CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 35
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Jew	MI Don	OFFICE USE ONLY
IVAIVIE	NICKNAME LAST	SUFFIX	Date Received
	Boney		A CO
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO. P.O. Box 8447 Ho	ouston, TX 77288	RECEIVED 16 2015 CITY SECING
Change of Address			CITY SECTION
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 702-9988	EXTENSION	Date Hand delivered or Pala, Postmarked
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mrs. Dorca		Date Processed
	NICKNAME LAST Medina Boney	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 2503 Rosdale St.	JITE#, CITY, STATE; HOUSTON, TX	ZIP CODE 77004
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832) 618-6619	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	X July 15 8th day before ele	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	04 / 06 / 2015	THROUGH 06	30 / 2016
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary 11 03 2015 X General	Runoff Other Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	Council Member District	D City Control	Ler
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Jew Don Bo	ney		15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	X GENERAL	Jew Don Boney Campaign for C	ontroller		
	SPECIFIC	COMMITTEE ADDRESS			
		P.O. Box 8447, Houston, TX 7	7288		
	,	COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		Dorca Medina Boney			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
		2503 Rosedale St, Houston, T	X 77004		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI.			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,390.00		
EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS. UNLESS ITEMIZED		\$			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5,487.31		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 2,902.69 OF REPORTING PERIOD				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ 0		
18 AFFIDAVIT		I swear or affirm under penalty of	perjury, that the accompanying report is		
			ormation required to be reported by me		
Noto	KATHERINE JONES iry Public, State of Te	under Title 15, Election Code.			
Miss Miss	Commission Expire October 30, 2017	es lu lu	10		
		Signature of Can	didate or Officeholder		
AFFIX NOTARY STAMI		Tarribation	1) th		
Sworn to and subscr			, this the <u>16 Hh</u>		
day of Vxl	, 20 <u>/5</u> , 1	to certify which, witness my hand and seal of office.	/ 1		
Afm		Katherine Junes	Notary Public		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME Jew D	on Boney		3 Filer ID (Ethics Commission Filers)	
4 Date 04/15/15	Sheriff Mohamed & Zeineba M. 6 Contributor address; City; State;		7 Amount of contribution (\$) \$1,000.00	
8 Principal occup Engineer	· ·	9 Employer (See Instruct	ions)	
Date 04/18/15	Full name of contributor	·	Amount of contribution (\$)	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date 05/04/15	Andrews & Kurth Texas PAC Contributor address; City; State;	Zip Code	Amount of contribution (\$) \$1,500.00	
Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date 05/04/15	Stacy Kerr	Zip Code Hou, TX 77054	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULF AS N	EEDED	
	If contributor is out-of-state PAC, please see instru			

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 2		
2 FILER NAME Jew Do	n Boney		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor □ out-of-state PAC Zinetta A. Burney	(ID#:)	7 Amount of contribution (\$)		
05/09/15	6 Contributor address; City; State	, , , , , , , , , , , , , , , , , , ,	\$100.00		
	Houston, T	TX 77004			
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
05/19/15	Contributor address; City; State		\$100.00		
	,Missori	. City TX 77459			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
05/21/15	Jimmie White Contributor address; City; State		\$50.00		
	Houston, TX	77021			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date		C (ID#:)	Amount of contribution (\$)		
05/21/15	Davetta M. Daniels Contributor address; City; State Houston, TX	; Zip Code 77004	\$25.00		
Principal occup	 pation / Job title (See Instructions)	Employer (See Instruc	ptions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 02/27/2015

SCHEDULE A1

The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1:
2 FILER NAME Jew Do	on Boney		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
05/22/15	Darryl V. Samuels 6 Contributor address; City; State; Pearland	Zip Code , TX 77584	\$100.00
B Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
05/21/15	Contributor address; City; State; Pearland		\$100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
05/21/15	Contributor address; City; State; Sugarland	Zip Code 1, TX 77498	\$45.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC Ada Jones or Tommie Jones	(ID#:)	Amount of contribution (\$)
05/21/15		Zip Code TX 77088	\$50.00
Principal occup	Deation / Job title (See Instructions)	Employer (See Instruc	cions)
MANAGER TO THE STATE OF THE STA			
	ATTACH ADDITIONAL CODIES OF	TUIC COUEDING A CAN	EEDED
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instru		

