CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	n Guide explains how to com	plete this form	1 Filer ID(Ethics Com	mission filers)	2 Total pages filed
3 CANDIDATE /	MS/MRS/MR	FIRST	MI		
OFFICEHOLDER	Mr.	Dwight		Date Received	
	NICKNAME	Dwight LAST	SUFFIX		
NAME	NICRNAME		SUFFIX	10/5/2015	
		Boykins			
4 CANDIDATE /	ADDRESS / PO BOX;	APT/SUITE #; CITY	; STATE; ZIP CODE		
OFFICEHOLDER	2726 Bissonnet				
MAILING	240-20			Date Hand-delivered	d or Date Postmarked
ADDRESS	Houston TX 77005				
X Change of address					
5 CANDIDATE /	AREA CODE	PHONE NUMBER	EXTENSION		
OFFICEHOLDER	(713) 223-0223				
PHONE					
6 CAMPAIGN	MS/MRS/MR	FIRST	MI	Receipt #	Amount
TREASURER	Mr.	Lee	Ρ.	Date Processed	
NAME	NICKNAME	LAST	SUFFIX	Date Imaged	
		Brown			
7 CAMPAIGN	STREET ADDRESS (No PO Box Please	se);	APT/SUITE # ;	CITY; STATE;	ZIP CODE
TREASURER	1001 McKinney				
ADDRESS	1650				
(Business)	Houston TX 77002				
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE	(832) 366-1584				
	January 15 X 30th day bet		al repport (Attach C/OH - FR)	Exceeded \$500 limit	
9 REPORT TYPE				1	
	July 15 8th day befo	pre election Rur	noff	15th day after campaign tre	easurer appointment(officeholder only)
10 PERIOD	Month Day	Year		Month Da	ay Year
COVERED	7/1/2015		THROUGH	9/24/2	2015
11 ELECTION	ELECTION DATE	ELECTION	N TYPE		
	Month Day Year			—	
	11/3/2015	Primary	Runoff	X General	Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOU	GHT (if known)	
	City Council - District D		City Cou	ncil - District D	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM	C/OH
 <u> </u>	

14 FILER NAME Dwight Boykins

COVER SHEET PG 2 15 Filer ID (Ethics Commission Filers)

	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.			
16 NOTICE	COMMITTEE TYPE	COMMITTEE NAME		
FROM				
POLITICAL	GENERAL	COMMITTEE ADDRESS		
COMMITTEE(S)				
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASU	JRER NAME	
additional pages		COMMITTEE CAMPAIGN TREASU	JRER ADDRESS	
17 CONTRIBUTION	1 TOTAL POLITIC	AL CONTRIBUTIONS OF \$	50 OR LESS (OTHER THAN	
TOTALS	PLEDGES, LOA	NS, OR GUARANTEES OF	LOANS), UNLESS ITEMIZED	\$
	2 TOTAL POLITIC	AL CONTRIBUTIONS	\$45,600.00	
	(OTHER THAN I	PLEDGES, LOANS, OR GU	ARANTEES OF LOANS)	
EXPENDITURE	3 TOTAL POLITIC	AL EXPENDITURES OF \$1	00 OR LESS, UNLESS ITEMIZED	
TOTALS				\$185.84
	4 TOTAL POLITIC	AL EXPENDITURES		
				\$40,298.41
			ITAINED AS OF THE LAST DAY	
CONTRIBUTION BALANCE	5 TOTAL POLITIC OF REPORTING		TAINED AS OF THE LAST DAT	\$65,771.01
OUTSTANDING LOAN		AL AMOUNT OF ALL OUT	STANDING LOANS AS OF THE	¢
TOTALS				\$
18 AFFIDAVIT				
			I swear, or affirm, under penalty of perjury, report is true and correct and includes all in	
			reported by me under Title 15, Election Co	
			Dwight Boyk	ins
			Signature of Candidate	or Officeholder
AFFIX NOT STAMP / SE	AL ABOVE			
Sworn to and subscribed	before me, by the said	d t	, this the	day
of	-		h, witness my hand and seal of office.	

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19 F	19 FILER NAME Dwight Boykins 20 Filer ID (Ethics Commission Filers)						
21	S	CHEDULE SUBTOTALS	SUBTOTAL				
	Ν	AMOUNT					
1		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 45600				
2		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0				
3		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0				
4		SCHEDULE E: LOANS	\$ 0				
5		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 40113				
6		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0				
7		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTION	NS \$ 0				
8		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0				
9		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	F C/OH \$ 0				
10		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BUTIONS \$ 0				
11		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R	ETURNED TO FILER \$ 0				

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

C/OH NAME Dwight Boykins

FORM C/OH ADDENDUM

ACCOUNT # (Ethics Commission filers)

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

SCHEDULE	A1
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he Instruction (Guide explains how to complete t	this form.		1 Total Pages Schedule A1:
FILER NAME	Dwight Boykins			3 Filer ID (Ethics Commission filers)
Date	5 Full name of contributor	out of state		
Date	OSI, LLC			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/15/2015		Houston	TX 77288	500
Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	5 Full name of contributor	out of state	PAC(ID#)	
Date	Across the Track PAC			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/15/2015		Houston	TX 77021	1000
Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	L ctions)
Date	5 Full name of contributor	out of state	PAC(ID#)	1
	The FRGC Group			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/15/2015		Houston	TX 77021	1500
Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	5 Full name of contributor	X out of state	PAC(ID# 428391)	1
	Republic Services, Inc. Employees Better Government PAC		(7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	•
9/15/2015		Phoenix	AZ 85054	500
Principal occ	supation / Job title (See Instructions)		9 Employer (See Instruc	Litions)

