside of Tayon Complete Cabadula T		
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	EXPENDITURE		Food/Beverage Expense		Campaign Meetir	-		
					pg	-9		
9	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought	Office held		
	expenditure to benefit				3			
	C/OH							
	Date		Payee name					
	05/05/2015		Tony's					
	Amount (\$)		Payee address; City; State	; Zip Co	ode			
	\$114.18		11 Greenway Plaza # 520					
	Reimbursement from							
	X political contributions intended		Houston, TX 77046					
	PURPOSE		Category (See Categories listed at the top of this sch	odulo)	Description	Check if travel outside of Texas. Complete Schedule T.		
	OF		Food/Beverage Expense	ledule)	Description	Check if Austin, TX, officeholder living expense		
	EXPENDITURE		1 dod/ Beverage Expense		Campaign Meeting			
	Complete ONLY if direct	Ca	ndidate/Officeholder name		Office sought	Office held		
	expenditure to benefit C/OH							
	0/011							
	Date		Payee name					
	03/14/2015		Trader Joes					
	Amount (\$)		Payee address; City; State	; Zip Co	ode			
	\$85.08		2922 S. Shepard Drive					
	Reimbursement from							
	X political contributions intended		Houston, TX 77006					
	PURPOSE		Category (See Categories listed at the top of this sch	edule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	OF		Event Expense	,		Check if Austin, TX, officeholder living expense		
	EXPENDITURE		•		Event Expenses			
		Ca	ndidate/Officeholder name		Office sought	Office held		
	expenditure to benefit C/OH							

# SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	Printing Expense Salaries/Wages/Contrac	Travel Out of Cartest	f District er a category not listed above)
			The Instruction Guide explain	ns how to complete this	form.	
1	Total pages Schedule G:	2 FILER NAM	ИΕ		3 Filer ID	
	Sch: 17/30 Rpt:	BELL, CH	IRIS			
4	Date	5 Payee nam	ne			
	03/05/2015	Uber				
6	Amount (\$)	7 Payee add	ress; City; Sta	te; Zip Code		
	\$176.86	1455 Mar	ket St (at 11th St)			
	Reimbursement from					
	X political contributions intended	San Franc	cisco, CA 94103			
8	PURPOSE	(a) Category	(See Categories listed at the top of this	schedule) (b) Descr	ption Check if travel o	utside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In I	District		Check if Austin,	TX, officeholder living expense
	EXPENDITORE			Travel		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name	Office	sought	Office held
	Date	Payee nam	10			
	04/20/2015	Uber				
	Amount (\$)	Payee add	ress; City; Sta	te; Zip Code		
	\$6.93	-	ket St (at 11th St)	10, 21p 0000		
	Reimbursement from intended		cisco, CA 94103			
	PURPOSE	Category	(See Categories listed at the top of this	schedule) Descr	iption Check if travel or	utside of Texas. Complete Schedule T.
	OF	Travel In I		,		TX, officeholder living expense
	EXPENDITURE			Travel		
		Candidate/Offic	eholder name	Office	sought	Office held
	expenditure to benefit C/OH					
_	0/011					
	Date	Payee nam	ne			
	04/19/2015	Uber				
	Amount (\$)	Payee add	ress; City; Sta	te; Zip Code		
	\$18.18	1455 Mar	ket St (at 11th St)			
	Reimbursement from					
	X political contributions intended	San Franc	cisco, CA 94103			
	PURPOSE	Category	(See Categories listed at the top of this	schedule) Descr	ption Check if travel or	utside of Texas. Complete Schedule T.
	OF	Travel In I		,	·	TX, officeholder living expense
	EXPENDITURE			Travel		
	Complete ONLY if direct expenditure to benefit	Candidate/Offic	eholder name	Office	sought	Office held

# SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expense Demmittee Legal Services	Polling Ex Printing E		Travel in District Travel Out of District OTHER (enter a category not listed above)
	Candidate/Onicendide//Folitica	ii Co	The Instruction Guide explains		9	OTHER (effici a category flot listed above)
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID
	Sch: 18/30 Rpt:		BELL, CHRIS			
4	Date	5	Payee name			
	04/13/2015		Uber			
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode	
	\$5.10		1455 Market St (at 11th St)			
	Reimbursement from					
	x political contributions intended		San Francisco, CA 94103			
8	PURPOSE	(a)	(See Categories listed at the top of this so	hedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In District		L	Check if Austin, TX, officeholder living expense
					Travel	
9	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought	Office held
,	expenditure to benefit	Oai	induate/Officerrolder Harrie		Office 30dg/ft	Office field
	C/OH					
	Date		Payee name			
	04/19/2015		Uber			
	Amount (\$)		Payee address; City; State	e; Zip Co	ode	
	\$9.49		1455 Market St (at 11th St)			
	Reimbursement from Value olitical contributions intended		San Francisco, CA 94103			
	PURPOSE		Category (See Categories listed at the top of this so	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In District		[	Check if Austin, TX, officeholder living expense
	EXI ENDITORE				Travel	
	Complete ONLY if direct expenditure to benefit	Ca	andidate/Officeholder name		Office sought	Office held
	C/OH					
	Date		Payee name			
	04/01/2015		Uber			
	Amount (\$)			e; Zip Co	ode	
	\$12.25		1455 Market St (at 11th St)			
	Reimbursement from		,			
	X political contributions intended		San Francisco, CA 94103			
_	PURPOSE		Category (See Categories listed at the top of this so	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF		Travel In District	,		Check if Austin, TX, officeholder living expense
	EXPENDITURE				Travel	
	Complete ONLY if direct expenditure to benefit	Ca	andidate/Officeholder name		Office sought	Office held
	C/OH					

# SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (state a category set listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica		· ·		kpense /ages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
			The Instruction Guide explains	how to co	mplete this form.	
1	1 1	2	FILER NAME			3 Filer ID
	Sch: 19/30 Rpt:		BELL, CHRIS			
4	Date	5	Payee name			
	03/31/2015		Uber			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de	
	\$8.31		1455 Market St (at 11th St)			
	Reimbursement from		,			
	X political contributions intended		San Francisco, CA 94103			
8	PURPOSE	(a)	Category (See Categories listed at the top of this scho	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In District			Check if Austin, TX, officeholder living expense
	EXPENDITURE				Travel	
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	03/31/2015		Uber			
_	Amount (\$)		Payee address; City; State;	Zip Co	de	
	\$12.63		1455 Market St (at 11th St)			
	Reimbursement from Olitical contributions intended		San Francisco, CA 94103			
	PURPOSE		Category (See Categories listed at the top of this scho	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In District			Check if Austin, TX, officeholder living expense
	EXPENDITURE				Travel	
		Ca	ndidate/Officeholder name		Office sought	Office held
	expenditure to benefit C/OH					
	0/011					
	Date		Payee name			
	04/26/2015		Uber			
	Amount (\$)		Payee address; City; State;	Zip Co	de	
	\$20.82		1455 Market St (at 11th St)			
	Reimbursement from					
	X political contributions intended		San Francisco, CA 94103			
		$\vdash$				
	PURPOSE OF	1	Category (See Categories listed at the top of this sch	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Travel In District		Travel	Check if Austin, TX, officeholder living expense
					Travel	
	0	Ĺ				0,000
	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name		Office sought	Office held

# SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica			Expense Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)	
			The Instruction Guide explains how to c	complete this form.		
1	Total pages Schedule G:	2	FILER NAME	3	Filer ID	
	Sch: 20/30 Rpt:		BELL, CHRIS			
4	Date	5	Payee name	•		
	04/26/2015		Uber			
6	Amount (\$)	7	Payee address; City; State; Zip C	Code		
	\$35.63		1455 Market St (at 11th St)			
	Reimbursement from					
	political contributions intended		San Francisco, CA 94103			
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Travel In District	<u> </u>	Check if Austin, TX, officeholder living expense	
				Travel		
9	expenditure to benefit	Ca	ndidate/Officeholder name	Office sought	Office held	
	C/OH					
	Date		Payee name			
	04/24/2015		Uber			
	Amount (\$)		Payee address; City; State; Zip C	Code		
	\$24.59		1455 Market St (at 11th St)			
	Reimbursement from					
	x political contributions intended		San Francisco, CA 94103			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Travel In District	Check if Austin, TX, officeholder living expense		
				Travel		
	Complete ONLY if direct expenditure to benefit	Ca	ndidate/Officeholder name	Office sought	Office held	
	C/OH					
	Date		Payee name			
	04/12/2015		Uber			
	Amount (\$)		Payee address; City; State; Zip C	Code		
	\$38.93		1455 Market St (at 11th St)			
	Reimbursement from X political contributions					
	intended		San Francisco, CA 94103			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.	
	OF		Travel In District		Check if Austin, TX, officeholder living expense	
	EXPENDITURE			Travel		
		Ca	ndidate/Officeholder name	Office sought	Office held	
	expenditure to benefit C/OH					

# SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		· ·		pense /ages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
			The Instruction Guide explains	how to co	mplete this form.	
1	1 1	2	FILER NAME			3 Filer ID
	Sch: 21/30 Rpt:		BELL, CHRIS			
4	Date	5	Payee name			
	04/11/2015		Uber			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de	
	\$11.34		1455 Market St (at 11th St)			
	Reimbursement from		,			
	X political contributions intended		San Francisco, CA 94103			
8	PURPOSE	(a	Category (See Categories listed at the top of this scho	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF		Travel In District			Check if Austin, TX, officeholder living expense
	EXPENDITURE				Travel	
9	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	04/07/2015		Uber			
_	Amount (\$)		Payee address; City; State;	Zip Co	de	
	\$17.24		1455 Market St (at 11th St)	_,		
	Reimbursement from Olitical contributions intended		San Francisco, CA 94103			
	PURPOSE		Category (See Categories listed at the top of this scho	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In District			Check if Austin, TX, officeholder living expense
	EXPENDITURE				Travel	
	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	04/07/2015		Uber			
	Amount (\$)		Payee address; City; State;	Zip Co	de	
	\$14.35		1455 Market St (at 11th St)			
	Reimbursement from					
	X political contributions intended		San Francisco, CA 94103			
	DUDDOOS	_			D I	Ta
	PURPOSE OF		Category (See Categories listed at the top of this scho	edule)	Description	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	EXPENDITURE		Travel In District		Travel	_ Chook ii / Addini, 174, dinocholdor living expense
	Complete ONLY if direct	$\Gamma$	ndidate/Officeholder name		Office sought	Office held
	expenditure to benefit C/OH	Оa	ndidate/Officeriolider ridiffe		Onice sought	Onice Held

# SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		ommittee	Gift/Awards/Memorials Exper Legal Services	ise	Printing Ex Salaries/M	pense ages/Contract Labor	Travel Out of District OTHER (enter a category not list	ted above)
				The Instruction Guide	explains	how to co	mplete this form.	, -	
1	Total pages Schedule G:	2	FILER NAME	=				3 Filer ID	
	Sch: 22/30 Rpt:		BELL, CHR	ris					
4	Date	5	Payee name						
	04/03/2015		Uber						
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de		
	\$20.64		1455 Marke	et St (at 11th St)					
	Reimbursement from								
	x political contributions intended		San Francis	sco, CA 94103					
8	PURPOSE	(a	) Category (S	ee Categories listed at the top	of this sch	nedule)	(b) Description	Check if travel outside of Texas. Co	mplete Schedule T.
	OF EXPENDITURE		Travel In Di	istrict				Check if Austin, TX, officeholder living	ng expense
							Travel		
_									
9	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officel	holder name			Office sought	Office held	
	Date		Payee name						
	04/03/2015		Uber						
_	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de		
	\$18.53		-	et St (at 11th St)		, _,			
	Reimbursement from olitical contributions intended			sco, CA 94103					
	PURPOSE		Category (S	ee Categories listed at the top	of this sch	nedule)	Description	Check if travel outside of Texas. Co	mplete Schedule T.
	OF		Travel In Di			,	•	Check if Austin, TX, officeholder living	ng expense
	EXPENDITURE						Travel		
		Ca	ndidate/Office	holder name		<u> </u>	Office sought	Office held	
	expenditure to benefit C/OH								
	0/011								
	Date		Payee name						
	03/31/2015		Uber						
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de		
	\$15.40		1455 Marke	et St (at 11th St)					
	Reimbursement from								
	X political contributions intended		San Francis	sco, CA 94103					
	PURPOSE		Category (S	ee Categories listed at the top	of this sch	nedule)	Description	Check if travel outside of Texas. Co	mplete Schedule T.
	OF		Travel In Di	istrict			·	Check if Austin, TX, officeholder living	ng expense
	EXPENDITURE						Travel		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate/Office	holder name			Office sought	Office held	

# SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	Printing Ex Salaries/W	pense /ages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
			The Instruction Guide explain	ins how to co	mplete this form.	
1	Total pages Schedule G:	2 FILER NA	ME			3 Filer ID
	Sch: 23/30 Rpt:	BELL, CI	HRIS			
4	Date	5 Payee nar	ne			
	03/31/2015	Uber				
6	Amount (\$)	7 Payee add	dress; City; Sta	ate; Zip Co	de	
	\$9.67	1455 Ma	ket St (at 11th St)			
	Reimbursement from					
	x political contributions intended	San Fran	cisco, CA 94103			
8	PURPOSE	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In	District			Check if Austin, TX, officeholder living expense
					Travel	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offi	ceholder name		Office sought	Office held
		ı				
	Date	Payee nar	ne			
	04/29/2015	Uber				
	Amount (\$)	Payee add	•	ate; Zip Co	de	
	\$16.34	1455 Ma	rket St (at 11th St)			
	Reimbursement from political contributions intended	San Fran	cisco, CA 94103			
	PURPOSE	Category	(See Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In	District			Check if Austin, TX, officeholder living expense
	EXPENDITORE				Travel	
		Candidate/Offi	ceholder name		Office sought	Office held
	expenditure to benefit C/OH					
	Date	Payee nar	ne			
	04/29/2015	Uber				
	Amount (\$)	Payee add	dress; City; Sta	ate; Zip Co	de	
	\$7.27	1455 Ma	rket St (at 11th St)			
	Reimbursement from					
	X political contributions intended	San Fran	cisco, CA 94103			
	PURPOSE	Category	(See Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In	District			Check if Austin, TX, officeholder living expense
	LAI LINDITURE				Travel	
_						
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offi	ceholder name		Office sought	Office held

# SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense mmittee Legal Services	Printing I Salaries/		Travel Out of District OTHER (enter a category not listed above)		
			The Instruction Guide explains	how to c	omplete this form.			
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID		
	Sch: 24/30 Rpt:		BELL, CHRIS					
4	Date	5	5 Payee name					
	04/29/2015		Uber					
6	Amount (\$)	7	Payee address; City; State	Zip C	ode			
	\$15.30		1455 Market St (at 11th St)					
	Reimbursement from							
	political contributions intended		San Francisco, CA 94103					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Travel In District		L	Check if Austin, TX, officeholder living expense		
					Travel			
9	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought	Office held		
9	expenditure to benefit	Cai	ididate/Officerolder flame		Office sought	Office field		
	C/OH							
	Date		Payee name					
05/05/2015 Uber								
Amount (\$) Payee address; City; State; Zip Code								
	\$11.86 1455 Market St (at 11th St)							
	Reimbursement from olitical contributions intended		San Francisco, CA 94103					
	PURPOSE		Category (See Categories listed at the top of this sch	edule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Travel In District			Check if Austin, TX, officeholder living expense		
					Travel			
	Operation ONLY 'S direct		d'.lete /Off: e-le ele en		Office a second to	Office held		
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name		Office sought	Office held		
	C/OH							
	Date		Payee name					
	05/06/2015		Uber					
	Amount (\$)		Payee address; City; State	Zip C	ode			
	\$11.09		1455 Market St (at 11th St)					
	Reimbursement from							
	X political contributions intended		San Francisco, CA 94103					
	PURPOSE		Category (See Categories listed at the top of this sch	edule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Travel In District		. [	Check if Austin, TX, officeholder living expense		
	LAFENDITURE				Travel			
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held		

# SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	pense xpense Vages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)			
			The Instruction Guide explain	s how to co	mplete this form.				
1	Total pages Schedule G:	2 FILER NAM	E			3 Filer ID			
	Sch: 25/30 Rpt:	BELL, CHI	RIS						
4	Date	5 Payee name	e						
	05/08/2015	Uber							
6	Amount (\$)	7 Payee addr	ess; City; Stat	te; Zip Co	ode				
	\$16.42	1455 Mark	et St (at 11th St)						
	Reimbursement from								
	X political contributions intended	San Francisco, CA 94103							
_	DUDDOCE				(b) Description	Objects if transplantation of Transplanta Operation Collection T			
8	PURPOSE OF		See Categories listed at the top of this s	chedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	EXPENDITURE	Travel In D	JISTRICT		Travel				
9	Complete ONLY if direct	L Candidate/Office	eholder name		Office sought	Office held			
	expenditure to benefit				3 11 11 3				
	C/OH								
	Date	Payee name	е						
	05/09/2015	Uber							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$8.79	1455 Market St (at 11th St)							
	Reimbursement from								
	X political contributions intended	San Franc	isco, CA 94103						
	PURPOSE	Category	See Categories listed at the top of this s	abadula)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF	Travel In D		oriedule)	Description	Check if Austin, TX, officeholder living expense			
	EXPENDITURE	Haverini	on the contract of the contrac		Travel				
	Complete ONLY if direct	Candidate/Office	eholder name		Office sought	Office held			
	expenditure to benefit C/OH								
	0/011								
	Date	Payee name	е						
	05/09/2015	Uber							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$19.20	1455 Mark	et St (at 11th St)						
	Reimbursement from								
	X political contributions intended	San Franc	isco, CA 94103						
_	PURPOSE	Category (	See Categories listed at the top of this s	chedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF	Travel In D			2 000	Check if Austin, TX, officeholder living expense			
	EXPENDITURE				Travel				
		Candidate/Office	eholder name		Office sought	Office held			
	expenditure to benefit C/OH								

# SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	Printing Ex Salaries/V		Travel Out of District OTHER (enter a category not listed above)			
			The Instruction Guide explains	how to co	mplete this form.				
1	1 1	2	FILER NAME			3 Filer ID			
	Sch: 26/30 Rpt:		BELL, CHRIS						
4	Date	5	Payee name			•			
	05/10/2015		Uber						
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de				
	\$34.94		1455 Market St (at 11th St)	•					
	Reimbursement from		,						
	X political contributions intended		San Francisco, CA 94103						
8	PURPOSE	(a	Category (See Categories listed at the top of this sch	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.			
Ŭ	OF	۳	Travel In District	eddie)	(b) Description	Check if Austin, TX, officeholder living expense			
	EXPENDITURE		Havei III District		Travel	_			
9	Complete ONLY if direct	Ca	ndidate/Officeholder name		Office sought	Office held			
Ĭ	expenditure to benefit	Ou	marada, emecheda hame		Omoo oougin	Cines noid			
	C/OH								
	Date		Payee name						
	05/16/2015		Uber						
_	Amount (\$)		Payee address; City; State; Zip Code						
	` '								
\$18.29 1455 Market St (at 11th St)									
	Reimbursement from X political contributions								
intended			San Francisco, CA 94103						
	PURPOSE		Category (See Categories listed at the top of this sch	edule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Travel In District			Check if Austin, TX, officeholder living expense			
	EXPENDITURE				Travel				
		Ca	ndidate/Officeholder name		Office sought	Office held			
	expenditure to benefit C/OH								
	0/011								
	Date		Payee name						
	05/16/2015		Uber						
	Amount (\$)		Payee address; City; State	Zip Co	de				
	\$11.25		1455 Market St (at 11th St)						
	Reimbursement from		,						
X bolitical contributions									
	IIIGIIUGU		San Francisco, CA 94103						
	PURPOSE		Category (See Categories listed at the top of this sch	edule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Travel In District			_ Check if Austin, TX, officeholder living expense			
	-				Travel				
	Complete ONLY if direct expenditure to benefit	Ca	ndidate/Officeholder name		Office sought	Office held			
	C/OH								

# SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/(Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ment Solicitation/Fundraising Expense
Pranse Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica			Expense s/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)					
			The Instruction Guide explains how to	complete this form.						
1	Total pages Schedule G:	2	FILER NAME	,	3 Filer ID					
	Sch: 27/30 Rpt:		BELL, CHRIS							
4	Date	5	Payee name							
	05/16/2015		Uber							
6	Amount (\$)	7	Payee address; City; State; Zip C	Code						
	\$13.18		1455 Market St (at 11th St)							
	Reimbursement from									
	x political contributions intended		San Francisco, CA 94103							
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.					
	OF EXPENDITURE		Travel In District	<b> </b> ⊔	Check if Austin, TX, officeholder living expense					
				Travel						
_	0 1 0 0 1 1 1 1 1	Ĺ	111.1011.111	000	0///					
9	Complete ONLY if direct expenditure to benefit	Ca	ndidate/Officeholder name	Office sought	Office held					
	C/OH									
	Date		Payee name							
	05/17/2015		Uber							
	Amount (\$) Payee address; City; State; Zip Code  \$41.55     1455 Market St (at 11th St)									
	·									
Reimbursement from Olitical contributions intended San Francisco, CA 94103										
_	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.					
	OF		Travel In District		Check if Austin, TX, officeholder living expense					
	EXPENDITURE			Travel						
		Ca	ndidate/Officeholder name	Office sought	Office held					
	expenditure to benefit C/OH									
	Date		Payee name							
	05/22/2015		Uber							
	Amount (\$)		Payee address; City; State; Zip C	Code						
	\$17.80		1455 Market St (at 11th St)							
	Reimbursement from X political contributions									
San Francisco, CA 94103										
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.					
	OF EXPENDITURE		Travel In District		Check if Austin, TX, officeholder living expense					
	LAI LINDITURE			Travel						
	Complete ONLY if direct expenditure to benefit	Ca	ndidate/Officeholder name	Office sought	Office held					
	C/OH									

### SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Gift/Awards/Memorials Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME Filer ID Sch: 28/30 Rpt: BELL, CHRIS Date Payee name 05/27/2015 Uber 6 Amount (\$) Payee address: City: State: Zip Code \$11.29 1455 Market St (at 11th St) Reimbursement from olitical contributions intended San Francisco, CA 94103 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Travel In District **EXPENDITURE** Travel Office held Candidate/Officeholder name Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 05/27/2015 Uber Amount (\$) Payee address; City; State; Zip Code \$10.00 1455 Market St (at 11th St) Reimbursement from X political contributions San Francisco, CA 94103 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Travel In District **EXPENDITURE** Travel Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 05/27/2015 Uber City; Amount (\$) Payee address; State; Zip Code \$7.10 1455 Market St (at 11th St) Reimbursement from X political contributions intended San Francisco, CA 94103 **PURPOSE** Description Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Travel In District **EXPENDITURE** Travel Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit

C/OH

# SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense mmittee Legal Services	Printing	g Expense es/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)		
			The Instruction Guide expla	ins how to	complete this form.			
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID		
	Sch: 29/30 Rpt:		BELL, CHRIS					
4	Date	5	5 Payee name					
	05/28/2015		Uber					
6	Amount (\$)	7	Payee address; City; St	ate; Zip	Code			
	\$14.69		1455 Market St (at 11th St)					
	Reimbursement from							
	X political contributions intended		San Francisco, CA 94103					
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Travel In District		L	Check if Austin, TX, officeholder living expense		
					Travel			
9	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought	Office held		
9	expenditure to benefit	Cai	ididate/Officeriolder flame		Office sought	Office field		
	C/OH							
	Date		Payee name					
	05/28/2015		Uber					
Amount (\$) Payee address; City; State; Zip Code								
	\$6.36 1455 Market St (at 11th St)							
	Reimbursement from olitical contributions intended		San Francisco, CA 94103					
	PURPOSE		Category (See Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Travel In District			Check if Austin, TX, officeholder living expense		
EXPENDITORE					Travel			
	Complete ONLY if direct expenditure to benefit	Caı	ndidate/Officeholder name		Office sought	Office held		
	C/OH							
	Date		Davis name					
	05/28/2015		Payee name Uber					
	Amount (\$)	-		ate; Zip	Code			
	\$27.44		1455 Market St (at 11th St)	ato, Zip	Oodc			
	Reimbursement from		rioo wanet of (at 11th ot)					
	X political contributions intended		San Francisco, CA 94103					
	PURPOSE		Category (See Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Travel In District			Check if Austin, TX, officeholder living expense		
					Travel			
		_						
	Complete ONLY if direct expenditure to benefit C/OH	Caı	ndidate/Officeholder name		Office sought	Office held		

### SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule G: Sch: 30/30 Rpt:		FILER NAME BELL, CHRIS	-	3 Filer ID			
4	Date 02/03/2015		Payee name Zimms					
6	Amount (\$) \$49.14  Reimbursement from olitical contributions intended		Payee address; City; State; Zip Co 4321 Montrose Blvd Houston, TX 77003	de				
8	PURPOSE OF EXPENDITURE	` ′	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9	Complete ONLY if direct expenditure to benefit C/OH	Cand	didate/Officeholder name	Office sought	Office held			

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

# SCHEDULE T

The Insti	ruction G	Guide explains	1 Total pages Schedule T Sch: 1/1 Rpt: 248/24							
2 FILER NAME				3 Filer ID						
BELL, CHRIS										
	4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee									
	Best Sandwich Place									
	5 Contribution / Expenditure reported on:									
Schedule A2		Schedule D	Schedule F1							
Schedule F2	Schedule F2 X Schedule G Schedule H Schedule COH-UC Schedule B - SS									
6 Dates of Travel 7 Name of person(s) traveling BELL, CHRIS										
	8 Departu	ure city or name of c	departure location							
01/08/2015	Houst	on								
	9 Destina	ation city or name of	destination location							
01/09/2015	Arlingt	ton								
10 Means of transport			el (including name of co	onference, seminar, or	other event)					
Commercial Airp	lane	Campaign Me	eetings							
Name of Contribut	or / Corpora	ation or Labor Orgar	nization / Pledgor /Paye	e						
Curb Transporta	tion									
Contribution / Expe	enditure rep	oorted on:								
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1				
Schedule F2	Schedule F2 X Schedule G Schedule H Schedule COH-UC Schedule B - SS									
Dates of Travel	Dates of Travel Name of person(s) traveling									
	BELL,	CHRIS								
	Depart	ure city or name of o	departure location							
01/08/2015	Houst	Houston								
	Destina	Destination city or name of destination location								
01/09/2015	Arlingt	ton								
Means of transport		•	el (including name of co	onference, seminar, or	other event)					
Commercial Airp	lane	Campaign Me	eeting							
Name of Contribut	or / Corpora	ation or Labor Orgar	nization / Pledgor /Paye	е						
Ristorante Tosca										
Contribution / Expe	enditure rep	orted on:								
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1				
Schedule F2	X	Schedule G	Schedule H	Schedule COH-UC	Schedule B - SS					
Dates of Travel	Name o	of person(s) travelin	g							
BELL, CHRIS										
Departure city or name of departure location										
01/08/2015 Houston										
	Destination city or name of destination location									
01/09/2015	Arlingt	ton								
Means of transportation Purpose of travel (including name of conference, seminar, or other event)										
Commercial Airp	Commercial Airplane Campaign Meeting									

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER SCHEDULE K The Instruction Guide explains how to complete this form. 1 Total pages Schedule K: Sch: 1/1 Rpt: 248/249 2 FILER NAME BELL, CHRIS 3 Filer ID 5 Name of person from whom amount is received Clement, Mary Kate 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77057 7 Purpose for which amount is received Refund to campaign; Bank/ADP processing error