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Jew Don	Boney		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC Donna L. Kilgore	(ID#:)	7 Amount of contribution (\$)
06/01/15	6 Contributor address; City; State		\$40.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	s(ID#:)	Amount of contribution (\$)
06/04/15	Contributor address; City; State		\$2,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)
Date		(ID#:)	Amount of contribution (\$)
06/22/15	Joan C. Edwards or Monica I		\$50.00
	nous con	, 11 //004	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C(ID#:) Marshall Roberts	Amount of contribution (\$)
06/22/15			\$500.00
Principal occup Retired	Dation / Job title (See Instructions)	Employer (See Instruc	itions)
	ATTACH ADDITIONAL COPIES O		

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Revised 02/27/2015

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5
2 FILER NAME Jew Don	Boney		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC Terry L. Parker & Terri D. Lo		7 Amount of contribution (\$)
06/27/15	6 Contributor address; City; State; Missouri C	; Zip Code City, TX 77489	\$50.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
06/27/15	Contributor address; City; State Housto	e; Zip Code	\$50.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
06/27/15	_		\$50.00
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC Linda Caraway	C (ID#:)	Amount of contribution (\$)
06/27/15	Contributor address; City; State Houston, TX	e; Zip Code	\$20.00
	·	1	
Principal occuţ	pation / Job title (See Instructions)	Employer (See Instruc	tions)
_			
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	

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

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 6	
2 FILER NAME Jew Do	n Boney		3 Filer ID (Ethics Commission Filers)	
4 Date 06/27/15	Gertrude Barnstone		7 Amount of contribution (\$) \$35.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date 06/27/15	Full name of contributor out-of-state PAC Charlene T. Evans Contributor address; City; State , Houston TX 7700	; Zip Code	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)	
Date 06/29/15	Full name of contributor		Amount of contribution (\$)	
Principal occup Lawyer	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
05/30/15	Contributor address; City; State . Missouri	: Zip Code City TX 77489	\$500.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDIJI F AS N	FEDED	
	If contributor is out-of-state PAC inlease see insti			

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
FILER NAME Jew Dor	Boney		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Out-of-state PAC (III	D#:)	7 Amount of contribution (\$)
6/03/15	6 Contributor address; City; State;		\$100.00
	, не	ou, TX 77034	
Prìncipal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
06/11/15	Contributor address; City; State;	Zip Code TX 77093	\$1,000.00
Principal occup	ration / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor		Amount of contribution (\$)
06/22/15			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instru		

s.state.tx.us

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:			
2 FILER NAME Jew Don Boney			***************************************	3 Filer ID (Ethics Commission Filers)		
4 To	OTAL O	UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Da	ate	6 Full name of contributor)	8 Amount of . 9 In-kind contribution Contribution \$. description		
		7 Contributor address; City; State; Zip Cod				
10 Pr	incipal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Co	ontributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL)(See Instructions)		
14 Co	ontributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If	contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
D	Pate Full name of contributor out-of-state PAC (ID#:)	Amount of . In-kind contribution Contribution \$. description		
		Contributor address; City; State; Zip Co	de	Check if travel outside of Texas, complete Schedule T		
Pr	incipal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	/er (FOR NON-JUDICIAL)(See Instructions)		
C	ontributor's	principal occupation (FOR JUDICIAL)	Contrib	outor's job title (FOR JUDICIAL)(See Instructions)		
С	ontributor's	employer/law firm (FOR JUDICIAL)	Law firr	aw firm of contributor's spouse (if any) (FOR JUDICIAL)		
lf	contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L			
						
I	If	ATTACH ADDITIONAL COPIES OF 7 contributor is out-of-state PAC, please see instruction				

Forms provided by Texas Ethics Commission

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Jew Don Boney 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#:__ . 9 In-kind contribution Amount of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas, complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor ___ out-of-state PAC (ID#:___ of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas, complete Schedule T Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas, complete Schedule T Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Date Full name of pledgor out-of-state PAC (ID#:___ Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas, complete Schedule T Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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