SCHEDULE A1

The Instruction G	uide explains how to complete	this form.		1 Total Pages Schedule A1:
2 FILER NAME [Dwight Boykins			3 Filer ID (Ethics Commission filers)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Levi Benton & Associates PLLC			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	•
9/15/2015		Houston	TX 77002	500
8 Principal occu	Jupation / Job title (See Instructions)		9 Employer (See Instruc	uctions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	C.M. Brewster			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/15/2015		Houston	TX 77033	200
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	ictions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Kevin Brewster			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/15/2015		Houston	TX 77045	500
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	uctions)
Industrial Eng	ineering Section Mgr			
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Aleice Goodson Brooks			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/15/2015		Houston	TX 77004	50
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	ictions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	

SCHEDULE A1

Th	e Instruction G	uide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 F	ILER NAME D	Dwight Boykins			3 Filer ID (Ethics Commission filers)
		Scott Burch			7 Amount of contributions (\$)
	0/45/0045	6 Contributor address;	City;	State; Zip Code	
	9/15/2015		Dallas	TX 75220	500
8	Principal occu Entertainment	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor Frank Burge	out of state	PAC(ID#)	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/15/2015		Houston	TX 77004	50
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor Zinetta Burney	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/15/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77004	100
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor Hellen Callier	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/1/2015	6 Contributor address;	City; Kingwood	State; Zip Code TX 77339	250
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	L ctions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	7 Amount of contributions (0)
		Darryl Carter			7 Amount of contributions (\$)

The Instruction (Guide explains how to complet	e this form.		1 Total Pages Schedule A1:
2 FILER NAME	Dwight Boykins			3 Filer ID (Ethics Commission filers)
	6 Contributor address;	City;	State; Zip Code	
9/15/2015	,	Houston	TX 77019	500
3/13/2013		ribuston	1X 11013	
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	L tions)
Attorney				
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
- Dato	Cindy Clifford			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/15/2015		Houston	TX 77019	250
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	l stions)
Public Relati	ons			
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
4 Duto	Peggy Ann Engram, Ph.D.			7 Amount of contributions (\$)
	r oggy Ann Engrann, r n.D.			
	6 Contributor address;	City;	State; Zip Code	
9/15/2015		Houston	TX 77021	100
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	l stions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Duni Hebron			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	•
9/15/2015		Pearland	TX 77584	250
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)

SCHEDULE A1

The Instruction G	uide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 FILER NAME D	wight Boykins			3 Filer ID (Ethics Commission filers)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Limas Jefferson			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/15/2015		Seabrook	TX 77586	300
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	J.R. Jones			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/15/2015		Houston	TX 77079	2000
8 Principal occu Engineer	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Eric Langan			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/15/2015		Pearland	TX 77584	500
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
CEO				
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Dirk Lauken			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
7/1/2015		Spring	TX 77381	500
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
Founder				
4 Date	5 Full name of contributor	out of state	PAC(ID#)	

SCHEDULE	A1
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he Instruction	Guide explains how to complet	te this form.		1 Total Pages Schedule A1:
FILER NAME	Dwight Boykins			3 Filer ID (Ethics Commission filers)
	Mark Lechner			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/15/2015		Fisherville	KY 40023	1000
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instru-	ctions)
Real Estate				
Date	5 Full name of contributor Andrea Logans	out of state	PAC(ID#)	7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/15/2015		Houston	TX 77056	3000
Principal oc CEO	cupation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Date	5 Full name of contributor	out of state	PAC(ID#)	
	Political Action Committee of Winstead PC			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
7/27/2015		Dallas	TX 75201	1000
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Date	5 Full name of contributor	out of state	PAC(ID#)	
	Frank Mbachu			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/15/2015		Sugar Land	TX 77479	1000
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instru-	ctions)
Engineer				
Date	5 Full name of contributor	out of state	PAC(ID#)	

SCHEDULE	A1
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The Instruction	Guide explains how to complet	te this form.		1 Total Pages Schedule A1:
2 FILER NAME	Dwight Boykins			3 Filer ID (Ethics Commission filers)
	Reginald McKamie, Sr.	<u> </u>		7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/15/2015		Houston	TX 77055	500
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instru	ctions)
. Date	5 Full name of contributor Donald Middleton	out of state	PAC(ID#)	7 Amount of contributions (\$)
9/15/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77016	- 500
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instru	ctions)
. Date	5 Full name of contributor Locke Lord LLP	out of state	PAC(ID#)	7 Amount of contributions (\$)
9/15/2015	6 Contributor address;	City; Dallas	State; Zip Code TX 75201	- 1000
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instru	ctions)
. Date	5 Full name of contributor Linebarger Goggan Blair & Sampson LLP	out of state	PAC(ID#)	7 Amount of contributions (\$)
9/15/2015	6 Contributor address;	City; Austin	State; Zip Code TX 78760	- 1000
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instru	ctions)
3 Principal oc				
L Date	5 Full name of contributor	out of state	PAC(ID#)	

SCHEDULE	A1
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The Instruction (Guide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 FILER NAME	Dwight Boykins			3 Filer ID (Ethics Commission filers)
	LAN-PAC			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/15/2015		Houston	TX 77042	500
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instrue	ctions)
4 Date	5 Full name of contributor CP&Y Inc. PAC	out of state	PAC(ID#)	7 Amount of contributions (\$)
9/15/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77042	- 1000
3 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instrue	ctions)
4 Date	5 Full name of contributor J. Russ	out of state	PAC(ID#)	7 Amount of contributions (\$)
9/15/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77042	- 250
3 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instrue	ctions)
1 Date	5 Full name of contributor HAA Better Government Fund	out of state	PAC(ID#)	7 Amount of contributions (\$)
9/15/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77041	- 500
3 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instrue	L ctions)
4 Date	5 Full name of contributor Cobb Fendley PAC	out of state	PAC(ID#)	7 Amount of contributions (\$)

SCHEDULE A	1
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be Instruction	Cuido ovoloino hour to complete	this form		1 Total Dagas Schodula A1:
The Instruction	Guide explains how to complete	1 Total Pages Schedule A1:		
FILER NAME	Dwight Boykins			3 Filer ID (Ethics Commission filers)
9/15/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77040	250
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instru	uctions)
Date	5 Full name of contributor	out of state	PAC(ID#)	
	Fulbright & Jaworski LLP Texas Committee			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
8/14/2015		Houston	TX 77010	1000
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instru	uctions)
Date	5 Full name of contributor Allen Watson	out of state	PAC(ID#)	7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/15/2015		Houston	TX 77007	500
	cupation / Job title (See Instructions)		9 Employer (See Instru	uctions)
Engineer				
Date	5 Full name of contributor Houston Fire Fighters Political Action Fund	out of state	PAC(ID#)	7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
		Houston	TX 77009	5000
9/15/2015				
	cupation / Job title (See Instructions)		9 Employer (See Instru	uctions)
	ccupation / Job title (See Instructions) 5 Full name of contributor	out of state		uctions)

SCH	EDU	LE	A 1

The Instruction (Guide explains how to complete	1 Total Pages Schedule A1:		
2 FILER NAME	Dwight Boykins			3 Filer ID (Ethics Commission filers)
	6 Contributor address;	City;	State; Zip Code	
9/15/2015		Houston	TX 77004	500
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Real Estate I	Developer			
4 Date	5 Full name of contributor	out of state I	PAC(ID#)	
	Aundrea Young			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/15/2015		Missouri City	TX 77459	500
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
President				
4 Date	5 Full name of contributor	out of state I	PAC(ID#)	1
	Giti Zarinkelk			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/15/2015		Houston	TX 77019	500
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	itions)
Engineer				
4 Date	5 Full name of contributor	out of state I	PAC(ID#)	1
	Smith & Company Architects			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
8/27/2015		Houston	TX 77004	1000
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	Ltions)

SCHEDULE	A1
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1 Total Pages Schedule A1:	Guide explains how to complete this form.	e Instruction G
3 Filer ID (Ethics Commission filers)	Dwight Boykins	ILER NAME D
AC(ID#)	5 Full name of contributor out of state	Date
7 Amount of contributions (\$)	Gregg Reyes	
State; Zip Code	6 Contributor address; City;	
TX 77024 2500	Houston	9/24/2015
9 Employer (See Instructions)	ccupation / Job title (See Instructions)	Principal occu CEO
PAC(ID# C00085316)	5 Full name of contributor X out of state	Date
7 Amount of contributions (\$)	Cigna Corp Political Action Committee	
State; Zip Code	6 Contributor address; City;	
DC 20004 1000	Washingtor	9/24/2015
9 Employer (See Instructions)	ccupation / Job title (See Instructions)	Principal occu
AC(ID#	5 Full name of contributor X out of state 00051019)	Date
7 Amount of contributions (\$)	Texas Working Families PAC	
State; Zip Code	6 Contributor address; City;	
LA 70809 500	Baton Roug	9/24/2015
9 Employer (See Instructions)	ccupation / Job title (See Instructions)	Principal occu
PAC(ID#)	5 Full name of contributor out of state	Date
7 Amount of contributions (\$)	Paula McHam	
State; Zip Code	6 Contributor address; City;	
TX 77095 100	Houston	9/24/2015
9 Employer (See Instructions)	ccupation / Job title (See Instructions)	Principal occu

SCHEDULE A1

The Instruction (Guide explains how to complete	e this form		1 Total Pages Schedule A1:
2 FILER NAME I	Dwight Boykins			3 Filer ID (Ethics Commission filers)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	CC Lee			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/24/2015		Houston	TX 77036	1000
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Architecture				
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Kenneth Cowan			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/24/2015		Houston	TX 77021	200
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	James Gillham			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/24/2015		Cypress	TX 77429	250
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Dannette Davis			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/24/2015		Pearland	TX 77581	500
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	Ltions)
Principal				
4 Date	5 Full name of contributor	out of state	PAC(ID#)	

SCHEDULE	A1
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he Instruction (Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
FILER NAME	Dwight Boykins			3 Filer ID (Ethics Commission filers)
	Bracewell & Giuliani Committee	<u></u>		7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/24/2015		Houston	TX 77002	500
Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Date	5 Full name of contributor	out of state	PAC(ID#)	
	Mohammad Irfan			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/24/2015		Katy	TX 77494	1500
Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instrue	ctions)
Engineer				
Date	5 Full name of contributor	out of state	PAC(ID#)	
	Theldon Branch III			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
8/18/2015		Houston	TX 77025	2500
Principal occ	upation / Job title (See Instructions)		9 Employer (See Instru	ctions)
CEO				
Date	5 Full name of contributor	out of state	PAC(ID#)	
	John Avalon			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
7/24/2015		Houston	TX 77006	5,000.00
Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Investments				
			OF THIS SCHEDUL	

	The Instruction Guide	e explains how to complete	e this form.
1 Total pages Schedule F1:	² FILER NAME Dwight Boyl	kins	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/1/2015	Pappadeaux Seafood Kite	chen	
6 Amount (\$)	7 Payee address; City;	State; Zip Cod	le
140.22	13080 US-290		
	Houston tx 77040		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel ou	itside of Texas, complete Schedule T
			rX, officeholder living expense
	Food/Beverage Expense		der meeting
			0
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/1/2015	GoDaddy		
6 Amount (\$)	7 Payee address; City;	State; Zip Cod	le
36.31	14455 N. Hayden Rd. #219)	
	Scottsdale AZ 85260		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel ou	tside of Texas, complete Schedule T
		Check if Austin, T	rX, officeholder living expense
	Advertising Expense	campaig	n website hosting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
4 Date	5 Payee name		
7/0/00/5			