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 co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
1.	Jew Don Boney		
4 Date 05/05/15	5 Payee name ShapeLife NYC		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$187.50	224 Highland Blvd, Brooklyn, N	NY 11207	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE			I outside of Texas, complete Schedule T
OF EXPENDITURE	Consulting Expense	Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/18/15	ShapeLife NYC		
Amount (\$)	Payee address; City; State; Zip Code		
\$275.00	224 Highland Blvd, Brooklyn,	NY 11207	
WWW. 1997	Category (See categories listed at the top of this schedule)	Description	
PURPOSE			outside of Texas, complete Schedule T
OF EXPENDITURE	Consulting Expense	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Jew Don Boney	City Control	ller
Date	Payee name		
05/26/15			
,,	ShapeLife NYC		
Amount (\$)	Payee address; City; State; Zip Code		
\$275.00	224 Highland Blvd, Brooklyn,	, NY 11207	
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE			I outside of Texas, complete Schedule T
OF EXPENDITURE	Consulting Expense	Check if Austin	n, TX, officeholder living expense
	J 1		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Jew Don Boney	City Contr	oller
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

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 co	mplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Jew Don Boney		3 Filer ID (Ethics Commission Filers)
4 Date 04/30/15	5 Payee name Family Dollar		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$93.67	5110 Almeda Rd., Houston TX 7	7004	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Solicitation/Fundraising Expense		I outside of Texas, complete Schedule T in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Jew Don Boney	Office sought City Cont	Office held croller
Date	Payee name		
04/14/15	Star Stop 60		
Amount (\$)	Payee address; City; State; Zip Code		
\$35.00	2111 Southmore, Houston, TX	77004	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel In District		l outside of Texas, complete Schedule T n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name Jew Don Boney	Office sought	Office held
Date	Payee name		
05/17/15	Target		
Amount (\$)	Payee address; City; State; Zip Code	A CONTRACTOR OF THE PARTY OF TH	
\$39.44	300 Meyerland Plaza, Houston	TX	
PURPOSE	Category (See categories listed at the top of this schedule)	Description Check if trave	ol outside of Texas, complete Schedule T
OF EXPENDITURE	Event Expense	Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H Jew Don Boney	Office sought City Con	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

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
Others Contract and Expense 1

Contributions/Donations Made B Candidate/Officeholder/Politica			
	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Jew Don Boney	3 Filer ID (Ethics Commission Filers)	
4 Date 05/19/15	5 Payee name Kolache Factory		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$53.63	3813 SW Freeway, Houston, TX	77046	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OF	Jew Don Boney	City Controller	
Date	Payee name		
05/19/15	Walmart		
A (C)	City States Tip Code		
Amount (\$)	Payee address; City; State; Zip Code		
\$72.80	2391 S. Wayside Dr., Houston	TX 77023	
PURPOSE OF EXPENDITURE	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	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OF	Jew Don Boney	City Controller	
	Pauce come		
Date	Payee name		
05/20/15	HEB		
Amount (\$)	Payee address; City; State; Zip Code		
\$38.15	1701 W. Alabama St. Houston	, TX	
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas, complete Schedule T	
OF EXPENDITURE	Solicitation/Fundraising Expense	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Jew Don Boney	Office sought Office held City Controller	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
AT INOTIABBITIONAL CO. LECOT THIS CONTEST.			

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 Jew Don Boney		3 Filer ID (Ethics Commission Filers)
4 Date 05/09/15	5 Payee name Stripes		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$40.00	2329 Southmore, Houston TX 77	7004	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel In District		outside of Texas, complete Schedule T n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Jew Don Boney	Office sought City Cont	Office held troller
Date	Payee name		
05/09/15	Sunshine Health Food Store		
Amount (\$) \$58.70	Payee address: City; State; Zip Code 4915 MLK Blvd, Houston, TX 7	7021	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		outside of Texas, complete Schedule T
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Jew Don Boney	Office sought City Contro	Office held
Date	Payee name		
05/20/15	Party City		
Amount (\$)	Payee address; City; State; Zip Code		
\$29.14	3225 Southwest Frwy, Houston	., TX 7727	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		outside of Texas, complete Schedule T n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Jew Don Boney	City Contr	oller
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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 Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Constitutions/Donations Made B Candidate/Officeholder/Politics		norials Expense	Polling Expense Printing Expense Salaries/Wages/Contract L	Travel In District Travel Out Of Di abor Other (enter a ca	
	The Instruct	ion Guide explains	how to complete this	form.	
1 Total pages Schedule F1:	2 FILER NAME Jew Don Bone	∍y		3 Filer ID (E	thics Commission Filers)
4 Date 05/22/15	5 Payee name The Honey Bal	ced Ham Com	pany	Access to the second se	
6 Amount (\$)	7 Payee address;	City; State; Zip	Code		A CAN THE CHIEF HE WAS AN AD THE PARKET OF A MADE AND A CAN AND A CAN
\$36.00	2621 S Sheper	d Dr. #140,	Houston TX	77098	
8	(a) Category (See categories li	sted at the top of this sche	edule) (b) Descrip	otion	
PURPOSE			Che	eck if travel outside of Texas, co	omplete Schedule T
OF EXPENDITURE	Solicitation/Fun	draising Exp	oense Look	eck if Austin, TX, officeholder li	ving expense
9 Complete ONLY if direct	Candidate / Officehold		Office s		Office held
expenditure to benefit C/OF	Jew Don Bone	2Y	City	Controller	
Date	Payee name				
05/30/15	Star Stop 60				
Amount (\$)	Payee address; City; State; Zip Code				
\$25.00	2111 Southmore	e, Houston,	TX 77004		
PURPOSE OF EXPENDITURE	Category (See categories li Travel In Dis		Che	otion ck if travel outside of Texas, co ck if Austin, TX, officeholder liv	•
Complete ONLY if direct	Candidate / Officehold	ler name	Office s	ought	Office held
expenditure to benefit C/OF	Jew Don Bone	БĀ	City	Controller	
Date	Payee name				
06/04/15	Ayo Codrignton	i			
Amount (\$)	Payee address;	City; State; Zip	Code		
\$300.00					
	Category (See categories li	sted at the top of this sche	,		
PURPOSE OF EXPENDITURE	Salaries/Wages/Co	ontract Labo		ick if travel outside of Texas, co	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officehol Jew Don Bone		Office s City	cought Controller	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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 c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Jew Don Boney		3 Filer ID (Ethics Commission Filers)
4 Date 06/05/15	5 Payee name Baba Yega		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$61.17	2607 Grant St. Houston, TX 7	7006	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	ļ <u></u>	outside of Texas, complete Schedule T TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Jew Don Boney	Office sought City Contr	Office held oller
Date	Payee name		
06/05/15	Stripes		
Amount (\$)	Payee address; City; State; Zip Code		
\$40.00	2329 Southmore Houston, TX 77	004	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel In District		outside of Texas, complete Schedule T TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Jew Don Boney	Office sought City Contro	Office held ller
Date	Payee name	· · · · · · · · · · · · · · · · · · ·	
06/07/16	Luby's		
Amount (\$)	Payee address; City; State; Zip Code		
\$30.74	2400 South MacGregor Way, Hou	ston,TX 7702	1
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H Jew Don Boney	Office sought City Contro	Office held ller
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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 c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Jew Don Boney		3 Filer ID (Ethics Commission Filers)
4 Date 06/08/15	5 Payee name Houston GLBT Political Caucu	ıs	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$40.00	P.O. Box 66664, Houston, TX 7	77266	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations		outside of Texas, complete Schedule T TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H Jew Don Boney	Office sought City Contro	Office held Oller
Date	Payee name		
05/12/15	ShapelLife NYC		
Amount (\$)	Payee address; City; State; Zip Code		
\$187.50	224 Highland Blvd, Brooklyn	, NY 11207	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	l	outside of Texas, complete Schedule T TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name H Jew Don Boney	Office sought City Contr	Office held
Date	Payee name		
06/11/15	The People's Political Action	on Committee	
Amount (\$) \$10.00	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations		outside of Texas, complete Schedule T TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H Jew Don Boney	Office sought City Contro	Office held ller
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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 Jew Don Boney	3 Filer ID (Ethics Commission Filers)		
4 Date 06/09/15	5 Payee name Star Stop 60			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$30.00	2111 Southmore, Houston, TX 7	77004		
8	(a) Category (See categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Travel In District	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OI	Jew Don Boney	City Controller		
Date	Payee name			
06/13/15	Sunshine Health Food Store			
Amount (\$)	Payee address; City; State; Zip Code			
\$40.51	4915 MLK Blvd, Houston, TX 7	7021		
	Category (See categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Jew Don Boney	Office sought Office held City Controller		
Date	Payee name			
06/13/15	Family Dollar			
Amount (\$)	Payee address; City; State; Zip Code			
\$26.68	5110 Almeda Rd, Houston, TX 7	7004		
PURPOSE	Category (See categories listed at the top of this schedule)	Description Check if travel outside of Texas, complete Schedule T		
OF EXPENDITURE	Solicitation/Fundraising Expense	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Jew Don Boney City Controller			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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 Jew Don Boney	3 Filer ID (Ethics Commission Filers)		
4 Date 06/15/15	5 Payee name Whole Foods			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$55.69	2955 Kirby Dr., Houston, TX 7	77098		
8 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		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Jew Don Boney	Office sought Office held City Controller		
Date	Payee name			
06/22/15	Star Stop 60			
Amount (\$)	Payee address; City; State; Zip Code			
\$40.00	2111 Southmore, Houston, TX	77004		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel In District	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OI	Jew Don Boney	City Controller		
Date	Payee name			
06/24/15	Trader Joe's			
Amount (\$)	Payee address; City; State; Zip Code	,		
\$104.94	2922 South Shepherd Dr., Hou	ston, TX 77098		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H Jew Don Boney	Office sought Office held City Controller		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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 Jew Don Boney	3 Filer ID (Ethics C	commission Filers)
4 Date 06/18/15	5 Payee name El Tiempo Cantina		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$55.36	2814 Navigation Blvd, Housto	n, TX	
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 Check if Austin, TX, officeholder living exp	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H Jew Don Boney	Office sought O City Controller	ffice held
Date	Payee name		
06/26/15	Kwik Kopy Business Solution		
Amount (\$)	Payee address; City; State; Zip Code		
\$48.71	4001 San Jacinto St, Houston	TX 77004	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description Check if travel outside of Texas, complete Check if Austin, TX, officeholder living exp	
Complete ONLY if direct	Candidate / Officeholder name	Office sought O	ffice held
expenditure to benefit C/OI	H Jew Don Boney	City Controller	
Date	Payee name		
06/29/15	Fadi's Mediterranean Grill		
Amount (\$)	Payee address; City; State; Zip Code		
\$54.44	4738 Beechnut St., Houston T.	77096	
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 exp	pense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Jew Don Boney	City Controller	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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 co	mplete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
11	Jew Don Boney		
4 Date	5 Payee name		
06/24/15	HEB		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$90.30	1701 West Alabama St., Housto	n TX 77098	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel	outside of Texas, complete Schedule T
OF EXPENDITURE	Solicitation/Fundraising Expense	Check if Austir	n, TX, officeholder living expense
EVLEIADLIOKE			,
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought City Cont	Office held
expenditure to benefit C/OI	Jew Don Boney	CILY COILL	TOTIET
Date	Payee name		
06/29/15	Star Stop 60		
, , ,			
Amount (\$)	Payee address; City; State; Zip Code		
\$40.00	2111 Southmore, Houston, TX 77004		
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel	outside of Texas, complete Schedule T
OF EXPENDITURE	Travel In District	Check if Austin	n, TX, officeholder living expense
EXPENDITORE			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
SAPERIORATE TO DEHERIT G/OI	Jew Don Boney	City Contr	correr
Date	Payee name		
	T-Mobile		
06/18/15	THOSTIC		
Amount (\$)	Payee address; City; State; Zip Code		
\$72.85	2101 Smith St Houston TV 77002		
,	2101 Smith St, Houston TX 77002		
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE	g = 1, (=== =============================	l — ·	outside of Texas, complete Schedule T
OF	Fees		n, TX, officeholder living expense
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Jew Don Boney	City Contro	oller
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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:	2 FILER NAME Jew Don Boney		3 Filer ID (Ethics Commission Filers)
4 Date 06/16/15	5 Payee name Annie's List		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$25.00	P.O. Box 303277, Austin, TX 7870	03	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense		outside of Texas, complete Schedule T n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Jew Don Boney	Office sought City Control	Office held ler
Date 06/23/15	Payee name Constant Contact		
Amount (\$)	Payee address; City; State; Zip Code		
\$63.96	1601 Trapelo Rd, Waltham MA 0245	51	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	1	outside of Texas, complete Schedule T n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name Jew Don Boney	Office sought City Contro	Office held ller
Date	Payee name		
06/23/15	Blackadelic Tribe Productions		
Amount (\$)	Payee address; City; State; Zip Code		
\$190.00	2824 Arbor, Houston, TX 77004		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	J [outside of Texas, complete Schedule T n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Jew Don Boney	City Contr	oller
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District
Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 13 Jew Don Boney 4 Date 5 Payee name 06/6/15 Dorca Medina Boney 6 Amount (\$) 7 Payee address; City; State; Zip Code P.O. Box 8447, Houston, TX 77288 \$100.00 (b) Description (a) Category (See categories listed at the top of this schedule) 8 __ Check if travel outside of Texas, complete Schedule T **PURPOSE** Light Check if Austin, TX, officeholder living expense OF Travel In District EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct City Controller expenditure to benefit C/OH Jew Don Boney Payee name Date 06/12/15 Dorca Medina Boney City; State; Zip Code Amount (\$) Payee address; P.O. Box 8447, Houston, TX 77288 \$850.00 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** Loan Repayment/Reimbursement Check if Austin, TX, officeholder living expense OF (T-Mobile \$389.88, \$185.52,\$72.8\$) **EXPENDITURE** Travel Expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH City Controller Jew Don Boney Payee name Date T-Mobile 06/02/15 City; State; Zip Code Amount (\$) Payee address; 2101 Smith St, Houston, TX 77002 \$389.88 Category (See categories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule T **PURPOSE** Fees Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Jew Don Boney City Controller