7/8/2015	Becks Prime	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
26.20	919 Milam	
	Houston TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	² FILER NAME Dwight Boykir	าร	3 Filer ID (Ethics Commission filers)	
	Food/Beverage Expense	Check if travel outside of Te Check if Austin, TX, officeho officeholder meetin	older living expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held	
4 Date	5 Payee name			
7/9/2015	Pappas Bar-B-Q			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
14.18	1217 Pierce Street Houston TX 77002			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
	Food/Beverage Expense	Check if travel outside of Te Check if Austin, TX, officeho officeholder meetin	older living expense	
 9 Complete ONLY if direct expendituree to benefit C/OH 	Candidate / Officehoder name	office sought o	ffice held	

	The Instruction Guide	explains how to complete this form.
1 Total pages Schedule F1:	² FILER NAME Dwight Boyk	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	
7/15/2015	Reef Restaurant	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
153.68	2600 Travis	
	Houston TX 77006	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Food/Beverage Expense	officeholder meeting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
4 Date	5 Payee name	
7/14/2015	Network for Good	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
200.00	1140 Connecticut Avenue N	NW, Suite 700
	Washington DC 20036	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Office Overhead/Rental	fundaising software
	Expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
4 Date	5 Payee name	
7/20/2015	Artista	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
109.58	800 Bagby	
	1	

(b) Description

Houston TX 77002

8 PURPOSE OF EXPENDITURE (a) Category

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	² FILER NAME Dwight Boykin	3	3 Filer ID (Ethics Commission filers)	
	Food/Beverage Expense	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense officeholder meeting		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held	
4 Date	5 Payee name			
7/24/2015	www.justflowers.com			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
51.77	11999 San Vincente Blvd., St Los Angeles CA 90049	e. 340		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
	Event Expense	Check if travel outside of Te Check if Austin, TX, officeho flowers for campaig	older living expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held	

	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME Dwight Boyl	kins		3 Filer ID (Ethics Commission filers)		
4 Date	5 Payee name					
7/24/2015	www.justflowers.com					
6 Amount (\$)	7 Payee address; City;	State;	Zip Code			
55.97	11999 San Vincente Blvd.,	, Ste. 340				
	Los Angeles CA 90049	1				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	n			
		Check if	f travel outside of Te	xas, complete Schedule T		
		Check if	f Austin, TX, officeho	older living expense		
	Event Expense		flowers for campaig	gn event		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	of	ffice held		
expendituree to benefit C/OT						
4 Date	5 Payee name					
7/24/2015	www.justflowers.com					
6 Amount (\$)	7 Payee address; City;	State;	Zip Code			
55.97	11999 San Vincente Blvd.,	, Ste. 340				
	Los Angeles CA 90049					
8 PURPOSE OF EXPENDITURE		(b) Descriptior	า			
		Check if	f travel outside of Te	xas, complete Schedule T		
		Check if	f Austin, TX, officeho	older living expense		
	Event Expense		flowers for campaig			
				· · · · · · ·		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	ol	ffice held		
expendituree to benefit C/OH		0				
4 Date	5 Payee name					

4 Date	5 Payee name			
7/24/2015	Gogo Business Communica	ions		
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
85.00	10900 Northwest Fwy			
	Houston TX 77092			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Descr	ription	

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME Dwight Boyki	ns	3 Filer ID (Ethics Commission filers)		
	Office Overhead/Rental Expense	Check if travel outside of Te Check if Austin, TX, officeho document printing			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held		
4 Date	5 Payee name				
7/24/2015	Lucille's				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
50.88	5512 La Branch St. Houston TX 77006				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
	Food/Beverage Expense	Check if travel outside of Te Check if Austin, TX, officeho officeholder meetin	older living expense		
 9 Complete ONLY if direct expendituree to benefit C/OH 	Candidate / Officehoder name	office sought o	ffice held		

	The Instruction Guide	e explains how to c	complete this for	m.
I Total pages Schedule F1:	² FILER NAME Dwight Boyk	kins		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
7/24/2015	Seasons 52			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
499.90	4410 Westheimer Rd			
	Houston TX 77027			
B PURPOSE OF EXPENDITUR	E (a) Category Food/Beverage Expense	Check if	travel outside of T	Texas, complete Schedule T holder living expense ing
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
Late	5 Payee name			
7/25/2015	The Grove			
S Amount (\$)	7 Payee address; City;	State;	Zip Code	
140.16	1611 Lamar St			
	Houston TX 77010			
3 PURPOSE OF EXPENDITUR	E (a) Category		travel outside of T	Fexas, complete Schedule T holder living expense
	Food/Beverage Expense		officeholder meet	ing
 Complete ONLY if direct expendituree to benefit C/OH 	Candidate / Officehoder name	office sought		office held

4 Date	5 Payee name
7/26/2015	Cigar Emporium
6 Amount (\$)	7 Payee address; City; State; Zip Code
72.70	3514 S Shepherd Dr
	Houston TX 77098
8 PURPOSE OF EXPENDITURE	(a) Category (b) Description

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME Dwight Boykins	;	3 Filer ID (Ethics Commission filers)		
	Other	Check if travel outside of Te Check if Austin, TX, officeho officeholder meeting	older living expense		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	ffice sought of	ffice held		
4 Date	5 Payee name				
7/26/2015	Denny's				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
28.03	2316 Southmore Blvd. Houston Tx 77004				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
	Food/Beverage Expense	Check if travel outside of Te: Check if Austin, TX, officeho officeholder meeting	older living expense		
 9 Complete ONLY if direct expendituree to benefit C/OH 	Candidate / Officehoder name c	ffice sought of	ffice held		

	The Instruction Guide	explains how to com	plete this form.
1 Total pages Schedule F1:	² FILER NAME Dwight Boyk	ins	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/26/2015	Four Seasons		
6 Amount (\$)	7 Payee address; City;	State; Zip	Code
25.00	1300 Lamar St.		
	Houston TX 77010		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if trav	el outside of Texas, complete Schedule T
		Check if Aus	stin, TX, officeholder living expense
	Food/Beverage Expense	offic	ceholder meeting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
expenditulee to benefit C/OTT			
4 Date	5 Payee name		
7/27/2015	Reef Restaurant		
6 Amount (\$)	7 Payee address; City;	State; Zip	o Code
248.73	2600 Travis		
	Houston TX 77006		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if trav	el outside of Texas, complete Schedule T
		Check if Aus	stin, TX, officeholder living expense
	Food/Beverage Expense	offic	ceholder meeting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
4 Date	5 Payee name		