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		xpense Travel In District Expense Travel Out Of District 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 Jew Don Boney	3 Filer ID (Ethics Commission Filers)	
4 Date 06/02/15	5 Payee name T-Mobile		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$185.52	2101 Smith St. Ste 103, Houston	, TX 77002	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE OF		Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense	
EXPENDITURE	Fees	Check if Austri, 17, Officeroad avrily expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jew Don Boney	Office sought Office held City Controller	
Date	Payee name		
06/13/15	Dorca Medina Boney		
Amount (\$)	Payee address; City; State; Zip Code		
\$300.00	P.O. Box 8447, Houston, TX 772	8 8	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense Event Expense	Description Check if travel outside of Texas, complete Schedule T Check if Austin. TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OH	Jew Don Boney	City Controller	
Date	Payee name		
06/15/15	Dorca Medina Boney		
Amount (\$)	Payee address; City; State; Zip Code		
\$200.00	P.O. Box 8447, Houston, TX 7728	38	
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE	Travel In District	Check if travel outside of Texas, complete Schedule T	
OF EXPENDITURE	Travel in District	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OH	Jew Don Boney	City Controller	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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 Glft/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica	y Gift/Awards/Memorials Expense Printing	g Expense Travel In District g Expense Travel Out Of District s/Wages/Contract Labor Other (enter a category not listed above)	
	The Instruction Guide explains how t	, 3,	
1 Total pages Schedule F1: 15	2 FILER NAME Jew Don Boney	3 Filer ID (Ethics Commission Filers)	
4 Date 06/18/15	5 Payee name Dorca Medina Boney		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$300.00	P.O. Box 8447, Houston TX 7728	8	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE	Reimbursement (Office Supplies)	Check if travel outside of Texas, complete Schedule T	
OF EXPENDITURE	Gift/Awards/Memorials Expense	L Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Jew Don Boney	Office sought Office held City Controller	
Date	Payee name		
06/24/15	Dorca Medina Boney		
Amount (\$)	Payee address; City; State; Zip Code		
\$150.00	P.O. Box 8447, Houston, TX 772	288	
PURPOSE OF EXPENDITURE	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	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OH	Jew Don Boney	City Controller	
Date	Payee name		
06/26/15	Dorca Medina Boney		
Amount (\$)	Payee address; City; State; Zip Code		
\$145.00	P.O. Box 8447, Houston, TX 772	88	
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF	Travel In District	Check if travel outside of Texas, complete Schedule T	
EXPENDITURE	TIEVOI III DIBOLICO	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OH	Jew Don Boney	City Controller	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

Contributions/Donations Made E Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	Printing Expense Printing Expense Salaries/Wages/	9	Travel in District Travel Out Of District Other (enter a category not listed above)	
Obridiatio/Ontechniquin Olitica	ar commune	The Instruction Guide exp			Office (effice a category not listed above)	
1 Total pages Schedule F2:	2 FILER	NAME			3 Filer ID (Ethics Commission Filers)	
1	Je	w Don Boney				
4 TOTAL OF UNITE	4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$					
5 Date	6 Payee	name				
7 Amount (\$)	8 Payee	address; City; Stat	e; Zip Code			
9 TYPE OF			·····			
EXPENDITURE		Political No.	n-Political			
10	(a) Categ	ory (See categories listed at the	top of this schedule)	(b) Description	on	
PURPOSE				Check	if travel outside of Texas, complete Schedule T	
OF EXPENDITURE					if Austin, TX, officeholder living expense	
				-	• ,	
dd o Li Owy z z	<u> </u>					
11 Complete ONLY if direct expenditure to benefit C/C		ndidate / Officeholder name	Office	sought	Office held	
Date	Payee	name				
		TOTAL CONTRACTOR OF THE CONTRA				
Amount (\$)	Payee	e address; City; Sta	te; Zip Code			
TYPE OF		Political	Non-Politica	al .		
EXPENDITURE		Folitical				
	Categ	gory (See categories listed at the	top of this schedule)	Descripti	on	
PURPOSE				Check	if travel outside of Texas, complete Schedule T	
OF EXPENDITURE				Check	if Austin, TX, officeholder living expense	
Complete ONLY if direct		ndidate / Officeholder name	Office	- cought	Office held	
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
l						

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Jew Don	Boney			
4 Date	5 Name of person from whom investment is purchased			
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code		
	7 Description of investment			
	8 Amount of investment (\$)			
Date	Name of person from whom investment is purchased			
	Address of person from whom investment is purchased; Cit	y; State; Zip Code		
	Description of investment			
	Amount of investment (\$)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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 Gitl/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 Salanes/tvages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.						
1 Total pages Schedule G:	2 FILER NAME Jew Don Boney	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
political contributions intended		I/b) Danishin				
PURPOSE OF EXPENDITURE	(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				
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held				
Date	Payee name					
Amount (\$) Reimbursement from political contributions	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	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				
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
Date	Payee name					
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	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				
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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 Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME 1 Jew Don Boney

4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description Check if travel outside of T Check if Austin, TX, officel			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code	•			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description Check if travel outside of The Check if Austin, TX, office	exas, complete Schedule T		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code	•			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description Check if travel outside of Check if Austin, TX, office	Texas, complete Schedule T holder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDED			

SCHEDULE !

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILERNAME Jew Don Boney	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name	<u> </u>			
6 Amount (\$)	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

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

SCHEDULE K

The	dule K:		
2 FILER NAME	s Commission Filers)		
Jew Dor	л волеу		
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State;	Zip Code	
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

SCHEDULE T

The Instruction Guide explains how to complete this form.				1 Total pages Schedule T:		
2 FILER NAME Jew Don Boney				3 Filer ID (Ethics Comr	nission Filers)	
	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
	5 Contribution / Expenditure reported on:					
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	☐ Schedule D	Schedule F1	
	Schedule F2 Schedule G Schedule H Schedule COH-UC Schedule B-SS					
6 Dates of travel	7 Name of person(s) traveling					
	8 Departure city or r	name of departure locati	on	Activities to the second secon		
	9 Destination city or	name of destination loc	cation			
10 Means of transportati	on 11 Purp	ose of travel (including i	name of conference, se	minar, or other event)		
Name of Contributor /	Corporation or Labor (Organization / Pledgor /	Payee			
Contribution / Expend						
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedule G	Schedule H	Schedule COH-U	C Schedule B-SS		
Dates of travel	Dates of travel Name of person(s) traveling					
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expend		r	·	[]		
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedule G	Schedule H	Schedule COH-U	C Schedule B-SS	VALUE	
Dates of travel	Name of person(s) traveling				
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						