7/29/2015	Barnaby's Café	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
205.11	1801 Binz St.	
	Houston TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME Dwight Boykin	าร	3 Filer ID (Ethics Commission filers)		
	Food/Beverage Expense	Check if travel outside of Check if Austin, TX, offi			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held		
4 Date	5 Payee name				
7/29/2015	The UPS Store				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
167.11	1302 Waugh Dr. Houston TX 77019				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
	Office Overhead/Rental		of Texas, complete Schedule T ceholder living expense se		
	Expense	p			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held		

	The Instruction Guide	explains how to c	complete this fo	rm
1 Total pages Schedule F1:	² FILER NAME Dwight Boyk	kins		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			1
7/30/2015	GoDaddy			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
10.65	14455 N. Hayden Rd. #219	}		
	Scottsdale AZ 85260			
3 PURPOSE OF EXPENDITURE	(a) Category		travel outside of	Texas, complete Schedule T sholder living expense
	Office Overhead/Rental Expense		campaign websit	te hosting
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
Late	5 Payee name			
8/1/2015	Four Seasons			
S Amount (\$)	7 Payee address; City;	State;	Zip Code	
1,050.00	1300 Lamar St.			
	Houston TX 77010			
3 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		Touron complete Sole duite T
				Texas, complete Schedule T
				eholder living expense
	Event Expense		officeholder ever	nt
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
4 Date	5 Payee name			
8/3/2015	Bed Bath and Beyond			

8/3/2015	Bed Bath and Beyond	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
103.03	3102 Kirby Dr.	
	Houston TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME Dwight Boykins	S	3 Filer ID (Ethics Commission filers)		
	Office Overhead/Rental Expense	Check if travel outside of Te Check if Austin, TX, officeho office supplies			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held		
4 Date	5 Payee name				
8/3/2015	Grace's				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
33.06	3111 Kirby Dr. Houston TX 77098				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
	Food/Beverage Expense	Check if travel outside of Te Check if Austin, TX, officeho officeholder meeting	older living expense		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held		

	The Instruction Guide	explains how to comple	te this form.
1 Total pages Schedule F1:	² FILER NAME Dwight Boyk	ins	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/4/2015	Coushatta Casino Rsports	i	
6 Amount (\$)	7 Payee address; City;	State; Zip Co	ode
1,039.50	777 Coushatta Dr		
,			
	Kinder LA 70648		
8 PURPOSE OF EXPENDITURE		(b) Description	
			putside of Texas, complete Schedule T
			TX, officeholder living expense
	Event Expense	seniors	s day trip
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH		onice cought	
4 Date	5 Payee name		
8/5/2015	Subway		
6 Amount (\$)	7 Payee address; City;	State; Zip Co	ode
129.90	919 Milam		
120.00			
	Houston TX 77002		
8 PURPOSE OF EXPENDITURE		(b) Description	
			putside of Texas, complete Schedule T
			TX, officeholder living expense
			ncheon
	Food/Beverage Expense	Stantiu	ncheon
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH		Since Sought	
4 Date	5 Payee name		
	Calabash Island Eats		
8/6/2015			

8/6/2015	Calabash Island Eats	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
229.06	1515 Pease St	
	Houston TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME Dwight Boykin	ns	3 Filer ID (Ethics Commission filers)		
	Food/Beverage Expense	Check if travel outside of Te Check if Austin, TX, officeho officeholder meetin	older living expense		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held		
4 Date	5 Payee name				
8/9/2015	Grace's				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
189.40	3111 Kirby Dr. Houston TX 77098				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
	Food/Beverage Expense	Check if travel outside of Te Check if Austin, TX, officeho officeholder meetin	older living expense		
 9 Complete ONLY if direct expendituree to benefit C/OH 	Candidate / Officehoder name	office sought o	ffice held		

	The Instruction Guide	explains how to	complete this for	m.
1 Total pages Schedule F1:	² FILER NAME Dwight Boyk	ins		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
8/8/2015	Hobby Lobby			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
91.46	2808 Business Center drive	,		
	Pearland TX 77584			
8 PURPOSE OF EXPENDITURE			f travel outside of ⊺ f Austin, TX, office	Fexas, complete Schedule T holder living expense
	Event Expense		event supplies	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
4 Date	5 Payee name			
8/13/2015	Elite Change			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
280.55	315 West Alabama			
	Houston TX 77006			
8 PURPOSE OF EXPENDITURE	(a) Category		f travel outside of 7	Fexas, complete Schedule T holder living expense
	Other		survey expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
4 Date	5 Payee name			

8/14/2015	Pappadeaux Seafood Kitchen		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
151.04	13080 US-290		
	Houston TX 77040		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	² FILER NAME Dwight Boykin	S	3 Filer ID (Ethics Commission filers)	
	Food/Beverage Expense	Check if travel outside of Te Check if Austin, TX, officeho officeholder meetir	older living expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held	
4 Date	5 Payee name			
8/21/2015	Davis Street at Hermann Park			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
1,165.84	5925 Almeda Rd Houston TX 77004			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
	Food/Beverage Expense	Check if travel outside of Te Check if Austin, TX, officeho officeholder event		
 9 Complete ONLY if direct expendituree to benefit C/OH 	Candidate / Officehoder name	office sought o	ffice held	

	The Instruction Guide	e explains how to com	plete this form.
1 Total pages Schedule F1:	² FILER NAME Dwight Boy	kins	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/25/2015	Jason's Deli		
6 Amount (\$)	7 Payee address; City;	State; Zij	o Code
124.97	1200 Smith St.		
	Houston TX 77002		
B PURPOSE OF EXPENDITUR	E (a) Category	(b) Description	
		Check if trav	vel outside of Texas, complete Schedule T
		Check if Au	stin, TX, officeholder living expense
	Food/Beverage Expense	sta	ff luncheon
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
experialitatee to benefit C/OH			
4 Date	5 Payee name		
8/31/2015	Southwest Airlines		
6 Amount (\$)	7 Payee address; City;	State; Zij	o Code
168.00	2702 Love Field Drive		
	Dallas TX 75235		
B PURPOSE OF EXPENDITUR	E (a) Category	(b) Description	
		Check if trav	vel outside of Texas, complete Schedule T
		Check if Au	stin, TX, officeholder living expense
	Travel Out Of District	offi	ceholder plane ticket
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
4 Date	5 Payee name		
9/2/2015	Grace's		
6 Amount (\$)	7 Payee address; City;	State; Zij	o Code
152.63	3111 Kirby Dr.		

Houston TX 77098

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	² FILER NAME Dwight Boykin	s	3 Filer ID (Ethics Commission filers)	
	Food/Beverage Expense	Check if travel outside of Check if Austin, TX, office		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held	
4 Date	5 Payee name			
9/4/2015	Academy Advertising Specialties & Awards			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
1,156.87	4106 Fannin St.			
	Houston TX 77004			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel outside of	Texas, complete Schedule T	
		Check if Austin, TX, office	holder living expense	
	Gift/Awards/Memorials Expense	Campaign materi	ials	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held	

	The Instruction Guide	explains how to	complete this for	n.
1 Total pages Schedule F1:	² FILER NAME Dwight Boyk	kins		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
9/8/2015	Grace's			
S Amount (\$)	7 Payee address; City;	State;	Zip Code	
20.00	3111 Kirby Dr.			
	Houston TX 77098			
3 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense		f travel outside of T	exas, complete Schedule T nolder living expense ng
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
Date	5 Payee name			
9/8/2015	Artista			
S Amount (\$)	7 Payee address; City;	State;	Zip Code	
57.44	800 Bagby			
	Houston TX 77002			
3 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense		f travel outside of T	exas, complete Schedule T nolder living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
4 Date	5 Payee name			

9/8/2015	Davis Street at Hermann F	Davis Street at Hermann Park				
6 Amount (\$)	7 Payee address; City;	State;	Zip Code			
116.91	5925 Almeda Rd					
	Houston TX 77004					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Descripti	tion			

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME Dwight Boykins	3	3 Filer ID (Ethics Commission filers)		
	Food/Beverage Expense	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense officeholder meeting			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held		
4 Date	5 Payee name				
9/10/2015	Blue Triangle Community Ce	enter			
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
150.00	3005 McGowen Houston TX 77004				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
	Event Expense	Check if travel outside of Te Check if Austin, TX, officeho officeholder event			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	office held		

	The Instruction Guide	explains how to complete this	s torm.
1 Total pages Schedule F1:	² FILER NAME Dwight Boyk	ins	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/18/2015	Spec's		
S Amount (\$)	7 Payee address; City;	State; Zip Code	
112.65	2410 Smith St		
	Houston TX 77006		
PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside	of Texas, complete Schedule T
		Check if Austin, TX, of	fficeholder living expense
		officeholder e	
	Food/Beverage Expense	Unicerioider e	
Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH		once sought	onceneid
Date	5 Payee name		
9/22/2015	Spec's		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
491.26	2410 Smith St		
	Houston TX 77006		
PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside	of Texas, complete Schedule T
		Check if Austin, TX, of	fficeholder living expense
	Food/Beverage Expense	officeholder e	event
Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH			
Date	5 Payee name		

9/21/2015	Cigar Emporium		
6 Amount (\$)	7 Payee address; City;	State;	Zip Code
405.05	3514 S Shepherd Dr		
	Houston TX 77098		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Descriptio	n

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME Dwight Boykin	S	3 Filer ID (Ethics Commission filers)		
	Other	Check if travel outside of Te Check if Austin, TX, officehc officeholder meetin	older living expense		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held		
4 Date	5 Payee name				
9/22/2015	Edible Arrangements				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
113.64	225 Main St Houston TX 77002				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
		Check if travel outside of Te Check if Austin, TX, officeho	older living expense		
	Gift/Awards/Memorials Expense	arrangement for off	iceholder		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held		

	The Instruction Guid	e explains how to complete this	s form.
Total pages Schedule F1:	² FILER NAME Dwight Boy	kins	3 Filer ID (Ethics Commission filers)
Date	5 Payee name		1
8/13/2015	American Express		
Amount (\$)	7 Payee address; City;	State; Zip Code	
1,650.00	200 Vesey St		
	New York NY 10285		
PURPOSE OF EXPENDITURE	(a) Category		e of Texas, complete Schedule T fficeholder living expense
	Credit Card Payment	credit card pa	ayment
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
Date	5 Payee name		
9/23/2015	The Yates Company		
Amount (\$)	7 Payee address; City;	State; Zip Code	
5,000.00	2211 Norfolk, Suite 920		
	Houston TX 77098		
PURPOSE OF EXPENDITURE	(a) Category		e of Texas, complete Schedule T fficeholder living expense
	Consulting Expense	campaign co	nsulting
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
Date	5 Payee name		
9/22/2015	LaTanya Walker		

9/22/2015	LaTanya Walker	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
1,500.00	PO Box 66681	
	Houston TX 77226	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME Dwight Boykins	\$	3 Filer ID (Ethics Commission filers)		
	Salaries/Wages/Contract Labor	Check if travel outside of Te Check if Austin, TX, officeho campaign event sta	older living expense		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held		
4 Date	5 Payee name				
7/1/2015	St. Johns Missionary Baptist	Church			
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
200.00	2702 Dowling Street Houston TX 77004				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
	Contributions/Donations Made By Candidate/Officeholder/Politi cal Committee	Check if travel outside of Te Check if Austin, TX, officeho donation			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held		

	The Instruction Guide	explains how to cor	mplete this form.
1 Total pages Schedule F1:	² FILER NAME Dwight Boyki	ins	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/1/2015	St. Paul's Missionary Bapti	ist Church	
6 Amount (\$)	7 Payee address; City;	State; Z	ip Code
90.00	6531 Beekman Rd		
	Houston TX 77021		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if tra	avel outside of Texas, complete Schedule T
		Check if Au	ustin, TX, officeholder living expense
	Contributions/Donations	dc	onation
	Made By		
	Candidate/Officeholder/Polit cal Committee	ti	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/2/2015	Elite Change		
6 Amount (\$)	7 Payee address; City;	State; Z	ip Code
682.59	315 West Alabama		
	Houston TX 77006		
8 PURPOSE OF EXPENDITURE		(b) Description	
			avel outside of Texas, complete Schedule T
			ustin, TX, officeholder living expense
	Advertising Expense	rol	bocall
			<i>2</i>
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
4 Date	5 Payee name		
7/8/2015	Sprint 2 Print		
6 Amount (\$)	7 Payee address; City;	State; Zi	ïp Code

(b) Description

8748 Clay Rd #300

Houston TX 77080

562.90

8 PURPOSE OF EXPENDITURE (a) Category

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME Dwight Boykins	\$	3 Filer ID (Ethics Commission filers)		
	Printing Expense	Check if travel outside of Te Check if Austin, TX, officeho flyers for 2nd Chan	older living expense		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	ffice sought of	ffice held		
4 Date	5 Payee name				
7/8/2015	Sprint 2 Print				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
396.20	8748 Clay Rd #300 Houston TX 77080				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
	Printing Expense	Check if travel outside of Te Check if Austin, TX, officeho parking signs for 2r	•		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	ffice sought of	ffice held		

	The Instruction Guide	explains now to	complete this for	rm
1 Total pages Schedule F1:	² FILER NAME Dwight Boyl	kins		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
7/9/2015	Walden & Associates			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
7,500.00	310 Sul Ross St.			
	Houston TX 77006			
3 PURPOSE OF EXPENDITURE	(a) Category		if travel outside of	Texas, complete Schedule T sholder living expense
	Consulting Expense		fundraising and o	consulting services
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
1 Date	5 Payee name			
7/23/2015	Felix Chevalier			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
300.00	9711 Malrive Lane			
	Houston TX 77025			
3 PURPOSE OF EXPENDITURE	(a) Category	(b) Descriptio	n	
		Check	if travel outside of	Texas, complete Schedule T
		Check	if Austin, TX, office	eholder living expense
	Event Expense		Steak & stogies	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held

4 Date	5 Payee name	
7/29/2015	Tyrone's Special Events	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
700.00	419 Overland Park Dr.	
	Houston TX 77049	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	² FILER NAME Dwight Boykins	S	3 Filer ID (Ethics Commission filers)	
	Food/Beverage Expense	Check if travel outside of To Check if Austin, TX, officeh catering for officeh	older living expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	ffice held	
4 Date	5 Payee name			
7/29/2015	PJ's Photography			
6 Amount (\$) 225.00	7 Payee address; City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category Event Expense	(b) Description Check if travel outside of Te Check if Austin, TX, officeh Photographer for e	older living expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	ffice held	

8 PURPOSE OF EXPENDITURE (a) Category

	The Instruction Guide e	xplains how to	complete this for	m.
1 Total pages Schedule F1:	² FILER NAME Dwight Boykir	IS		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
8/5/2015	Tyrone's Special Events			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
600.00	419 Overland Park Dr.			
	Houston TX 77049			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	n	
		Check i	if travel outside of T	exas, complete Schedule T
		Check i	f Austin, TX, officel	nolder living expense
	Food/Beverage Expense		catering for officel	holder event
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
4 Date	5 Payee name			
		int Church		
8/13/2015 6 Amount (\$)	Sunnyside Missionary Bapt 7 Payee address; City;	State;	Zip Code	
	8001 Gladstone St.	State,		
200.00	ouor Glausione Si.			
	Houston TX 77051			
8 PURPOSE OF EXPENDITURE		(b) Description	n	
				exas, complete Schedule T
				nolder living expense
	Contributions/Donations		donation	
	Made By		donation	
	Candidate/Officeholder/Politi cal Committee			
9 Complete ONLY if direct		office sought		office held
expendituree to benefit C/OH		C C		
4 Date	5 Payee name			
8/13/2015	Greater St. Matthews Baptis	st Church		
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
300.00	14919 S Main St			
	Houston TX 77035			

(b) Description

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	² FILER NAME Dwight Boykins	;	3 Filer ID (Ethics Commission filers)
	Contributions/Donations Made By Candidate/Officeholder/Politi cal Committee	Check if travel outside of Te Check if Austin, TX, officeho donation	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	ffice sought o	ffice held
4 Date	5 Payee name		
8/26/2015	Texas Black Expo		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1,500.00	9494 Southwest Fwy, #650 Houston TX 77074		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Contributions/Donations Made By Candidate/Officeholder/Politi cal Committee	Check if travel outside of Te Check if Austin, TX, officeho lunchoen sponsors	older living expense
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	ffice sought o	ffice held

	The Instruction Guide ex	<pre></pre>	-
1 Total pages Schedule F1:	² FILER NAME Dwight Boykin	S	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/2/2015	Alexande Washington		
6 Amount (\$)	7 Payee address; City;	State; Zip	o Code
75.00	4955 Culmore Dr.		
	Houston TX 77021		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if trav	vel outside of Texas, complete Schedule T
		Check if Aus	stin, TX, officeholder living expense
	Salaries/Wages/Contract	des	signing campaign sign
	Labor		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
4 Date	5 Payee name		
9/2/2015	St. Johns Missionary Baptis	t Church	
6 Amount (\$)	7 Payee address; City;	State; Zip	o Code
200.00	2702 Dowling Street		
	Houston TX 77004		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if trav	vel outside of Texas, complete Schedule T
		Check if Aus	stin, TX, officeholder living expense
	Contributions/Donations	dor	nation
	Made By Candidate/Officeholder/Politi		
	cal Committee		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
•			
	<u> </u>		
4 Date	5 Payee name		
9/4/2015	Academy Advertising Specia		
6 Amount (\$)	7 Payee address; City;	State; Zip	o Code
913.34	4106 Fannin St.		

(b) Description

Houston TX 77004

8 PURPOSE OF EXPENDITURE (a) Category

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	² FILER NAME Dwight Boykir	าร	3 Filer ID (Ethics Commission filers)	
	Gift/Awards/Memorials Expense	Check if travel outside of Te Check if Austin, TX, officeho campaign t-shirts		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held	
4 Date	5 Payee name			
9/4/2015	S&A Moonwalks LLC			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
259.80	16215 Westheimer, #104 Houston TX 77082			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
	Event Expense	Check if travel outside of Te Check if Austin, TX, officeho event supplies		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held	

8 PURPOSE OF EXPENDITURE (a) Category

	The Instruction Guide e	explains how to	complete this for	m.
1 Total pages Schedule F1:	² FILER NAME Dwight Boykir	-		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
9/2/2015	Zelma Lee			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
250.00	8369 Almeda Rd			
	Houston TX 77054			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check i	f travel outside of T	exas, complete Schedule T
		Check i	f Austin, TX, officeh	nolder living expense
	Salaries/Wages/Contract Labor		staff for campaign	n kickoff
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
4 Date	5 Payee name			
9/2/2015	Texas Southern University			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
200.00	3100 Cleburne			
	Houston TX 77004			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	n	
		Check i	f travel outside of T	exas, complete Schedule T
		Check i	f Austin, TX, officel	nolder living expense
	Contributions/Donations		donation	
	Made By			
	Candidate/Officeholder/Political Committee	1		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	(office held
4 Date	5 Payee name			
9/2/2015	Crestmont Civic Association	'n		
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
200.00	12032 Martindale			
	Houston TX 77048			

(b) Description

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	² FILER NAME Dwight Boykins	3	3 Filer ID (Ethics Commission filers)
	Contributions/Donations Made By Candidate/Officeholder/Politi cal Committee	Check if travel outside of Te Check if Austin, TX, officeho donation	·
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	office sought o	ffice held
4 Date	5 Payee name		
9/10/2015	Sprint 2 Print		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
2,075.69	8748 Clay Rd #300 Houston TX 77080		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Printing Expense	Check if travel outside of Te Check if Austin, TX, officeho yard signs	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	office sought o	ffice held

	The Instruction Guide	explains how to co	mplete this form.	
1 Total pages Schedule F1:	² FILER NAME Dwight Boyki	-	3 Filer ID (Ethics Commission	filers)
4 Date	5 Payee name			
9/14/2015	Davis Street at Hermann F	Park		
6 Amount (\$)	7 Payee address; City;	State; Z	ip Code	
1,762.94	5925 Almeda Rd			
	Houston TX 77004			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if tra	avel outside of Texas, complete Schedule T	
		Check if A	ustin, TX, officeholder living expense	
	Food/Beverage Expense		impaign event	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held	
4 Date				
	5 Payee name			
9/8/2015 6 Amount (\$)	Marcus Grant 7 Payee address; City;	State; Z	ip Code	
		Sidle, Z	ip Code	
280.00	5290 Griggs Rd			
	Houston TX 77021			
8 PURPOSE OF EXPENDITURE		(b) Description		
			avel outside of Texas, complete Schedule T	
			ustin, TX, officeholder living expense	
	Event Expense		curity	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held	
4 Date	5 Payee name			
9/8/2015	Thyra Burks			
6 Amount (\$)	7 Payee address; City;	State; Z	ip Code	
1,000.00	5606 Beldart			
	Houston TX 77033			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	² FILER NAME Dwight Boykin	าร	3 Filer ID (Ethics Commission filers)	
	Consulting Expense	Check if travel outside of Te Check if Austin, TX, officeho field operations		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held	
4 Date	5 Payee name			
9/8/2015	Teidra Darrett			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
200.00	3830 Luca Street Houston TX 77021			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel outside of Te	exas, complete Schedule T	
		Check if Austin, TX, officeho	older living expense	
	Salaries/Wages/Contract Labor	staff for campaign I	kickoff	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held	

	The Instruction Guide	e explains how to	complete this for	rm
1 Total pages Schedule F1:	² FILER NAME Dwight Boyl	-		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
8/5/2015	Academy Advertising Spe	acialtice & Awa	rde	
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
379.70	4106 Fannin St.	oldic,		
	Houston TX 77004			
8 PURPOSE OF EXPENDITURE	Gift/Awards/Memorials		if travel outside of	Texas, complete Schedule T sholder living expense als
9 Complete ONLY if direct expendituree to benefit C/OH	Expense Candidate / Officehoder name	office sought		office held
4 Date	5 Payee name			
8/12/2015	City of Houston			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
500.00	900 Bagby St.			
	Houston TX 77002			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Descriptio	'n	
	Fees			Texas, complete Schedule T sholder living expense ee
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
4 Date	5 Payee name			
8/18/2015	Foster Place Civic Club			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
500.00	6821 Driftwood Street			

8 PURPOSE OF EXPENDITURE (a) Category

Houston TX 77021

SCHEDULE F1

The Instruction Guide explains how to complete this form.				
	1 Total pages Schedule F1:	² FILER NAME Dwight Boykins		3 Filer ID (Ethics Commission filers)
		Contributions/Donations Made By Candidate/Officeholder/Politi cal Committee	Check if travel outside of Te Check if Austin, TX, officeho donation	
	9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED