#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 61 CANDIDATE / MS/MRS/MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Dwight NAME Date Received NICKNAME LAST SUFFIX Boykins CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE OFFICEHOLDER 310 Sul Ross St. MAILING **ADDRESS** Receipt # Amount Change of Address Houston, TX 77006 Date Processed CAMPAIGN MS/MRS/MR FIRST MI TREASURER NAME Mr. Lee P. NICKNAME LAST SUFFIX Brown CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY: TREASURER **ADDRESS** 1001 McKinney (Residence or Business) 1650 (Business) Houston TX 77002 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (832) 366-1584 8 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) PERIOD Nonth Day Year Month Day Year COVERED 01/01/2015 THROUGH 06/30/2015 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Runoff Other 11/03/2015 Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) Eity Council - District D City Council - District D GO TO PAGE 2

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Version V1.0.28282

Forms provided by Texas Ethics Commission

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 61

| 13 C / OH NAME                                 | Boykins, Dwight                  | 1.   | 4 Filer ID                  |                   |
|--|----------------------------------|--|-----------------------------|-------------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.        | political contributions accepted or political expenditure These expenditures may have been made without the d officeholders are required to report this information of | e candidate's or officehold | er's knowledge or |
| Additional Pages                               | COMMITTEE TYPE                   | COMMITTEE NAME   |                             |                   |
|  | GENERAL                          | COMMITTEE ADDRESS  |                             |                   |
|  | SPECIFIC                         |  |                             |                   |
|  |                                  | COMMITTEE CAMPAIGN TREASURER NAME  |                             |                   |
|  |                                  | COMMITTEE CAMPAIGN TREASURER ADDRESS   |                             |                   |
| 16 CONTRIBUTION TOTALS                         |                                  | <br>AL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH<br>ARANTEES OF LOANS), UNLESS ITEMIZED  | IAN PLEDGES,                | 0.00              |
|  |                                  | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$                          | 86,050.00         |
| EXPENDITURE<br>TOTALS                          | 3. TOTAL POLITIC                 | AL EXPENDITURES OF \$100 OR LESS, UNLESS IT  | **EMIZED                    | 22.18             |
|  | 4. TOTAL POLITIC                 | AL EXPENDITURES  | \$                          | 34,760.91         |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC REPORTING PE    | AL CONTRIBUTIONS MAINTAINED AS OF THE LAS<br>RIOD  | ST DAY OF THE \$            | 59,481.28         |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIF<br>OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS O<br>TING PERIOD   | F THE LAST DAY \$           | 0.00              |
| <b>17</b> AFFADAVIT                            |                                  | l swear, or affirm, under penalty o<br>true and correct and includes all ii<br>under Title 15, Election Code.  |                             |                   |
|  |                                  | Dwight Boy   | /kins                       |                   |
|  |                                  | Signature of C   | andidate or Officeholder    |                   |
|  | ΓARY STAMP / SEAL AΒ             |  |                             |                   |
|  |                                  | aidertify which, witness my hand and seal of office.   | _, this the                 | day               |
|  |                                  |  |                             |                   |
| Signature of office                            | er administering                 | Printed name of officer administering  | Title of officer adm        | ninistering oath  |
|  |                                  |  |                             |                   |

### **SUBTOTALS - C/OH**

### FORM C/OH **COVER SHEET PG 3**

|              |           |  |             | 3 0f 61         |
|--------------|-----------|--|-------------|-----------------|
| l -          | LER NAN   |  | 19 Filer ID |                 |
| В            | oykins, [ |  |             |                 |
| <b>20</b> S0 | CHEDUL    | SUBTOTALS  |             | SUBTOTAL AMOUNT |
| N/           | AME OF    | SCHEDULE   |             | SUBTUTAL AMOUNT |
| 1.           | X         | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                  |             | \$<br>86,050.00 |
| 2.           | X         | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                    |             | \$<br>0.00      |
| 3.           | X         | SCHEDULE B: PLEDGED CONTRIBUTIONS  |             | \$<br>0.00      |
| 4.           | X         | SCHEDULE E: LOANS  |             | \$<br>0.00      |
| 5.           | X         | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS               | 5           | \$<br>34,760.91 |
| 6.           | X         | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                       |             | \$<br>0.00      |
| 7.           |           | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION               | DNS         | \$              |
| 8.           | X         | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                         |             | \$<br>0.00      |
| 9.           |           | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (               | OF C/OH     | \$              |
| 10           | ). [      | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION             | DNS         | \$              |
| 11           | 🔲         | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F<br>TO FILER | RETURNED    | \$              |
|              |           |  |             |                 |

|   | MONET                         | ARY POLITICAL CONTRIBUTION  | ONS                                       |                | SCHEDUI   | LE <b>A1</b> |
|---|-------------------------------|---|---|----------------|---|--------------|
|   | The Instru                    | ction Guide explains how to complete this   | form.                                     | 1              | Total pages Schedule A1:<br>Sch: 1/19 Rpt: 4/61 |              |
| 2 | FILER NAME                    |   |   | 3              | Filer ID  |              |
|   | Boykins, Dw                   | right   |   |                |   |              |
| 4 | Date<br>05/07/2015            | <ul> <li>Full name of contributor</li></ul>   | )   | 7              | Amount of Contribution (\$)                     | \$5,000.00   |
|   |                               | Houston, TX 77018   | ,   |                |   |              |
| 8 | Principal occu                | ipation / Job title (See Instructions)  | 9 Employer (See Instructions              | 5)             |   |              |
|   | Date                          | Full name of contributor X out-of-state PAC (ID#:   | C00374447 )                               |                | Amount of Contribution (\$)                     |              |
|   | 03/24/2015                    | AECOM US Federal PAC  |   |                |   | \$500.00     |
|   |                               | Contr butor address; City; State; Zip Code  |   |                |   |              |
|   |                               | Arington, VA 22201  | ,   |                |   |              |
|   | Principal occu                | ipation / Job title (See Instructions)  | Employer (See Instructions                | 5)             |   |              |
|   | Date<br>05/07/2015            | Full name of contributor  out-of-state PAC (ID#: Abdu, Erikah Contr butor address; City; State; Zip Code        | )   |                | Amount of Contribution (\$)                     | \$200.00     |
|   |                               | Pearland, TX 77584  |   |                |   |              |
|   | Principal occu                | pation / Job title (See Instructions)   | Employer (See Instructions                | s)             |   |              |
|   | Date<br>05/07/2015            | Full name of contributor out-of-state PAC (ID#: Akbari, Christopher  Contr butor address; City; State; Zip Code |   |                | Amount of Contribution (\$)                     | \$1,000.00   |
|   |                               | Nederland, TX 77627   | +   |                |   |              |
|   | Principal occu<br>Investments | ipation / Job title (See Instructions)  | Employer (See Instructions The ITEX Group | 5)             |   |              |
|   | Date                          | Full name of contributor  uut-of-state PAC (ID#:  |   |                | Amount of Contribution (\$)                     |              |
|   | 03/02/2015                    | Alexander, Willie J.  |   |                |   | \$1,000.00   |
|   |                               | Contr butor address; City; State; Zip Code  Houston, TX 77027   |   |                |   |              |
|   | Principal occu                | pation / Job title (See Instructions)   | Employer (See Instructions                | <u>.</u><br>5) |   |              |
|   | Insurance                     |   | Willie J. Alexander & As                  | S00            | ciates  |              |
|   |                               |   |   |                |   |              |

|   | MONET                     | ARY POLITICAL CONTRIBUTION   | ONS                          |   | SCHEDUI   | E <b>A1</b> |
|---|---------------------------|--|------------------------------|---|---|-------------|
|   | The Instru                | ction Guide explains how to complete this f  | orm.                         | 1 | Total pages Schedule A1:<br>Sch: 2/19 Rpt: 5/61 |             |
| 2 | FILER NAME<br>Boykins, Dw |  |                              | 3 | Filer ID  |             |
| 4 | Date 03/13/2015           | <ul> <li>Full name of contributor</li></ul>  | )                            | 7 | Amount of Contribution (\$)                     | \$1,000.00  |
| _ |                           | Houston, TX 77027  |                              |   |   |             |
| 8 | Principal occu            | pation / Job title (See Instructions)  | 9 Employer (See Instructions | ) |   |             |
|   | Date 03/24/2015           | Full name of contributor out-of-state PAC (ID#:_<br>Andrews & Kurth Texas PAC<br>Contr butor address; City; State; Zip Code                |                              |   | Amount of Contribution (\$)                     | \$1,000.00  |
|   | Principal occu            | Houston, TX 77002 pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   | Date 06/02/2015           | Full name of contributor out-of-state PAC (ID#:_<br>Arcadis G&M, Inc. Texas PAC,<br>Contr butor address; City; State; Zip Code             | )                            |   | Amount of Contribution (\$)                     | \$1,000.00  |
|   | Principal occu            | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   | Date<br>02/25/2015        | Full name of contributor out-of-state PAC (ID#:_Arcadis G&M, Inc. Texas PAC  Contr butor address; City; State; Zip Code  Houston, TX 77077 |                              |   | Amount of Contribution (\$)                     | \$2,500.00  |
|   | Principal occu            | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   | Date<br>05/30/2015        | Full name of contributor out-of-state PAC (ID#:_Athon, John  Contr butor address; City; State; Zip Code  Houston, TX 77005                 |                              |   | Amount of Contribution (\$)                     | \$100.00    |
|   | Principal occu            | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   |                           |  |                              |   |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTION   | ONS                                      |                | SCHEDU  | LE <b>A1</b> |
|---|-----------------------------|--|--|----------------|---|--------------|
|   | The Instru                  | ction Guide explains how to complete this  | form.                                    | 1              | Total pages Schedule A1:<br>Sch: 3/19 Rpt: 6/61 |              |
| 2 | FILER NAME                  |  |  | 3              | Filer ID  |              |
|   | Boykins, Dw                 | right  |  |                |   |              |
| 4 | Date<br>06/04/2015          | <ul> <li>Full name of contributor  out-of-state PAC (ID#: Aylward, Robert</li> <li>Contr butor address; City; State; Zip Code</li> </ul> |  | 7              | Amount of Contribution (\$)                     | \$100.00     |
|   |                             | Glenwood, MD 21738   | ,  |                |   |              |
| 8 | Principal occu              | ipation / Job title (See Instructions)   | 9 Employer (See Instructions             | 5)             |   |              |
|   | Date<br>03/04/2015          | Full name of contributor out-of-state PAC (ID#: Bischoff, Richard L. Contr butor address; City; State; Zip Code                          |  |                | Amount of Contribution (\$)                     | \$2,500.00   |
|   |                             | Houston, TX 77019  |  |                |   |              |
|   | Principal occu<br>President | ppation / Job title (See Instructions)   | Employer (See Instructions BSL Golf Corp | 5)             |   |              |
|   | Date<br>03/04/2015          | Full name of contributor out-of-state PAC (ID#: Burney, Zinetta  Contr butor address; City; State; Zip Code                              |  |                | Amount of Contribution (\$)                     | \$100.00     |
|   |                             | Houston, TX 77004  |  |                |   |              |
|   | Principal occu              | ipation / Job title (See Instructions)   | Employer (See Instructions               | s)             |   |              |
|   | Date<br>05/07/2015          | Full name of contributor out-of-state PAC (ID#: Burney, Zinetta  Contr butor address; City; State; Zip Code                              |  |                | Amount of Contribution (\$)                     | \$100.00     |
|   | Principal occu              | Houston, TX 77004  upation / Job title (See Instructions)  | Employer (See Instructions               | s)             |   |              |
|   | Date<br>03/13/2015          | Full name of contributor out-of-state PAC (ID#: Burns, Sr., Ronald V.  Contr butor address; City; State; Zip Code  New Orleans, LA 70128 |  |                | Amount of Contribution (\$)                     | \$500.00     |
|   | Principal occu              | Ipation / Job title (See Instructions)   | Employer (See Instructions QCS Logistics | <u>I</u><br>S) |   |              |
|   |                             |  | •  |                |   |              |

|   | MONET                          | ARY POLITICAL CONTRIBUT   | TIONS   |    | SCHEDU  | LE <b>A1</b> |
|---|--------------------------------|---|---|----|---|--------------|
|   | The Instru                     | ction Guide explains how to complete thi  | is form.                                      | 1  | Total pages Schedule A1:<br>Sch: 4/19 Rpt: 7/61 |              |
| 2 | FILER NAME                     |   |   | 3  | Filer ID  |              |
|   | Boykins, Dw                    | right   |   |    |   |              |
| 4 | Date<br>05/07/2015             | 5 Full name of contributor ☐ out-of-state PAC (I<br>CenterPoint Energy, Inc. Political Action Con<br>6 Contr butor address; City; State; Zip Code |   | 7  | Amount of Contribution (\$)                     | \$1,000.00   |
|   |                                | Houston, TX 77210   |   |    |   |              |
| 8 | Principal occu                 | ipation / Job title (See Instructions)  | 9 Employer (See Instructions                  | s) |   |              |
|   | Date                           | Full name of contributor  ut-of-state PAC (I  | D#:)  |    | Amount of Contribution (\$)                     |              |
|   | 05/07/2015                     | Clarkson, Jr., Llayron L.   |   |    |   | \$1,000.00   |
|   |                                | Contr butor address; City; State; Zip Code  |   |    |   |              |
|   | 5                              | Houston, TX 77054   |   | Ĺ  |   |              |
|   | Principal occu<br>President    | ipation / Job title (See Instructions)  | Employer (See Instructions Clarkson Aerospace | s) |   |              |
|   | Date<br>05/07/2015             | Full name of contributor  | D#:)  |    | Amount of Contribution (\$)                     | \$500.00     |
|   |                                | Houston, TX 77019   |   |    |   |              |
|   | Principal occu<br>Public Relat | ipation / Job title (See Instructions) ions   | Employer (See Instructions The Clifford Group | s) |   |              |
|   | Date<br>05/05/2015             | Full name of contributor out-of-state PAC (I Cobb Fendley PAC Contr butor address; City; State; Zip Code Houston, TX 77040                        | D#:)  |    | Amount of Contribution (\$)                     | \$500.00     |
|   | Principal occu                 | ipation / Job title (See Instructions)  | Employer (See Instructions                    | s) |   |              |
|   | Date<br>02/19/2015             | Full name of contributor out-of-state PAC (I Coleman, Garnet  Contr butor address; City; State; Zip Code  Houston, TX 77288                       | D#:)  |    | Amount of Contribution (\$)                     | \$500.00     |
|   | Principal occu<br>Consultant   | pation / Job title (See Instructions)   | Employer (See Instructions Self-employed      | s) |   |              |
|   |                                |   |   |    |   |              |

|   | MONET                       | ARY POLITICAL CONTRIBUTION   | ONS  |   | SCHEDUI   | E <b>A1</b> |
|---|-----------------------------|--|--|---|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this f  | orm.                                       |   | Total pages Schedule A1:<br>Sch: 5/19 Rpt: 8/61 |             |
| 2 | FILER NAME<br>Boykins, Dw   |  |  | 3 | Filer ID  |             |
| 4 | Date<br>05/22/2015          | <ul> <li>Full name of contributor</li></ul>  |  | 7 | Amount of Contribution (\$)                     | \$500.00    |
|   |                             | Philadelphia, PA 19103   |  |   |   |             |
| 8 | Principal occu              | pation / Job title (See Instructions)  | <b>9</b> Employer (See Instructions)       | ) |   |             |
|   | Date<br>05/07/2015          | Full name of contributor out-of-state PAC (ID#:_ Compton, Jeffrey A.  Contr butor address; City; State; Zip Code  Houston, TX 77098                |  |   | Amount of Contribution (\$)                     | \$250.00    |
|   | Principal occu              | pation / Job title (See Instructions)  | Employer (See Instructions)                | ) |   |             |
|   | Date<br>03/02/2015          | Full name of contributor out-of-state PAC (ID#:_<br>Continental Airlines Inc. Empl Fund For A Better<br>Contr butor address; City; State; Zip Code | America PAC                                |   | Amount of Contribution (\$)                     | \$1,000.00  |
|   | Principal occu              | Houston, TX 77002 pation / Job title (See Instructions)  | Employer (See Instructions                 | ) |   |             |
|   | Date<br>05/27/2015          | Full name of contributor out-of-state PAC (ID#:_<br>Cook, Francis R.G.<br>Contr butor address; City; State; Zip Code<br>Houston, TX 77021          |  |   | Amount of Contribution (\$)                     | \$2,500.00  |
|   | Principal occu<br>Insurance | pation / Job title (See Instructions)  | Employer (See Instructions) The FRGC Group | ) |   |             |
|   | Date<br>06/04/2015          | Full name of contributor out-of-state PAC (ID#:_ Corbett, Matthew Curran Contr butor address; City; State; Zip Code Houston, TX 77056              |  |   | Amount of Contribution (\$)                     | \$100.00    |
|   | Principal occu              | pation / Job title (See Instructions)  | Employer (See Instructions                 | ) |   |             |
|   |                             |  |  |   |   |             |

|   | MONET                     | ARY POLITICAL CONTRIBUTION   | ONS  |    | SCHEDUL   | E <b>A1</b> |
|---|---------------------------|--|--|----|---|-------------|
|   | The Instru                | ction Guide explains how to complete this fo   | orm.                                       | 1  | Total pages Schedule A1:<br>Sch: 6/19 Rpt: 9/61 |             |
| 2 | FILER NAME<br>Boykins, Dw |  |  | 3  | Filer ID  |             |
| 4 | Date<br>05/07/2015        | <ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Criner, Jr., Sanford W.</li> <li>6 Contr butor address; City; State; Zip Code</li> </ul> | )  | 7  | Amount of Contribution (\$)                     | \$500.00    |
| 8 | Principal occu            | Houston, TX 77019  pation / Job title (See Instructions)   | 9 Employer (See Instructions               |    |   |             |
| _ |                           | Real Estate Brokerage  | CBRE Group                                 | ') |   |             |
|   | Date<br>06/10/2015        | Full name of contributor out-of-state PAC (ID#: Donatto, James  Contr butor address; City; State; Zip Code   | )  |    | Amount of Contribution (\$)                     | \$250.00    |
|   | Principal occu            | Houston, TX 77004  upation / Job title (See Instructions)  | Employer (See Instructions                 |    |   |             |
|   | i illicipai occa          | pation 7 oob title (oce monactions)  | Employer (See Matractions                  | ') |   |             |
|   | Date<br>06/04/2015        | Full name of contributor out-of-state PAC (ID#: Drake, Brandon Contr butor address; City; State; Zip Code  | )  |    | Amount of Contribution (\$)                     | \$100.00    |
|   |                           | Houston, TX 77047  |  |    |   |             |
|   |                           | pation / Job title (See Instructions) Training Retention   | Employer (See Instructions Child Advocates | i) |   |             |
|   | Date<br>05/07/2015        | Full name of contributor out-of-state PAC (ID#:_Flavin, Robert M  Contr butor address; City; State; Zip Code  Houston, TX 77041                      | )  |    | Amount of Contribution (\$)                     | \$250.00    |
|   | Principal occu            | pation / Job title (See Instructions)  | Employer (See Instructions                 | () |   |             |
|   | Date<br>05/07/2015        | Full name of contributor out-of-state PAC (ID#:_Fowler, Michael M.  Contr butor address; City; State; Zip Code  Houston, TX 77006                    |  |    | Amount of Contribution (\$)                     | \$250.00    |
|   | Principal occu            | pation / Job title (See Instructions)  | Employer (See Instructions                 | 5) |   |             |
|   |                           |  |  |    |   |             |

|   | MONET                      | ARY POLITICAL CONTRIBUTION   | ONS  |   | SCHEDUI  | LE <b>A1</b> |
|---|----------------------------|--|--|---|--|--------------|
|   | The Instru                 | ction Guide explains how to complete this f  | orm.   | 1 | Total pages Schedule A1:<br>Sch: 7/19 Rpt: 10/61 |              |
| 2 | FILER NAME<br>Boykins, Dw  |  |  | 3 | Filer ID   |              |
| 4 | Date<br>06/04/2015         | <ul> <li>Full name of contributor</li></ul>  |  | 7 | Amount of Contribution (\$)                      | \$100.00     |
|   | Dringing! goog             | Houston, TX 77002  | O Employer (See Instructions                         |   |  |              |
| 8 | Financial Ad               | pation / Job title (See Instructions)<br>visor   | 9 Employer (See Instructions<br>Ameriprise Financial | ) |  |              |
|   | Date<br>05/07/2015         | Full name of contributor out-of-state PAC (ID#:_Franks, Robin D.  Contr butor address; City; State; Zip Code                 |  |   | Amount of Contribution (\$)                      | \$1,000.00   |
|   | Dringing aggr              | Cypress, TX 77433 pation / Job title (See Instructions)  | Employer (See Instructions                           |   |  |              |
|   |                            | tal Consulting   | TGE Resources  | ) |  |              |
|   | Date 03/02/2015            | Full name of contributor out-of-state PAC (ID#:_<br>Friedrichs, Edwin C.<br>Contr butor address; City; State; Zip Code       |  |   | Amount of Contribution (\$)                      | \$1,000.00   |
|   |                            | Bellaire, TX 77401   |  |   |  |              |
|   | Principal occu<br>Engineer | pation / Job title (See Instructions)  | Employer (See Instructions<br>Walter P. Moore        | ) |  |              |
|   | Date<br>03/02/2015         | Full name of contributor out-of-state PAC (ID#:_ Furst, Nancy Contr butor address; City; State; Zip Code Houston, TX 77048   |  |   | Amount of Contribution (\$)                      | \$200.00     |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instructions                           | ) |  |              |
|   | Date<br>03/02/2015         | Full name of contributor out-of-state PAC (ID#:_Gage, Y. Gail  Contr butor address; City; State; Zip Code  Houston, TX 77004 |  |   | Amount of Contribution (\$)                      | \$1,000.00   |
|   | Principal occu<br>Realtor  | pation / Job title (See Instructions)  | Employer (See Instructions<br>Womack Development &   |   | nvestment Realtors                               |              |
|   |                            |  |  |   |  |              |

|   | MONET                     | ARY POLITICAL CONTRIBUTION   | ONS                          | SCHEDU   | LE <b>A1</b> |
|---|---------------------------|--|------------------------------|--|--------------|
|   | The Instru                | ction Guide explains how to complete this f  | orm.                         | 1 Total pages Schedule A1:<br>Sch: 8/19 Rpt: 11/61 |              |
| 2 | FILER NAME<br>Boykins, Dw |  |                              | 3 Filer ID   |              |
| 4 | Date<br>03/02/2015        | <ul> <li>Full name of contributor  out-of-state PAC (ID#:_Garver, C.M.</li> <li>Contr butor address; City; State; Zip Code</li> </ul>      |                              | 7 Amount of Contribution (\$)                      | \$1,000.00   |
| • | Principal occu            | Houston, TX 77098 pation / Job title (See Instructions)  | 9 Employer (See Instructions | <b>)</b>   |              |
| 8 | Construction              |  | BRH Garver Inc.              | )  |              |
|   | Date<br>04/20/2015        | Full name of contributor out-of-state PAC (ID#:_ Gilliam, Lance Contr butor address; City; State; Zip Code                                 |                              | Amount of Contribution (\$)                        | \$500.00     |
|   | Principal occu            | Houston, TX 77027 pation / Job title (See Instructions)  | Employer (See Instructions   | 1  |              |
|   | Real Estate               | pation 7 300 title (See Instructions)  | WSG Real Estate Adviso       |  |              |
|   | Date<br>06/03/2015        | Full name of contributor   | )                            | Amount of Contribution (\$)                        | \$100.00     |
|   |                           | Houston, TX 77007  |                              |  |              |
|   | Principal occu            | pation / Job title (See Instructions)  | Employer (See Instructions   | )  |              |
|   | Date<br>05/07/2015        | Full name of contributor out-of-state PAC (ID#:_ HAA Better Government Fund, Contr butor address; City; State; Zip Code  Houston, TX 77041 | )                            | Amount of Contribution (\$)                        | \$2,000.00   |
|   | Principal occu            | pation / Job title (See Instructions)  | Employer (See Instructions   | )  |              |
|   | Date<br>03/24/2015        | Full name of contributor out-of-state PAC (ID#:_ HAA Better Government Fund Contr butor address; City; State; Zip Code Houston, TX 77041   | )                            | Amount of Contribution (\$)                        | \$500.00     |
|   | Principal occu            | pation / Job title (See Instructions)  | Employer (See Instructions   |  |              |
|   |                           |  |                              |  |              |

|   | MONET           | ARY POLITICAL CONTRIBUTION  | ONS                          |                | SCHEDUI  | LE <b>A1</b> |
|---|-----------------|---|------------------------------|----------------|--|--------------|
|   | The Instru      | ction Guide explains how to complete this f   | orm.                         | 1              | Total pages Schedule A1:<br>Sch: 9/19 Rpt: 12/61 |              |
| 2 | FILER NAME      |   |                              | 3              | Filer ID   |              |
|   | Boykins, Dw     | right   |                              |                |  |              |
| 4 | Date 03/02/2015 | Full name of contributor out-of-state PAC (ID#:_ HOME-PAC Greater Houston Builders Assoc.      Contr butor address; City; State; Zip Code |                              | 7              | Amount of Contribution (\$)                      | \$2,500.00   |
|   |                 | Houston, TX 77064   |                              |                |  |              |
| 8 | Principal occu  | ipation / Job title (See Instructions)  | 9 Employer (See Instructions | s)             |  |              |
|   | Date            | Full name of contributor out-of-state PAC (ID#:_  |                              |                | Amount of Contribution (\$)                      |              |
|   | 06/04/2015      | Hall Attorneys PC   |                              |                |  | \$1,000.00   |
|   |                 | Contr butor address; City; State; Zip Code  |                              |                |  |              |
|   |                 | Austin, TX 78701  |                              |                |  |              |
|   | Principal occu  | ipation / Job title (See Instructions)  | Employer (See Instructions   | 5)             |  |              |
|   | Date            | Full name of contributor out-of-state PAC (ID#:_  |                              |                | Amount of Contribution (\$)                      |              |
|   | 04/08/2015      | Haynes and Boone Political Action Committee  Contr butor address; City; State; Zip Code   |                              |                |  | \$1,000.00   |
|   |                 | Richardson, TX 75082  |                              |                |  |              |
|   | Principal occu  | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)             |  |              |
|   | Date 05/07/2015 | Full name of contributor out-of-state PAC (ID#:_<br>Heger, Wendy  |                              |                | Amount of Contribution (\$)                      | \$250.00     |
|   |                 | Contr butor address; City; State; Zip Code  |                              |                |  |              |
|   | Principal occu  | Houston, TX 77096 upation / Job title (See Instructions)  | Employer (See Instructions   | <u> </u><br>;) |  |              |
|   |                 |   |                              | _              |  |              |
|   | Date            | Full name of contributor out-of-state PAC (ID#:_  | )                            |                | Amount of Contribution (\$)                      | ¢1 000 00    |
|   | 04/08/2015      | Houston Dock and Marine Council PAC Fund  Contr butor address; City; State; Zip Code  |                              |                |  | \$1,000.00   |
|   |                 | Pasadena, TX 77506  |                              |                |  |              |
|   | Principal occu  | upation / Job title (See Instructions)  | Employer (See Instructions   | 5)             |  |              |
|   |                 |   |                              |                |  |              |

|   | MONET                     | ARY POLITICAL CONTRIBUTION  | NS                           |   | SCHEDUI   | LE <b>A1</b> |
|---|---------------------------|---|------------------------------|---|---|--------------|
|   | The Instru                | ction Guide explains how to complete this fo  | orm.                         | 1 | Total pages Schedule A1:<br>Sch: 10/19 Rpt: 13/61 |              |
| 2 | FILER NAME<br>Boykins, Dw | ight  |                              | 3 | Filer ID  |              |
| 4 | Date 04/07/2015           | <ul> <li>Full name of contributor</li></ul>   | )                            | 7 | Amount of Contribution (\$)                       | \$5,000.00   |
| _ |                           | Houston, TX 77009   |                              |   |   |              |
| 8 | Principal occu            | pation / Job title (See Instructions)   | 9 Employer (See Instructions | ) |   |              |
|   | Date<br>04/07/2015        | Full name of contributor out-of-state PAC (ID#:_ Houston Police Officers Union PAC  Contr butor address; City; State; Zip Code  Houston, TX 77007   |                              |   | Amount of Contribution (\$)                       | \$5,000.00   |
|   | Principal occu            | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |              |
|   | Date<br>06/29/2015        | Full name of contributor out-of-state PAC (ID#:_<br>Houston Police Officers Union PAC<br>Contr butor address; City; State; Zip Code                 |                              |   | Amount of Contribution (\$)                       | \$5,000.00   |
|   | Principal occu            | Houston, TX 77007 pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |              |
|   | · ····o.pa ooda           | panon, cos uno (cos monutanone)   |                              | , |   |              |
|   | Date 03/03/2015           | Full name of contributor out-of-state PAC (ID#:_<br>Huitt-Zollars, Inc. Texas PAC<br>Contr butor address; City; State; Zip Code<br>Dallas, TX 75202 | )                            |   | Amount of Contribution (\$)                       | \$500.00     |
|   | Principal occu            | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |              |
|   | Date<br>05/07/2015        | Full name of contributor out-of-state PAC (ID#:_ IDS Engineering Group PAC Contr butor address; City; State; Zip Code Houston, TX 77040             | )                            |   | Amount of Contribution (\$)                       | \$1,000.00   |
|   | Principal occu            | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |              |
|   |                           |   |                              |   |   |              |

|   | MONETARY POLITICAL CONTRIBUTIONS   |   |   | SCHEDU  | LE <b>A1</b> |
|---|--|---|---|---|--------------|
|   | The Instru   | truction Guide explains how to complete this form.  |   | 1 Total pages Schedule A1:<br>Sch: 11/19 Rpt: 14/61 |              |
| 2 | FILER NAME<br>Boykins, Dw  |   |   | 3 Filer ID  |              |
| 4 | Date 03/02/2015  | <ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_ J.R., Jones</li> <li>6 Contr butor address; City; State; Zip Code</li> </ul> |   | 7 Amount of Contribution (\$)                       | \$2,500.00   |
| _ | <u> </u>   | Houston, TX 77079   |   |   |              |
| 8 | Engineer   | pation / Job title (See Instructions)   | 9 Employer (See Instructions) Jones Engineering Solut |   |              |
|   | Date Full name of contributor out-of-state PAC (ID#:)  06/04/2015 James, Cameron  Contr butor address; City; State; Zip Code |   | Amount of Contribution (\$)                           | \$100.00  |              |
|   | Principal occu   | Houston, TX 77007 pation / Job title (See Instructions)   | Employer (See Instructions                            | <b>1</b>  |              |
|   | i illicipai occa   | pation 7 oob title (occ monactions)   | Employer (See mandedons)                              | ,   |              |
|   | Date Full name of contributor out-of-state PAC (ID#:)  James, Christopher  Contr butor address; City; State; Zip Code        |   | Amount of Contribution (\$)                           | \$100.00  |              |
|   |  | Houston, TX 77005   |   |   |              |
|   | Principal occu   | pation / Job title (See Instructions)   | Employer (See Instructions)                           | )   |              |
|   | Date<br>05/07/2015   | Full name of contributor out-of-state PAC (ID#:_ Joiner, Patricia K.  Contr butor address; City; State; Zip Code  Houston, TX 77024       | )   | Amount of Contribution (\$)                         | \$250.00     |
|   | Principal occu   | pation / Job title (See Instructions)   | Employer (See Instructions                            | )   |              |
|   | Date<br>05/07/2015   | Full name of contributor out-of-state PAC (ID#:_ Jordan, Peter R.  Contr butor address; City; State; Zip Code  Pearland, TX 77584         |   | Amount of Contribution (\$)                         | \$250.00     |
|   | Principal occu   | pation / Job title (See Instructions)   | Employer (See Instructions)                           | )   |              |
|   |  |   |   |   |              |

|   | MONETARY POLITICAL CONTRIBUTIONS  |   |   |                             | SCHEDULE A1                                       |          |
|---|---|---|---|-----------------------------|---|----------|
|   | The Instru  | ction Guide explains how to complete this f   | orm.  | 1                           | Total pages Schedule A1:<br>Sch: 12/19 Rpt: 15/61 |          |
| 2 | FILER NAME<br>Boykins, Dw   |   |   | 3                           | Filer ID  |          |
| 4 | Date 06/04/2015   | <ul> <li>Full name of contributor  out-of-state PAC (ID#:_Kalaga, Sudhakar</li> <li>Contr butor address; City; State; Zip Code</li> </ul> | )   | 7                           | Amount of Contribution (\$)                       | \$250.00 |
| _ |   | Sugar Land, TX 77479  |   |                             |   |          |
| 8 | Principal occu  | pation / Job title (See Instructions)   | 9 Employer (See Instructions                        | 5)                          |   |          |
|   | Date Full name of contributor out-of-state PAC (ID#:)  05/07/2015 Kalaga, Sudhakar  Contr butor address; City; State; Zip Code                    |   |   | Amount of Contribution (\$) | \$500.00  |          |
|   | Deire size al. a. a   | Sugar Land, TX 77479  | Faralassa (Caralassa trastica)                      | _                           |   |          |
|   | Engineer  | pation / Job title (See Instructions)   | Employer (See Instructions<br>KIT Professionals     | 5)                          |   |          |
|   | Date Full name of contributor out-of-state PAC (ID#:)  03/13/2015 Kennedy, Nathelyne A.  Contr butor address; City; State; Zip Code               |   |   | Amount of Contribution (\$) | \$250.00  |          |
|   |   | Houston, TX 77036   |   |                             |   |          |
|   | Principal occu  | pation / Job title (See Instructions)   | Employer (See Instructions                          | 5)                          |   |          |
|   | Date Full name of contributor out-of-state PAC (ID#:)  06/29/2015 Lacy, Ousley L.  Contr butor address; City; State; Zip Code  Pearland, TX 77584 |   |   | Amount of Contribution (\$) | \$1,500.00  |          |
|   | Principal occu<br>Construction  | pation / Job title (See Instructions)   | Employer (See Instructions Lazer Construction Com   |                             | ny  |          |
|   | Date Full name of contributor out-of-state PAC (ID#:)  06/30/2015 Laukien, Dirk  Contr butor address; City; State; Zip Code  Spring, TX 77381     |   |   | Amount of Contribution (\$) | \$500.00  |          |
|   | Principal occu<br>Asset manag   | pation / Job title (See Instructions)<br>gement   | Employer (See Instructions<br>Black Forest Ventures | 5)                          |   |          |
|   |   |   |   |                             |   |          |

| MONETARY POLITICAL CONTRIBUTIONS  |   |   | SCHEDU                                  | CHEDULE A1  |            |
|---|---|---|---|---|------------|
|   | The Instruction Guide explains how to complete this form.   |   |   | 1 Total pages Schedule A1:<br>Sch: 13/19 Rpt: 16/61 |            |
| 2   | FILER NAME<br>Boykins, Dw   |   |   | 3 Filer ID  |            |
| 4   | Date  5 Full name of contributor out-of-state PAC (ID#:)  Lee, C.C.  6 Contr butor address; City; State; Zip Code |   | 7 Amount of Contribution (\$)           | \$250.00  |            |
| _   |   | Houston, TX 77036   |   |   |            |
| 8   | Principal occu  | ipation / Job title (See Instructions)  | 9 Employer (See Instructions            | ;)  |            |
|   | Date<br>05/07/2015  | Full name of contributor out-of-state PAC (ID#:_<br>Lennard, Lee<br>Contr butor address; City; State; Zip Code  |   | Amount of Contribution (\$)                         | \$500.00   |
|   | Principal occu  | Katy, TX 77450  upation / Job title (See Instructions)  | Employer (See Instructions              | <u> </u><br>:)                                      |            |
|   | Consulting E  |   | Brown & Gay Engineers                   |   |            |
| Date Full name of contributor out-of-state PAC (ID#:)  105/05/2015 Levine, Herbert L.  Contr butor address; City; State; Zip Code |   | Amount of Contribution (\$)   | \$1,000.00                              |   |            |
|   |   | Houston, TX 77027   |   |   |            |
|   |   | pation / Job title (See Instructions)  Real Estate Development  | Employer (See Instructions LEVCOR, Inc. | 5)  |            |
|   | Date<br>03/04/2015  | Full name of contributor out-of-state PAC (ID#:_ Linebarger, Goggan, Blair & Sampson LLP Contr butor address; City; State; Zip Code  Austin, TX 78760 |   | Amount of Contribution (\$)                         | \$1,000.00 |
|   | Principal occu  | pation / Job title (See Instructions)   | Employer (See Instructions              | )<br>)  |            |
|   | Date<br>06/04/2015  | Full name of contributor out-of-state PAC (ID#:_<br>Louisiana Hadley, LLC<br>Contr butor address; City; State; Zip Code<br>Houston, TX 77006          |   | Amount of Contribution (\$)                         | \$300.00   |
|   | Principal occu  | pation / Job title (See Instructions)   | Employer (See Instructions              | s)  |            |
|   |   |   |   |   |            |

|   | MONETARY POLITICAL CONTRIBUTIONS   |  |  |                             | SCHEDULE A1                                       |            |  |
|---|--|--|--|-----------------------------|---|------------|--|
|   | The Instruction Guide explains how to complete this form.  |  |  | 1                           | Total pages Schedule A1:<br>Sch: 14/19 Rpt: 17/61 |            |  |
| 2 | FILER NAME   |  |  | 3                           | Filer ID  |            |  |
|   | Boykins, Dw  | right  |  |                             |   |            |  |
| 4 | Date 5 Full name of contributor out-of-state PAC (ID#:) 7 06/02/2015 McKnight, Ryan 6 Contr butor address; City; State; Zip Code |  | 7  | Amount of Contribution (\$) | \$250.00  |            |  |
|   |  | Houston, TX 77019  |  |                             |   |            |  |
| 8 | Principal occu   | ipation / Job title (See Instructions)   | 9 Employer (See Instructions                         | S)                          |   |            |  |
|   | Date<br>06/23/2015   | Full name of contributor out-of-state PAC (ID#: Mohamed, Sherif Contr butor address; City; State; Zip Code                         |  |                             | Amount of Contribution (\$)                       | \$2,500.00 |  |
|   |  | Sugar Land, TX 77479   |  |                             |   |            |  |
|   | Principal occu<br>Engineer   | ıpation / Job title (See Instructions)   | Employer (See Instructions United Engineers, Inc.    | S)                          |   |            |  |
|   | Date Full name of contributor out-of-state PAC (ID#:)  06/04/2015 Murdock, Martin  Contr butor address; City; State; Zip Code    |  | )  |                             | Amount of Contribution (\$)                       | \$150.00   |  |
|   |  | Houston, TX 77007  |  |                             |   |            |  |
|   | Principal occu   | ipation / Job title (See Instructions)   | Employer (See Instructions                           | s)                          |   |            |  |
|   | Date<br>03/04/2015   | Full name of contributor out-of-state PAC (ID#:_<br>Murphy, Sean<br>Contr butor address; City; State; Zip Code                     |  |                             | Amount of Contribution (\$)                       | \$100.00   |  |
|   | Principal occu   | Houston, TX 77004  upation / Job title (See Instructions)  | Employer (See Instructions                           | <u> </u><br>s)              |   |            |  |
|   | Date<br>03/05/2015   | Full name of contributor out-of-state PAC (ID#:_ Nelson, Norman Contr butor address; City; State; Zip Code Missouri City, TX 77459 |  |                             | Amount of Contribution (\$)                       | \$500.00   |  |
|   | Principal occu   | upation / Job title (See Instructions)   | Employer (See Instructions<br>Linebarger Goggan Blai |                             | Sampson   |            |  |
|   |  |  |  |                             |   |            |  |

|   | MONETARY POLITICAL CONTRIBUTIONS  |  |   | SCHEDULE A1   |            |
|---|---|--|---|---|------------|
|   | The Instru  | ction Guide explains how to complete this f  | form.   | 1 Total pages Schedule A1:<br>Sch: 15/19 Rpt: 18/61 |            |
| 2 | FILER NAME<br>Boykins, Dw   |  |   | 3 Filer ID  |            |
| 4 | Date<br>05/14/2015  | <ul> <li>Full name of contributor out-of-state PAC (ID#:_Odom, Al</li> <li>Contr butor address; City; State; Zip Code</li> </ul>   |   | 7 Amount of Contribution (\$)                       | \$250.00   |
| _ |   | Houston, TX 77021  |   |   |            |
| 8 | Attorney  | pation / Job title (See Instructions)  | 9 Employer (See Instructions) schiffer odom hicks & joh |   |            |
|   | Date<br>04/20/2015  |  |   | Amount of Contribution (\$)                         | \$1,000.00 |
|   | Principal occu  | pation / Job title (See Instructions)  | Employer (See Instructions)                             |   |            |
|   | Date Full name of contributor out-of-state PAC (ID#:)  03/02/2015 Petteway, Theola  Contr butor address; City; State; Zip Code                                |  | Amount of Contribution (\$)                             | \$100.00  |            |
|   | Dringing oggu   | Houston, TX 77254  | Employer (See Instructions)                             |   |            |
|   | Principal occu  | pation / Job title (See Instructions)  | Employer (See Instructions)                             |   |            |
|   | Date Full name of contributor out-of-state PAC (ID#:)  06/23/2015 Phillips, Jr., Acie O.  Contr butor address; City; State; Zip Code  Missouri City, TX 77459 |  | )   | Amount of Contribution (\$)                         | \$1,000.00 |
|   | Principal occu<br>Founder and   | pation / Job title (See Instructions) I President  | Employer (See Instructions) AO Phillips & Associates    |   |            |
|   | Date<br>06/05/2015  | Full name of contributor out-of-state PAC (ID#:_ Pikoff, Erin Harmon  Contr butor address; City; State; Zip Code  Manvel, TX 77578 |   | Amount of Contribution (\$)                         | \$250.00   |
|   | Principal occu  | pation / Job title (See Instructions)  | Employer (See Instructions)                             |   |            |
|   |   |  | 1   |   |            |

|   | MONETARY POLITICAL CONTRIBUTIONS   |   |   |                             | SCHEDUI   | HEDULE A1  |  |
|---|--|---|---|-----------------------------|---|------------|--|
|   | The Instru   | Instruction Guide explains how to complete this form.   |   |                             | Total pages Schedule A1:<br>Sch: 16/19 Rpt: 19/61 |            |  |
| 2 | FILER NAME<br>Boykins, Dw  |   |   | 3                           | Filer ID  |            |  |
| 4 | Date 03/04/2015  | <ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Powell, Jr., Christus N.</li> <li>6 Contr butor address; City; State; Zip Code</li> </ul> | )   | 7                           | Amount of Contribution (\$)                       | \$1,000.00 |  |
| _ |  | Houston, TX 77245   |   |                             |   |            |  |
| 8 | Principal occu<br>President  | pation / Job title (See Instructions)   | 9 Employer (See Instructions) Arch*Technics/2, Inc. | )                           |   |            |  |
|   | Date Full name of contributor out-of-state PAC (ID#:)  05/07/2015 RPS Klotz PAC  Contr butor address; City; State; Zip Code                            |   |   | Amount of Contribution (\$) | \$500.00  |            |  |
|   | Principal occu   | Houston, TX 77079 pation / Job title (See Instructions)   | Employer (See Instructions                          | )                           |   |            |  |
|   | ·<br>  |   |   |                             |   |            |  |
|   | Date Full name of contributor out-of-state PAC (ID#:)  03/03/2015 Rash, Jeanette  Contr butor address; City; State; Zip Code                           |   |   | Amount of Contribution (\$) | \$500.00  |            |  |
|   |  | Houston, TX 77020   |   |                             |   |            |  |
|   | Principal occu<br>Wrecker Ser  | pation / Job title (See Instructions) vice  | Employer (See Instructions<br>Fast Tow              | )                           |   |            |  |
|   | Date Full name of contributor out-of-state PAC (ID#:)  03/03/2015 Rash, Jr., Charles L.  Contr butor address; City; State; Zip Code  Houston, TX 77064 |   |   | Amount of Contribution (\$) | \$500.00  |            |  |
|   | Principal occu<br>Wrecker Ser  | pation / Job title (See Instructions) vice  | Employer (See Instructions<br>Fast Tow              | )                           |   |            |  |
|   | Date 03/02/2015  |   |   |                             | Amount of Contribution (\$)                       | \$1,000.00 |  |
|   | Principal occu<br>Attorney   | pation / Job title (See Instructions)   | Employer (See Instructions<br>Robinson Law Group    | )                           |   |            |  |
|   |  |   |   |                             |   |            |  |

|   | MONETARY POLITICAL CONTRIBUTIONS  |   |   | SCHEDULE A1   |            |
|---|---|---|---|---|------------|
|   | The Instruction Guide explains how to complete this form.   |   |   | 1 Total pages Schedule A1:<br>Sch: 17/19 Rpt: 20/61 |            |
| 2 | FILER NAME  |   |   | 3 Filer ID  |            |
|   | Boykins, Dw   | right   |   |   |            |
| 4 | Date 5 Full name of contributor out-of-state PAC (ID#:)  05/28/2015 Saenger, Scott C.  6 Contr butor address; City; State; Zip Code |   | 7 Amount of Contribution (\$)                     | \$200.00  |            |
|   |   | Houston, TX 77063   | _   |   |            |
| 8 | Principal occu  | ipation / Job title (See Instructions)  | 9 Employer (See Instructions                      | s)  |            |
|   | Date<br>06/04/2015  | Full name of contributor out-of-state PAC (ID# Selassie, Rahel  Contr butor address; City; State; Zip Code  | :)  | Amount of Contribution (\$)                         | \$250.00   |
|   |   | Manvel, TX 77578  |   |   |            |
|   | Principal occu  | pation / Job title (See Instructions)   | Employer (See Instructions                        | s)  |            |
|   | Date Full name of contributor out-of-state PAC (ID#:)  06/03/2015 TMC PAC  Contr butor address; City; State; Zip Code               |   | Amount of Contribution (\$)                       | \$500.00  |            |
|   |   | Waco, TX 76708  |   |   |            |
|   | Principal occu  | pation / Job title (See Instructions)   | Employer (See Instructions                        | s)  |            |
|   | Date<br>04/01/2015  | Full name of contributor out-of-state PAC (ID#:)  TREPAC/Texas Association of Realtors Political Action Committee  Contr butor address; City; State; Zip Code  Austin, TX 78768 |   | Amount of Contribution (\$)                         | \$5,000.00 |
|   | Principal occu  | ipation / Job title (See Instructions)  | Employer (See Instructions                        | s)  |            |
|   | Date<br>06/23/2015  | Full name of contributor out-of-state PAC (ID# Tesfaye, Kefelegne Contr butor address; City; State; Zip Code Sugar Land, TX 77479   | :)  | Amount of Contribution (\$)                         | \$2,500.00 |
|   | Principal occu<br>Engineer  | pation / Job title (See Instructions)   | Employer (See Instructions United Engineers, Inc. | s)  |            |
|   |   |   |   |   |            |

|   | MONETARY POLITICAL CONTRIBUTIONS  |   |                              |                            | SCHEDULE A1                                    |          |  |
|---|---|---|------------------------------|----------------------------|--|----------|--|
|   | The Instruction Guide explains how to complete this form.   |   |                              |                            | tal pages Schedule A1:<br>:h: 18/19 Rpt: 21/61 |          |  |
| 2 | FILER NAME  |   |                              | 3 File                     | er ID  |          |  |
|   | Boykins, Dw   | right   |                              |                            |  |          |  |
| 4 | Date  O6/30/2015  5 Full name of contributor out-of-state PAC (ID#:)  Texas Taxi Political Action Committee  6 Contr butor address; City; State; Zip Code |   | <b>7</b> An                  | nount of Contribution (\$) | \$500.00                                       |          |  |
|   |   | Austin, TX 78701  |                              |                            |  |          |  |
| 8 | Principal occu  | pation / Job title (See Instructions)                           | 9 Employer (See Instructions | 5)                         |  |          |  |
|   | Date  | Full name of contributor out-of-state PAC (ID#:_                |                              | An                         | nount of Contribution (\$)                     |          |  |
|   | 06/04/2015  | The Briscoe Group PLLC  |                              |                            |  | \$500.00 |  |
|   |   | Contr butor address; City; State; Zip Code                      |                              |                            |  |          |  |
|   |   | Houston, TX 77056   |                              |                            |  |          |  |
|   | Principal occu  | ipation / Job title (See Instructions)                          | Employer (See Instructions   | 5)                         |  |          |  |
|   | Date  | Full name of contributor out-of-state PAC (ID#:_                |                              | An                         | nount of Contribution (\$)                     |          |  |
|   | 05/07/2015 VF Multifamily Holdings LTD  Contr butor address; City; State; Zip Code  |   |                              |                            | \$500.00                                       |          |  |
|   |   | Houston, TX 77024   |                              |                            |  |          |  |
|   | Principal occu  | pation / Job title (See Instructions)                           | Employer (See Instructions   | s)                         |  |          |  |
|   | Date 06/04/2015   | Full name of contributor out-of-state PAC (ID#:_ Warner, David  |                              | An                         | nount of Contribution (\$)                     | \$100.00 |  |
|   |   | Contr butor address; City; State; Zip Code                      |                              |                            |  |          |  |
|   | Principal occu  | The Woodlands, TX 77382  upation / Job title (See Instructions) | Employer (See Instructions   | <u> </u>                   |  |          |  |
|   | Date  | Full name of contributor  out-of-state PAC (ID#:_               | )                            | An                         | nount of Contribution (\$)                     |          |  |
|   | 04/20/2015  | Washington, Leonard C.  |                              |                            |  | \$100.00 |  |
|   |   | Contr butor address; City; State; Zip Code                      |                              |                            |  |          |  |
|   |   | Houston, TX 77071   |                              |                            |  |          |  |
|   | Principal occu  | pation / Job title (See Instructions)                           | Employer (See Instructions   | .)                         |  |          |  |
|   |   |   |                              |                            |  |          |  |

| MONETARY POLITICAL CONTRIBUTIONS |   |   |   |                             | SCHEDUL   | E <b>A1</b> |
|----------------------------------|---|---|---|-----------------------------|---|-------------|
|                                  | The Instruction Guide explains how to complete this form.   |   |   | 1                           | Total pages Schedule A1:<br>Sch: 19/19 Rpt: 22/61 |             |
| 2                                | FILER NAME<br>Boykins, Dw   |   |   | 3                           | Filer ID  |             |
| 4                                | Date 03/09/2015  5 Full name of contributor out-of-state PAC (ID#:) Weekley, Richard W.  6 Contr butor address; City; State; Zip Code |   | 7   | Amount of Contribution (\$) | \$500.00  |             |
| 8                                | Principal occu  | Houston, TX 77055  spation / Job title (See Instructions)   | Employer (See Instructions                        | <u>s)</u>                   |   |             |
|                                  |   | Development   | Weekley Properties                                | ٥,                          |   |             |
|                                  | Date Full name of contributor out-of-state PAC (ID#:) 05/07/2015 Wizig, Scott  Contr butor address; City; State; Zip Code             |   |   | Amount of Contribution (\$) | \$600.00  |             |
|                                  |   | Houston, TX 77274   |   |                             |   |             |
|                                  | Principal occu<br>Real Estate   | pation / Job title (See Instructions)   | Employer (See Instructions<br>SWE Homes           | s)                          |   |             |
|                                  | Date 06/02/2015   | Full name of contributor out-of-state PAC (ID#: Yanamandala, Raviraj Contr butor address; City; State; Zip Code | )   | •                           | Amount of Contribution (\$)                       | \$500.00    |
|                                  |   | Pearland, TX 77584  |   |                             |   |             |
|                                  | Principal occu<br>President   | pation / Job title (See Instructions)   | Employer (See Instructions<br>Geotest Engineering | 5)                          |   |             |
|                                  |   |   |   |                             |   |             |

### **NON-MONETARY (IN-KIND) POLITICAL** SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 23/61 2 FILER NAME 3 Filer ID Boykins, Dwight \$ 0.00 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5 Date **6** Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 7 Contr butor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contr butor's principal occupation (FOR JUDICIAL) 13 Contr butor's job title (FOR JUDICIAL) 14 Contr butor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

| PLE                 | DGED CONTRIBUTIONS                           |                      |   | SCHEDULE B                          |
|---------------------|--|----------------------|---|-------------------------------------|
| Т                   | he Instruction Guide explains how to compl   | ete this form.       | 1 Total pages Scher<br>Sch: 1/1 Rpt: 24 |                                     |
| 2 FILER NAME        |  |                      | 3 Filer ID                              |                                     |
| Boykins, Dwight     |  | walden.houston       | @gmail.com                              |                                     |
| 4 TOTAL             | OF UNITEMIZED PLEDGES                        |                      | \$                                      | 0.00                                |
| 5 Date              | 6 Full name of pledgor out-of-state PAC (ID# | #:                   | _) 8 Amount of                          | 9 In-kind description               |
|                     | 7 Pledgor Address; City; State; Zip Code     | e                    | pledge (\$)                             | (If applicable)  I I I I I I        |
|                     |  | T                    |   | side of Texas. Complete Schedule T. |
| <b>10</b> Principal | occupation / Job title (See Instructions)    | 11 Employer (See Ins | structions)                             |                                     |
|                     |  |                      |   |                                     |
|                     |  |                      |   |                                     |

#### SCHEDULE F1

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

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

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

|   | The Instruction Guide explains how to complete this form. |  |   |  |  |  |
|---|---|--|---|--|--|--|
| 1 | Total pages Schedule F1:                                  | 2 FILER NAME 3 Filer ID  |   |  |  |  |
|   | Sch: 1/37 Rpt: 25/61                                      | Boykins, Dwight  |   |  |  |  |
| 4 | Date  | 5 Payee name   |   |  |  |  |
|   | 03/05/2015  | 1-800-Flowers  |   |  |  |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |   |  |  |  |
|   | \$156.94  | 5403 FM 1960   |   |  |  |  |
|   |   |  |   |  |  |  |
|   |   | Houston, TX 77069  |   |  |  |  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   | _ |  |  |  |
|   | OF<br>EXPENDITURE   | Event Expense  |   |  |  |  |
|   | EXI ENDITORE  | Check if Austin, TX, officeholder living expense   |   |  |  |  |
|   |   | Flowers for event  |   |  |  |  |
| 9 | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held  | _ |  |  |  |
|   | expenditure to benefit C/O                                |  |   |  |  |  |
| ⊨ | Data  |  | _ |  |  |  |
|   | Date 03/25/2015   | Payee name Alonti Cafe & Catering  |   |  |  |  |
| L |   |  | _ |  |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |   |  |  |  |
|   | \$135.85  | 1001 Fannin St.  |   |  |  |  |
|   |   |  |   |  |  |  |
| L |   | Houston, TX 77002  |   |  |  |  |
|   | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |   |  |  |  |
|   | EXPENDITURE   | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |   |  |  |  |
|   |   | food for officeholder event  |   |  |  |  |
|   |   |  |   |  |  |  |
| Н | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held  | _ |  |  |  |
|   | expenditure to benefit C/O                                | H  |   |  |  |  |
| F | Date  | Payee name   | = |  |  |  |
|   | 06/25/2015  | Alonti Cafe & Catering   |   |  |  |  |
| H | Amount (\$)   | Payee address; City; State; Zip Code   | _ |  |  |  |
|   | \$100.00  | 1001 Fannin St.  |   |  |  |  |
| l |   |  |   |  |  |  |
|   |   | Houston, TX 77002  |   |  |  |  |
| H | PURPOSE   |  | _ |  |  |  |
|   | OF  | (a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. |   |  |  |  |
| l | EXPENDITURE   | Check if Austin, TX, officeholder living expense   |   |  |  |  |
|   |   | food for officeholder event  |   |  |  |  |
| L |   |  |   |  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/O        | Candidate/Officeholder name Office sought Office held  |   |  |  |  |
| L | experiulture to beliefft C/OI                             |  |   |  |  |  |
|   |   |  | - |  |  |  |
|   |   |  |   |  |  |  |

### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

| l |  | The Instruction Guide explains how to complete this form.  |   |
|---|--|--|---|
| 1 | Total pages Schedule F1:                                   | 2 FILER NAME 3 Filer ID  | _ |
| l | Sch: 2/37 Rpt: 26/61                                       | Boykins, Dwight  |   |
| 4 | Date   | 5 Payee name   |   |
|   | 05/15/2015   | American Leadership Forum  |   |
| 6 | Amount (\$)<br>\$200.00                                    | 7 Payee address; City; State; Zip Code 3101 Richmond Ave., Ste. 140  |   |
| L |  | Houston, TX 77098  |   |
| 8 | PURPOSE<br>OF<br>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  Tickets for ALF dinner                     |   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held<br>H   |   |
|   | Date   | Payee name   |   |
| L | 05/07/2015   | Amiles Coffee & Catering   |   |
|   | Amount (\$)<br>\$19.49                                     | Payee address; City; State; Zip Code 1301 McKinney St.   |   |
|   |  | Houston, TX 77010  |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense officeholder meeting                 |   |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought Office held  |   |
|   | Date   | Payee name   | _ |
|   | 05/14/2015   | Blake, Jackie  |   |
|   | Amount (\$)<br>\$500.00                                    | Payee address; City; State; Zip Code<br>1060 North Lane  |   |
|   |  | Houston, TX 77088  |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense contract labor for campaign |   |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought Office held  |   |
|   |  |  |   |

#### SCHEDULE F1

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

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

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

| l        | The Instruction Guide explains how to complete this form. |  |  |
|----------|---|--|--|
| 1        | Total pages Schedule F1:                                  | 2 FILER NAME 3 Filer ID  |  |
|          | Sch: 3/37 Rpt: 27/61                                      | Boykins, Dwight  |  |
| 4        | Date  | 5 Payee name   |  |
|          | 03/12/2015  | Boykins Youth Foundation   |  |
| 6        | Amount (\$)   | 7 Payee address; City; State; Zip Code   |  |
|          | \$500.00  | PO Box 301146  |  |
|          |   |  |  |
|          |   | Houston, TX 77230  |  |
| 8        | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |
|          | OF<br>EXPENDITURE   | Contributions/Donations Made By  |  |
|          |   | Candidate/Officeholder/Political Committee   |  |
|          |   | Donation   |  |
| 9        | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held  |  |
| ľ        | expenditure to benefit C/Ol                               |  |  |
| ⊨        | Data  | Development  |  |
|          | Date<br>06/08/2015  | Payee name Brennans of Houston   |  |
| L        |   |  |  |
|          | Amount (\$)   | Payee address; City; State; Zip Code   |  |
|          | \$201.83  | 3300 Smith St.   |  |
|          |   | He also TV 77000   |  |
| L        |   | Houston, TX 77006  |  |
|          | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. |  |
|          | EXPENDITURE   | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |  |
|          |   | officeholder luncheon  |  |
|          |   |  |  |
| Г        | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held  |  |
|          | expenditure to benefit C/Ol                               | 1  |  |
| Г        | Date  | Payee name   |  |
|          | 03/12/2015  | Brentwood Baptist Church   |  |
|          | Amount (\$)   | Payee address; City; State; Zip Code   |  |
|          | \$500.00  | 13033 Landmark Dr.   |  |
|          |   |  |  |
|          |   | Houston, TX 77045  |  |
| Г        | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |
|          | OF<br>EXPENDITURE   | Contributions/Donations Made By  |  |
|          | LAI LINDITORE   | Candidate/Officeholder/Political Committee   |  |
|          |   | donation   |  |
| $\vdash$ | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held  |  |
|          | expenditure to benefit C/O                                |  |  |
| $\vdash$ |   |  |  |
|          |   |  |  |
| ĺ        |   |  |  |

### SCHEDULE F1

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

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

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

|   |  | The Instruction Guide explains how to complete this form.  |
|---|--|--|
| 1 | Total pages Schedule F1:                                   | 2 FILER NAME 3 Filer ID  |
|   | Sch: 4/37 Rpt: 28/61                                       | Boykins, Dwight  |
| 4 | Date   | 5 Payee name   |
|   | 06/04/2015   | Cafe Express   |
| 6 | Amount (\$)<br>\$154.55                                    | 7 Payee address; City; State; Zip Code<br>1422 W. Gray St.   |
|   |  | Houston, TX 77019  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense council office luncheon      |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held  |
|   | Date   | Payee name   |
|   | 06/12/2015   | Cafe Ginger  |
|   | Amount (\$)<br>\$94.88                                     | Payee address; City; State; Zip Code<br>1952 W. Gray St.   |
|   |  | Houston, TX 77019  |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense officeholder luncheon      |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought Office held  |
| Г | Date   | Payee name   |
|   | 03/04/2015   | Ceader's Valet   |
|   | Amount (\$)<br>\$240.00                                    | Payee address; City; State; Zip Code<br>2450 Louisiana St.   |
|   |  | Houston, TX 77006  |
|   | PURPOSE<br>OF<br>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  valet service for campaign event |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought Office held  |
|   |  |  |

#### SCHEDULE F1

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

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

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

|          | The Instruction Guide explains how to complete this form. |   |  |
|----------|---|---|--|
| 1        | Total pages Schedule F1:                                  | 2 FILER NAME 3 Filer ID   |  |
|          | Sch: 5/37 Rpt: 29/61                                      | Boykins, Dwight   |  |
| 4        | Date  | 5 Payee name  |  |
|          | 02/09/2015  | Chick-Fil-A   |  |
| 6        | Amount (\$)   | 7 Payee address; City; State; Zip Code  |  |
|          | \$115.83  | 2222 Shearn St  |  |
|          |   |   |  |
|          |   | Houston, TX 77007   |  |
| 8        | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |
|          | OF<br>EXPENDITURE   | Food/Beverage Expense   |  |
|          | EXPENDITORE   | Check if Austin, TX, officeholder living expense  |  |
|          |   | Council office food   |  |
| _        |   |   |  |
| 9        | Complete ONLY if direct expenditure to benefit C/OI       | Candidate/Officeholder name Office sought Office held   |  |
|          |   |   |  |
|          | Date  | Payee name  |  |
|          | 06/01/2015  | Corner Table  |  |
|          | Amount (\$)   | Payee address; City; State; Zip Code  |  |
|          | \$36.31   | 2736 Virginia St.   |  |
|          |   |   |  |
|          |   | Houston, TX 77098   |  |
|          | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |
|          | OF<br>EXPENDITURE   | Food/Beverage Expense   |  |
|          |   | Check if Austin, TX, officeholder living expense officeholder luncheon  |  |
|          |   | officeriolder functieon   |  |
| _        | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held   |  |
|          | expenditure to benefit C/OI                               |   |  |
| -        | Data  |   |  |
|          | Date  | Payee name  |  |
|          | 06/03/2015  | Davis, Terry  |  |
|          | Amount (\$)   | Payee address; City; State; Zip Code  |  |
|          | \$1,000.00  | 5010 Chennault  |  |
|          |   |   |  |
|          |   | Houston, TX 77033   |  |
|          | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |
|          | OF<br>EXPENDITURE   | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T. |  |
|          |   | Candidate/Officeholder/Political Committee  |  |
|          |   | may 2000 / Willion and Dim Youri donation   |  |
| $\vdash$ | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held   |  |
|          | expenditure to benefit C/OI                               |   |  |
| _        |   |   |  |
|          |   |   |  |
|          |   |   |  |

#### SCHEDULE F1

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

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

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

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

Travel in District
Travel Out of D
COntract Labor
OTHER (enter

|          | Candidate/Officeriolder/Folitica                    | The Instruction Guide explains how to complete this form.   |
|----------|---|---|
| Ļ        | T. 1 01 11 51                                       | · · · · · · · · · · · · · · · · · · ·   |
| 1        | Total pages Schedule F1:                            |   |
|          | Sch: 6/37 Rpt: 30/61                                | Boykins, Dwight   |
| 4        | Date  | 5 Payee name  |
|          | 06/05/2015  | Davis Street at Hermann Park  |
| 6        | Amount (\$)   | 7 Payee address; City; State; Zip Code  |
|          | \$188.56  | 5925 Almeda Rd.   |
|          |   |   |
|          |   | Houston, TV 77004   |
|          |   | Houston, TX 77004   |
| 8        | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | EXPENDITURE   | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  |
|          |   | Check if Austin, TX, officeholder living expense officeholder luncheon  |
|          |   | onicenduel function   |
| Ļ        | 0 1: 0 1: 0   |   |
| 9        | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
|          |   |   |
|          | Date  | Payee name  |
|          | 05/29/2015  | Eat24.com   |
|          | Amount (\$)   | Payee address; City; State; Zip Code  |
|          | \$85.80   | 140 New Montgomery St.  |
|          |   | g ,   |
|          |   | San Francisco CA 0410E  |
|          |   | San Francisco, CA 94105   |
|          | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | EXPENDITURE   | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense            |
|          |   | council office food   |
|          |   |   |
| _        | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI                         | <b>S</b>  |
|          | •   |   |
|          | Date  | Payee name  |
|          | 03/31/2015  | Elite Change LLC  |
|          | Amount (\$)   | Payee address; City; State; Zip Code  |
|          | \$169.25  | 315 West Alabama  |
|          |   |   |
|          |   | Houston, TX 77006   |
|          | D. IDD 0.05   |   |
|          | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T. |
|          | EXPENDITURE   | Check if dayer dustine of Texas. Complete Schedule 1.   |
|          |   | survey expense  |
|          |   |   |
| $\vdash$ | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held   |
|          | Complete ONLY if direct expenditure to benefit C/OI |   |
|          | •   |   |
|          |   |   |
|          |   |   |

#### SCHEDULE F1

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

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

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

|          | The Instruction Guide explains how to complete this form. |  |  |
|----------|---|--|--|
| 1        | Total pages Schedule F1:                                  | 2 FILER NAME 3 Filer ID  |  |
|          | Sch: 7/37 Rpt: 31/61                                      | Boykins, Dwight  |  |
| 4        | Date  | 5 Payee name   |  |
|          | 04/16/2015  | FedEx Office   |  |
| 6        | Amount (\$)   | 7 Payee address; City; State; Zip Code   |  |
| l        | \$95.80   | 801 Louisiana St., Suite 101   |  |
|          |   |  |  |
| l        |   | Houston, TX 77002  |  |
| 8        | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |
|          | OF<br>EXPENDITURE   | Printing Expense Check if travel outside of Texas. Complete Schedule T.  |  |
|          |   | Check if Austin, TX, officeholder living expense copies of printed materials   |  |
|          |   | Copies of printed materials  |  |
| 9        | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held  |  |
| ľ        | expenditure to benefit C/O                                |  |  |
| ⊨        | Date  | Dayso name   |  |
|          | 06/12/2015  | Payee name Four Seasons Hotel  |  |
| ┡        |   |  |  |
| l        | Amount (\$) \$63.04                                       | Payee address; City; State; Zip Code<br>1300 Lamar St.   |  |
|          | φ03.04  | 1300 Lamai St.   |  |
| l        |   | Houston TV 77010   |  |
|          |   | Houston, TX 77010  |  |
| l        | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. |  |
|          | EXPENDITURE   | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |  |
|          |   | officeholder luncheon  |  |
|          |   |  |  |
| Г        | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held  |  |
|          | expenditure to benefit C/OH                               |  |  |
| Г        | Date  | Payee name   |  |
|          | 03/25/2015  | Franks Pizza   |  |
| Г        | Amount (\$)   | Payee address; City; State; Zip Code   |  |
| l        | \$150.00  | 417 Travis St.   |  |
| l        |   |  |  |
|          |   | Houston, TX 77002  |  |
| Г        | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |
|          | OF<br>EXPENDITURE   | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.   |  |
| l        | LXI LINDITORL   | Check if Austin, TX, officeholder living expense   |  |
|          |   | Council office food  |  |
| $\vdash$ | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held  |  |
|          | expenditure to benefit C/O                                | •  |  |
| $\vdash$ |   |  |  |
|          |   |  |  |
| I        |   |  |  |

#### SCHEDULE F1

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

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

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

|   | The Instruction Guide explains how to complete this form. |  |  |
|---|---|--|--|
| 1 | Total pages Schedule F1:                                  | 2 FILER NAME 3 Filer ID  |  |
|   | Sch: 8/37 Rpt: 32/61                                      | Boykins, Dwight  |  |
| 4 | Date  | 5 Payee name   |  |
|   | 05/07/2015  | Glorias Latin Cuisine  |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |  |
| l | \$63.55   | 2616 Louisiana St., #101   |  |
|   |   |  |  |
|   |   | Houston, TX 77006  |  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |
|   | OF<br>EXPENDITURE   | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.   |  |
|   |   | Check if Austin, TX, officeholder living expense officeholder luncheon   |  |
|   |   | officeriolder faricileoff  |  |
| 9 | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held  |  |
| ľ | expenditure to benefit C/Ol                               |  |  |
| ⊨ | Data  | Development  |  |
|   | Date 04/29/2015   | Payee name<br>GoDaddy  |  |
| L |   | · · · · · · · · · · · · · · · · · · ·  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |  |
|   | \$23.82   | 14455 N. Hayden Rd. #219   |  |
|   |   | 0  |  |
|   |   | Scottsdale, AZ 85260   |  |
| l | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule)  (b) Description  |  |
|   | EXPENDITURE   | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |  |
|   |   | campaign website hosting   |  |
|   |   |  |  |
| Г | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held  |  |
|   | expenditure to benefit C/OH                               |  |  |
| F | Date  | Payee name   |  |
|   | 06/01/2015  | GoDaddy  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |  |
| l | \$36.31   | 14455 N. Hayden Rd. #219   |  |
| l |   |  |  |
|   |   | Scottsdale, AZ 85260   |  |
| H | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |
| l | OF  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |  |
| l | EXPENDITURE   | Check if Austin, TX, officeholder living expense   |  |
|   |   | campaign website hosting   |  |
| L | 0 1: 0:::::::::::::::::::::::::::::::::                   |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OI       | Candidate/Officeholder name Office sought Office held  |  |
| L |   |  |  |
|   |   |  |  |
| ĺ |   |  |  |

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|   |   | The Instruction Guide explains how to complete this form.   |
|---|---|---|
| 1 | Total pages Schedule F1:                            | 2 FILER NAME 3 Filer ID   |
|   | Sch: 9/37 Rpt: 33/61                                | Boykins, Dwight   |
| 4 | Date  | 5 Payee name  |
|   | 06/30/2015  | GoDaddy   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code  |
| l | \$138.44  | 14455 N. Hayden Rd. #219  |
|   |   |   |
|   |   | Scottsdale, AZ 85260  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF  | Advertising Expense  Check if travel outside of Texas. Complete Schedule T.   |
|   | EXPENDITURE   | Check if Austin, TX, officeholder living expense  |
|   |   | campaign website hosting  |
| Ļ |   |   |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
| L | '   |   |
|   | Date  | Payee name  |
| L | 04/09/2015  | Gogo Business Communications  |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |
|   | \$1,950.00  | 10900 Northwest Fwy   |
|   |   |   |
|   |   | Houston, TX 77092   |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| l | OF<br>EXPENDITURE                                   | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |
|   |   | Check if Austin, TX, officeholder living expense  document printing   |
|   |   | document printing   |
| ┝ | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                         | · · · · · · · · · · · · · · · · · · ·   |
| H | Date  | Payee name  |
|   | 05/15/2015  | Gogo Business Communications  |
| H | Amount (\$)   | Payee address; City; State; Zip Code  |
|   | \$92.01   | 10900 Northwest Fwy   |
|   | Ψ32.01  | 10000 Northwest Wy  |
|   |   | Houston, TX 77092   |
|   | DUDD005   |   |
| l | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T. |
| l | EXPENDITURE   | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |
|   |   | document printing   |
|   |   |   |
| Г | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                         | 1   |
| Г |   |   |
|   |   |   |

#### SCHEDULE F1

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

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

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

|   | The Instruction Guide explains how to complete this form.  |  |  |
|---|--|--|--|
| 1 | Total pages Schedule F1:                                   | 2 FILER NAME 3 Filer ID  |  |
|   | Sch: 10/37 Rpt: 34/61                                      | Boykins, Dwight  |  |
| 4 | Date   | 5 Payee name   |  |
|   | 05/04/2015   | Graces On Kirby  |  |
| 6 | Amount (\$)<br>\$34.27                                     | 7 Payee address; City; State; Zip Code<br>3111 Kirby Dr.   |  |
|   |  | Houston, TX 77098  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense officeholder luncheon |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |  |
|   | Date   | Payee name   |  |
|   | 05/04/2015   | Graces On Kirby  |  |
|   | Amount (\$)<br>\$205.24                                    | Payee address; City; State; Zip Code 3111 Kirby Dr.  |  |
|   |  | Houston, TX 77098  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense officeholder luncheon  |  |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought Office held  |  |
|   | Date<br>05/04/2015   | Payee name<br>Graces On Kirby  |  |
|   | Amount (\$)<br>\$83.33                                     | Payee address; City; State; Zip Code 3111 Kirby Dr.  |  |
|   |  | Houston, TX 77098  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense officeholder luncheon |  |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought Office held  |  |
|   |  |  |  |

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

| l | The Instruction Guide explains how to complete this form.  |  |  |
|---|--|--|--|
| 1 | Total pages Schedule F1:                                   | 2 FILER NAME   | 3 Filer ID   |
|   | Sch: 11/37 Rpt: 35/61                                      | Boykins, Dwight  |  |
| 4 | Date   | 5 Payee name   |  |
|   | 05/11/2015   | Graces On Kirby  |  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code                               |  |
|   | \$141.14   | 3111 Kirby Dr.   |  |
|   |  |  |  |
|   |  | Houston, TX 77098  |  |
| 8 | PURPOSE<br>OF  | , ,  | Description  |
|   | EXPENDITURE  | Food/Beverage Expense  | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |  |  | officeholder luncheon  |
|   |  |  |  |
| 9 | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought                            | Office held  |
|   | expenditure to benefit C/O                                 | <del>-</del>   |  |
| F | Date   | Payee name   |  |
|   | 05/13/2015   | Graces On Kirby  |  |
| H | Amount (\$)  | Payee address; City; State; Zip Code                                 |  |
|   | \$273.28   | 3111 Kirby Dr.   |  |
|   |  | ,  |  |
|   |  | Houston, TX 77098  |  |
| Г | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) | Description  |
|   | OF<br>EXPENDITURE  | Food/Beverage Expense  | Check if travel outside of Texas. Complete Schedule T.   |
|   |  |  | Check if Austin, TX, officeholder living expense officeholder luncheon                                   |
|   |  |  | onceriolaer function   |
| H | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought                            | Office held  |
|   | expenditure to benefit C/O                                 |  |  |
| H | Date   | Payee name   |  |
|   | 05/20/2015   | Graces On Kirby  |  |
| ┝ | Amount (\$)  | Payee address; City; State; Zip Code                                 |  |
| l | \$186.29   | 3111 Kirby Dr.   |  |
|   | <b>\$100.20</b>  |  |  |
|   |  | Houston, TX 77098  |  |
| H | PURPOSE  |  | Description  |
|   | OF   | Food/Beverage Expense  | Check if travel outside of Texas. Complete Schedule T.   |
| l | EXPENDITURE  | , , , , , , , , , , , , , , , , , , ,                                | Check if Austin, TX, officeholder living expense   |
|   |  |  | officeholder luncheon  |
| L |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought                            | Office held  |
| L |  | •  |  |
|   |  |  |  |
| 1 |  |  |  |

#### SCHEDULE F1

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

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

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

|                                     | The Instruction Guide explains how to complete this form. |  |  |
|-------------------------------------|---|--|--|
| 1                                   | Total pages Schedule F1:                                  | 2 FILER NAME 3 Filer ID  |  |
|                                     | Sch: 12/37 Rpt: 36/61                                     | Boykins, Dwight  |  |
| 4                                   | Date  | 5 Payee name   |  |
|                                     | 05/11/2015  | Greater Houston Convention & Visitors Bureau   |  |
| 6                                   | Amount (\$)   | 7 Payee address; City; State; Zip Code   |  |
| l                                   | \$189.35  | 1331 Lamar St. #700  |  |
|                                     |   |  |  |
|                                     |   | Houston, TX 77010  |  |
| 8                                   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |
|                                     | OF<br>EXPENDITURE   | Event Expense  |  |
|                                     | EXPENDITORE   | Check if Austin, TX, officeholder living expense   |  |
|                                     |   | event for officeholder   |  |
| Ļ                                   | Commists ONII V if direct                                 | Candidate/Officeholder name Office sought Office held  |  |
| 9                                   | Complete ONLY if direct expenditure to benefit C/Ol       | the state of the s |  |
| L                                   | ·   |  |  |
|                                     | Date  | Payee name   |  |
| L                                   | 03/13/2015  | Greater St. Matthew Church   |  |
|                                     | Amount (\$)   | Payee address; City; State; Zip Code   |  |
|                                     | \$100.00  | 7701 Jutland   |  |
|                                     |   |  |  |
|                                     |   | Houston, TX 77033  |  |
|                                     | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |
|                                     | OF<br>EXPENDITURE   | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  |  |
|                                     |   | Candidate/Officeholder/Political Committee   |  |
|                                     |   | donation   |  |
| ┝                                   | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held  |  |
|                                     | expenditure to benefit C/OH                               |  |  |
| H                                   | Date  | Dayge name   |  |
|                                     |   |  |  |
| H                                   |   |  |  |
| l                                   |   | rayee address, City, State, Zip Code   |  |
| l                                   | Ψ200.00   |  |  |
|                                     |   |  |  |
|                                     | DUDDOOF   | 10.  |  |
|                                     | OF  |  |  |
|                                     | EXPENDITURE   | Contributions/Boriations Made By   |  |
| l                                   |   | charity donation   |  |
|                                     |   |  |  |
| Г                                   | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held  |  |
|                                     | expenditure to benefit C/O                                | 1  |  |
| Г                                   |   |  |  |
| ı                                   |   |  |  |
|                                     |   | Payee name Green, David  Payee address; City; State; Zip Code  |  |
|                                     |   |  |  |
| L                                   |   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |
| l                                   |   | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  |  |
| l                                   | EXPENDITURE   |  |  |
|                                     |   | charity donation   |  |
| $ldsymbol{ldsymbol{ldsymbol{eta}}}$ |   |  |  |
|                                     | expenditure to benefit C/Ol                               |  |  |
|                                     |   |  |  |
| ı                                   |   |  |  |

#### SCHEDULE F1

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

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

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:<br>Sch: 13/37 Rpt: 37/61   | 2 FILER NAME  Boykins, Dwight  3 Filer ID   |
| 4 | Date 05/05/2015                                     | 5 Payee name Guitar Center  |
| 6 | Amount (\$)<br>\$2,781.85                           | 7 Payee address; City; State; Zip Code 8390 Westheimer Rd.  |
| 8 | PURPOSE   | Houston, TX 77063   |
| 0 | OF<br>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  speakers/microphone for campaign events |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held   |
|   | Date<br>05/05/2015                                  | Payee name<br>Guitar Center   |
|   | Amount (\$)<br>\$21.64                              | Payee address; City; State; Zip Code<br>8390 Westheimer Rd.   |
|   |   | Houston, TX 77063   |
|   | PURPOSE<br>OF<br>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  speakers/microphone for campaign events |
|   | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held   |
|   | Date 03/16/2015                                     | Payee name<br>Hobby Lobby   |
|   | Amount (\$)<br>\$66.54                              | Payee address; City; State; Zip Code 2808 Business Center Dr.   |
|   |   | Pearland, TX 77584  |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense event supplies                           |
|   | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held H   |
|   |   |   |

#### SCHEDULE F1

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

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

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

|   | The Instruction Guide explains how to complete this form. |  |  |
|---|---|--|--|
| 1 | Total pages Schedule F1:                                  | 2 FILER NAME 3 Filer ID  |  |
| l | Sch: 14/37 Rpt: 38/61                                     | Boykins, Dwight  |  |
| 4 | Date  | 5 Payee name   |  |
|   | 03/25/2015  | Hobby Lobby  |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |  |
| l | \$64.40   | 2808 Business Center Dr.   |  |
|   |   |  |  |
|   |   | Pearland, TX 77584   |  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |
|   | OF<br>EXPENDITURE   | Event Expense Check if travel outside of Texas. Complete Schedule T.   |  |
|   | EXPENDITORE   | Check if Austin, TX, officeholder living expense   |  |
|   |   | event supplies   |  |
| Ļ | Complete ONII V if direct                                 | Condidate/Officeholder name  |  |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol       | Candidate/Officeholder name Office sought Office held  |  |
| ⊨ |   |  |  |
|   | Date  | Payee name   |  |
| L | 03/09/2015  | Holleys Seafood and Oyster Bar   |  |
| l | Amount (\$)   | Payee address; City; State; Zip Code   |  |
|   | \$129.33  | 3201 Louisiana St.   |  |
|   |   |  |  |
|   |   | Houston, TX 77006  |  |
|   | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |
|   | EXPENDITURE   | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                           |  |
|   |   | Officeholder luncheon  |  |
|   |   |  |  |
| ⊢ | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held  |  |
| l | expenditure to benefit C/O                                | -1   |  |
| F | Date  | Payee name   |  |
|   | 01/15/2015  | Houston Black Realtors Association   |  |
| H | Amount (\$)   | Payee address; City; State; Zip Code   |  |
| l | \$75.00   | 11303 Chimney Rock, #110   |  |
| l | Ψ10.00  | 11000 Onlinely Rook, W110  |  |
| l |   | Houston, TX 77035  |  |
| L | DUDDOCE   |  |  |
| l | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule)  Event Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T. |  |
|   | EXPENDITURE   | Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |  |
|   |   | gala ticket for officeholder   |  |
|   |   |  |  |
|   | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held  |  |
|   | expenditure to benefit C/O                                | 1  |  |
|   |   |  |  |
|   |   |  |  |

#### SCHEDULE F1

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

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

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

| The Instruction Guide explains how to complete this form.  |  |  |  |
|--|--|--|--|
| 2 FILER NAME   | 3 Filer ID   |  |  |
| Boykins, Dwight  |  |  |  |
| 5 Payee name   | <u>.</u>   |  |  |
| Ivy Education and Charitable Foundation of H   | ouston   |  |  |
| 7 Payee address; City; State; Zip C  | rode   |  |  |
| 21126 Indigo Field Lane  |  |  |  |
|  |  |  |  |
| Richmond, TX 77407   |  |  |  |
| (a) Category (See Categories listed at the top of this schedule)   | (b) Description  |  |  |
| Event Expense  | Check if travel outside of Texas. Complete Schedule T.   |  |  |
|  | Check if Austin, TX, officeholder living expense   |  |  |
|  | AKA luncheon sponsorship   |  |  |
|  |  |  |  |
|  | ught Office held   |  |  |
|  |  |  |  |
| 1  |  |  |  |
| Jackson, Deric   |  |  |  |
| Payee address; City; State; Zip C  | ode  |  |  |
| 3930 Porter  |  |  |  |
|  |  |  |  |
| Houston, TX 77021  |  |  |  |
| (a) Category (See Categories listed at the top of this schedule)   | (b) Description  |  |  |
| Contributions/Donations Made By  | Check if travel outside of Texas. Complete Schedule T.   |  |  |
| Candidate/Officeholder/Political Committee   | Check if Austin, TX, officeholder living expense donation for books  |  |  |
|  | donation for books   |  |  |
| Candidate/Officeholder name Office so  | ught Office held   |  |  |
|  | ugiil  |  |  |
| Davido namo  |  |  |  |
|  |  |  |  |
|  | rada   |  |  |
|  | ode  |  |  |
| 3930 Porter  |  |  |  |
|  |  |  |  |
| Houston, TX 77021  |  |  |  |
|  |  |  |  |
| (a) Category (See Categories listed at the top of this schedule)   | (b) Description  |  |  |
| Contributions/Donations Made By  | Check if travel outside of Texas. Complete Schedule T.   |  |  |
|  |  |  |  |
| Contributions/Donations Made By  | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense   |  |  |
| Contributions/Donations Made By  | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donation for books   |  |  |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee                                      | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donation for books   |  |  |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Office so | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donation for books   |  |  |
|  | Boykins, Dwight  5 Payee name Ivy Education and Charitable Foundation of H  7 Payee address; City; State; Zip C 21126 Indigo Field Lane  Richmond, TX 77407  (a) Category (See Categories listed at the top of this schedule) Event Expense  Candidate/Officeholder name Jackson, Deric  Payee address; City; State; Zip C 3930 Porter  Houston, TX 77021  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name Jackson, Deric  Payee name Jackson, Deric  Payee address; City; State; Zip C 3930 Porter |  |  |

#### SCHEDULE F1

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

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

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

|   | The Instruction Guide explains how to complete this form. |  |  |  |
|---|---|--|--|--|
| 1 | Total pages Schedule F1:                                  | 2 FILER NAME 3 Filer ID  |  |  |
|   | Sch: 16/37 Rpt: 40/61                                     | Boykins, Dwight  |  |  |
| 4 | Date  | 5 Payee name   |  |  |
|   | 05/15/2015  | KPFT Pacifica Radio  |  |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |  |  |
|   | \$250.00  | 419 Lovett Blvd.   |  |  |
|   |   | Houston, TX 77006  |  |  |
| 8 | PURPOSE   | 1  |  |  |
| ľ | OF  | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. |  |  |
|   | EXPENDITURE   | Check if Austin, TX, officeholder living expense   |  |  |
|   |   | Advertisement in Pan African Journal   |  |  |
| L |   |  |  |  |
| 9 | Complete ONLY if direct expenditure to benefit C/OI       | Candidate/Officeholder name Office sought Office held  |  |  |
| L |   |  |  |  |
|   | Date  | Payee name   |  |  |
|   | 04/30/2015  | KTSU - The Choice  |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |  |  |
|   | \$309.30  | 3100 Cleburne  |  |  |
|   |   |  |  |  |
|   |   | Houston, TX 77004  |  |  |
|   | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule)  (b) Description  |  |  |
|   | EXPENDITURE   | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |  |  |
|   |   | radio advertising  |  |  |
|   |   |  |  |  |
| Г | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held  |  |  |
| L | expenditure to benefit C/OI                               | 1  |  |  |
|   | Date  | Payee name   |  |  |
|   | 04/07/2015  | Kolache Factory  |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |  |  |
|   | \$5.55  | 777 Walker St.   |  |  |
|   |   |  |  |  |
|   |   | Houston, TX 77002  |  |  |
|   | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |
|   | EXPENDITURE   | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                 |  |  |
|   |   | council office food  |  |  |
|   |   |  |  |  |
| H | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held  |  |  |
|   | expenditure to benefit C/OI                               | 1  |  |  |
| T |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |

#### SCHEDULE F1

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

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

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

| l | The Instruction Guide explains how to complete this form.                     |  |   |
|---|---|--|---|
| 1 | Total pages Schedule F1:  | 2 FILER NAME   | 3 Filer ID  |
|   | Sch: 17/37 Rpt: 41/61   | Boykins, Dwight  |   |
| 4 | Date  | 5 Payee name   | •   |
|   | 02/12/2015  | Kroger   |   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |   |
| l | \$115.83  | 1938 W. Gray St  |   |
|   |   |  |   |
|   |   | Houston, TX 77019  |   |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description |   |
|   | OF<br>EXPENDITURE   | Food/Beverage Expense  | vel outside of Texas. Complete Schedule T.  |
|   | EXPENDITORE   | ,  | stin, TX, officeholder living expense   |
|   |   | council offi   | ce 1000   |
| Ļ | Operation ONLY if dispose   | Overlights 10ff or holder rough  | Office health   |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol                           | Candidate/Officeholder name Office sought  | Office held   |
| ┡ | ·   |  |   |
|   | Date  | Payee name   |   |
| L | 03/10/2015  | Kroger   |   |
| l | Amount (\$)   | Payee address; City; State; Zip Code   |   |
|   | \$55.95   | 1938 W. Gray St  |   |
|   |   |  |   |
|   |   | Houston, TX 77019  |   |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description |   |
|   | OF<br>EXPENDITURE   | I I OOU/DEVELUGE EXPENSE   | vel outside of Texas. Complete Schedule T.<br>stin, TX, officeholder living expense |
|   |   | council offi   |   |
|   |   | Godfiell offi  | 00 1000   |
| ┝ | Complete ONLY if direct Candidate/Officeholder name Office sought Office held |  |   |
|   | expenditure to benefit C/O  | <b>9</b>   |   |
| ⊨ | Date  | Payee name   |   |
|   | 05/07/2015  | Kroger   |   |
| L | Amount (\$)   | Payee address; City; State; Zip Code   |   |
| l | \$74.97   | 7747 Kirby Dr.   |   |
| l | Ψ14.51  | 1141 Kilby DI.   |   |
|   |   | Houston TV 77020   |   |
|   |   | Houston, TX 77030  |   |
|   | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule) (b) Description | vel outside of Texas. Complete Schedule T.  |
|   | EXPENDITURE   | 1 000/Deverage Expense   | stin, TX, officeholder living expense   |
| l |   | council offi   |   |
|   |   |  |   |
| H | Complete ONLY if direct   | Candidate/Officeholder name Office sought  | Office held   |
|   | expenditure to benefit C/O  |  |   |
| H |   |  |   |
|   |   |  |   |
|   |   |  |   |

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|   | The Instruction Guide explains how to complete this form.                     |  |  |  |
|---|---|--|--|--|
| 1 | Total pages Schedule F1:  | 2 FILER NAME 3 Filer ID  |  |  |
|   | Sch: 18/37 Rpt: 42/61   | Boykins, Dwight  |  |  |
| 4 | Date  | 5 Payee name   |  |  |
|   | 05/22/2015  | Kroger   |  |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |  |  |
|   | \$17.87   | 7747 Kirby Dr.   |  |  |
|   |   |  |  |  |
|   |   | Houston, TX 77030  |  |  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |
|   | OF<br>EXPENDITURE   | Food/Beverage Expense  |  |  |
|   | EXPENDITURE   | Check if Austin, TX, officeholder living expense   |  |  |
|   |   | council office food  |  |  |
| Ļ | 0 1: 0:::::::::::::::::::::::::::::::::                                       |  |  |  |
| 9 | Complete ONLY if direct expenditure to benefit C/OI                           | Candidate/Officeholder name Office sought Office held  |  |  |
| L | ·   |  |  |  |
|   | Date  | Payee name   |  |  |
| L | 06/18/2015  | Kroger   |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |  |  |
|   | \$58.50   | 5150 Buffalo Speedway  |  |  |
|   |   |  |  |  |
|   |   | Houston, TX 77005  |  |  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |
|   | OF<br>EXPENDITURE   | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |  |  |
|   |   | council office food  |  |  |
|   |   |  |  |  |
| ┝ | Complete ONLY if direct Candidate/Officeholder name Office sought Office held |  |  |  |
|   | expenditure to benefit C/OI   | 1  |  |  |
| H | Date  | Payee name   |  |  |
|   | 06/24/2015  | Kroger   |  |  |
| ┝ | Amount (\$)   | Payee address; City; State; Zip Code   |  |  |
|   | \$16.18   | 11701 E. Sam Houston Pkwy  |  |  |
|   | ¥20.20  |  |  |  |
|   |   | Houston, TX 77089  |  |  |
| H | PURPOSE   |  |  |  |
|   | OF  | (a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. |  |  |
|   | EXPENDITURE   | Check if Austin, TX, officeholder living expense   |  |  |
|   |   | council office food  |  |  |
| L |   |  |  |  |
|   | Complete ONLY if direct   | Candidate/Officeholder name Office sought Office held  |  |  |
| L | expenditure to benefit C/OI   | 1  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |

#### SCHEDULE F1

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

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

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:<br>Sch: 19/37 Rpt: 43/61          | 1   | FILER NAME<br>Boykins, Dwight  |              |    | 3 Filer ID  |
| 4 |  | 5   | Payee name<br>Kroger   |              |    | I   |
| 6 | Amount (\$)<br>\$147.63                                    |     | Payee address; City; Sta<br>11701 E. Sam Houston Pkwy<br>Houston, TX 77089 | ate; Zip Cod | le |   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                               | (a) | Category (See Categories listed at the top of this Food/Beverage Expense   | s schedule)  |    | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense council office food   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oh |     | Candidate/Officeholder name  | Office soug  | ht | Office held   |
|   | Date 06/24/2015  | 1   | Payee name<br>Kroger   |              |    |   |
|   | Amount (\$)<br>\$50.29                                     |     | Payee address; City; Sta<br>11701 E. Sam Houston Pkwy<br>Houston, TX 77089 | ate; Zip Cod | le |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | (a) | Category (See Categories listed at the top of this Food/Beverage Expense   | s schedule)  |    | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  council office food  |
|   | Complete ONLY if direct expenditure to benefit C/Oh        |     | Candidate/Officeholder name  | Office soug  | ht | Office held   |
|   | Date 04/27/2015  | 1   | Payee name<br>LA Crawfish  |              |    |   |
|   | Amount (\$) \$85.27  | 1   | Payee address; City; Sta 3957 Richmond Ave.                                | ate; Zip Cod | le |   |
|   |  |     | Houston, TX 77027  |              |    |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                               |     | Category (See Categories listed at the top of this Food/Beverage Expense   | ; schedule)  |    | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense officeholder luncheon |
|   | Complete ONLY if direct expenditure to benefit C/Oh        |     | Candidate/Officeholder name  | Office soug  | ht | Office held   |
|   |  |     |  |              |    |   |

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

| l        | The Instruction Guide explains how to complete this form. |   |  |
|----------|---|---|--|
| 1        | Total pages Schedule F1:                                  | 2 FILER NAME 3 Filer ID   |  |
|          | Sch: 20/37 Rpt: 44/61                                     | Boykins, Dwight   |  |
| 4        | Date  | 5 Payee name  |  |
|          | 04/09/2015  | Little Woodrows   |  |
| 6        | Amount (\$)   | 7 Payee address; City; State; Zip Code  |  |
| l        | \$484.09  | 2306 Brazos St.   |  |
|          |   |   |  |
|          |   | Houston, TX 77006   |  |
| 8        | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |
|          | OF<br>EXPENDITURE   | Event Expense Check if travel outside of Texas. Complete Schedule T.  |  |
|          | EXI ENDITORE  | Check if Austin, TX, officeholder living expense  |  |
|          |   | campaign event  |  |
| 9        | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held   |  |
| ľ        | expenditure to benefit C/O                                |   |  |
| ⊨        | <u> </u>  |   |  |
|          | Date  | Payee name  |  |
| L        | 04/09/2015  | Little Woodrows   |  |
|          | Amount (\$)   | Payee address; City; State; Zip Code  |  |
|          | \$523.23  | 2306 Brazos St.   |  |
|          |   |   |  |
|          |   | Houston, TX 77006   |  |
|          | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |
|          | EXPENDITURE   | Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                    |  |
|          |   | campaign event  |  |
|          |   | Gampaigh Gront  |  |
| ┝        | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held   |  |
|          | expenditure to benefit C/O                                | · · · · · · · · · · · · · · · · · · ·   |  |
| ⊨        | Date  | Payee name  |  |
|          | 05/26/2015  | Lucilles  |  |
| L        |   |   |  |
|          | Amount (\$) \$268.90                                      | Payee address; City; State; Zip Code<br>5512 La Branch St.  |  |
|          | φ200.90   | 3312 La Dialicii St.  |  |
|          |   | Houston, TV 77000   |  |
|          |   | Houston, TX 77006   |  |
| l        | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T. |  |
|          | EXPENDITURE   | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense            |  |
| l        |   | officeholder luncheon   |  |
|          |   |   |  |
| 一        | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held   |  |
|          | expenditure to benefit C/O                                |   |  |
| $\vdash$ |   |   |  |
|          |   |   |  |
| ı        |   |   |  |

#### SCHEDULE F1

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

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

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

|   | The Instruction Guide explains how to complete this form. |  |  |  |
|---|---|--|--|--|
| 1 | Total pages Schedule F1:                                  | 2 FILER NAME 3 Filer ID  |  |  |
|   | Sch: 21/37 Rpt: 45/61                                     | Boykins, Dwight  |  |  |
| 4 | Date  | 5 Payee name   |  |  |
|   | 04/01/2015  | McKinzie, Larry  |  |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |  |  |
|   | \$500.00  | 3930 Porter  |  |  |
|   |   |  |  |  |
|   |   | Houston, TX 77021  |  |  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |
|   | OF<br>EXPENDITURE   | Contributions/Donations Made By  |  |  |
|   | ZAI ZABITORZ  | Candidate/Officeholder/Political Committee   |  |  |
|   |   | Little league baseball donation  |  |  |
| 9 | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held  |  |  |
| ٦ | expenditure to benefit C/OI                               |  |  |  |
| _ | Data  |  |  |  |
|   | Date 03/31/2015   | Payee name Millor, Ir. May   |  |  |
|   |   | Miller, Jr., Max   |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |  |  |
|   | \$250.00  | 7817 Calhoun   |  |  |
|   |   |  |  |  |
|   |   | Houston, TX 77033  |  |  |
|   | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |
|   | EXPENDITURE   | Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |  |  |
|   |   | donation   |  |  |
|   |   |  |  |  |
|   | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held  |  |  |
|   | expenditure to benefit C/OI                               | 1  |  |  |
|   | Date  | Payee name   |  |  |
|   | 06/09/2015  | Mt. Hebron Missionary Baptist Church   |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |  |  |
|   | \$350.00  | 7817 Calhoun Rd.   |  |  |
|   |   |  |  |  |
|   |   | Houston, TX 77033  |  |  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |
|   | OF  | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  |  |  |
|   | EXPENDITURE   | Candidate/Officeholder/Political Committee   |  |  |
|   |   | donation   |  |  |
|   |   |  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OI       | Candidate/Officeholder name Office sought Office held  |  |  |
|   | parameter administration of the                           |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

| l        | The Instruction Guide explains how to complete this form. |   |  |
|----------|---|---|--|
| 1        | Total pages Schedule F1:                                  | 2 FILER NAME 3 Filer ID   |  |
|          | Sch: 22/37 Rpt: 46/61                                     | Boykins, Dwight   |  |
| 4        | Date  | 5 Payee name  |  |
|          | 04/16/2015  | Office Depot  |  |
| 6        | Amount (\$)   | 7 Payee address; City; State; Zip Code  |  |
|          | \$14.06   | 3443 Kirby Dr.  |  |
|          |   |   |  |
|          |   | Houston, TX 77098   |  |
| 8        | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |
|          | OF<br>EXPENDITURE   | Office Overhead/Rental Expense  |  |
|          |   | Check if Austin, TX, officeholder living expense  office supplies   |  |
|          |   | office Supplies   |  |
| 9        | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held   |  |
| ľ        | expenditure to benefit C/O                                |   |  |
| H        | Date  | Payee name  |  |
|          | 04/13/2015  | OfficeMax   |  |
| ⊢        | Amount (\$)   | Payee address; City; State; Zip Code  |  |
|          | \$227.30  | 1576 West Gray  |  |
|          | Ψ221.30   | 1370 West Gray  |  |
|          |   | Houston, TX 77019   |  |
| L        | DUDD005   |   |  |
|          | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. |  |
|          | EXPENDITURE   | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |  |
|          |   | office supplies   |  |
|          |   |   |  |
| Г        | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held   |  |
|          | expenditure to benefit C/OI                               |   |  |
|          | Date  | Payee name  |  |
|          | 04/13/2015  | OfficeMax   |  |
|          | Amount (\$)   | Payee address; City; State; Zip Code  |  |
|          | \$62.08   | 1576 West Gray  |  |
| l        |   |   |  |
|          |   | Houston, TX 77019   |  |
|          | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |
|          | OF<br>EXPENDITURE   | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |  |
|          |   | Check if Austin, TX, officeholder living expense  office supplies   |  |
|          |   | office Supplies   |  |
| $\vdash$ | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held   |  |
|          | expenditure to benefit C/O                                | <b>o</b>  |  |
| $\vdash$ |   |   |  |
|          |   |   |  |
| ı        |   |   |  |

#### SCHEDULE F1

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

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

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

|          | The Instruction Guide explains how to complete this form. |   |      |  |
|----------|---|---|------|--|
| 1        | Total pages Schedule F1:                                  | 2 FILER NAME  |      | 3 Filer ID   |
|          | Sch: 23/37 Rpt: 47/61                                     | Boykins, Dwight   |      |  |
| 4        | Date  | 5 Payee name  |      |  |
|          | 04/16/2015  | OfficeMax   |      |  |
| 6        | Amount (\$)   | 7 Payee address; City; State; Zip Coo   | de   |  |
|          | \$17.13   | 1576 West Gray  |      |  |
|          |   |   |      |  |
|          |   | Houston, TX 77019   |      |  |
| 8        | PURPOSE   | (a) Category (See Categories listed at the top of this schedule)                                | (b)  | Description  |
| l        | OF<br>EXPENDITURE   | Office Overhead/Rental Expense  |      | Check if Avetin TV efficiently living avenue.  |
| l        |   |   |      | Check if Austin, TX, officeholder living expense office supplies   |
| l        |   |   |      | отпос сарриос  |
| 9        | Complete ONLY if direct                                   | Candidate/Officeholder name Office souc   | aht  | Office held  |
|          | expenditure to benefit C/O                                |   | ,··· |  |
| F        | Date  | Payee name  |      |  |
| l        | 05/21/2015  | OfficeMax   |      |  |
| ┝        | Amount (\$)   | Payee address; City; State; Zip Cod   | de   |  |
| l        | \$36.91   | 1576 West Gray  |      |  |
| l        | ,,,,,   |   |      |  |
| l        |   | Houston, TX 77019   |      |  |
| ┝        | PURPOSE   |   | (h)  | Description  |
| l        | OF  | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (2)  | Check if travel outside of Texas. Complete Schedule T.   |
| l        | EXPENDITURE   | Cinica Cremicaan Kentali Expense  |      | Check if Austin, TX, officeholder living expense   |
| l        |   |   |      | office supplies  |
| L        |   |   |      |  |
| l        | Complete ONLY if direct expenditure to benefit C/Ol       | Candidate/Officeholder name Office soug   | ght  | Office held  |
| ┕        |   |   |      |  |
| l        | Date  | Payee name  |      |  |
|          | 06/22/2015  | Pappas Bar-B-Q  |      |  |
| l        | Amount (\$)   | Payee address; City; State; Zip Coo   | de   |  |
| l        | \$829.65  | 1217 Pierce Street  |      |  |
| l        |   |   |      |  |
|          |   | Houston, TX 77002   |      |  |
| l        | PURPOSE<br>OF   | , ,   | (b)  | Description  |
| l        | EXPENDITURE   | Food/Beverage Expense   |      | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
| l        |   |   |      | food for campaign event  |
| l        |   |   |      | 1 3  |
| $\vdash$ | Complete ONLY if direct                                   | Candidate/Officeholder name Office soug   | ght  | Office held  |
|          | expenditure to benefit C/O                                |   | -    |  |
|          |   |   |      |  |
|          |   |   |      |  |
|          |   |   |      |  |

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|   | The Instruction Guide explains how to complete this form. |  |  |  |
|---|---|--|--|--|
| 1 | Total pages Schedule F1:                                  | 2 FILER NAME 3 Filer ID  |  |  |
|   | Sch: 24/37 Rpt: 48/61                                     | Boykins, Dwight  |  |  |
| 4 | Date  | 5 Payee name   |  |  |
|   | 05/21/2015  | Party City   |  |  |
| 6 | Amount (\$)<br>\$55.18                                    | 7 Payee address; City; State; Zip Code<br>3225 Southwest Fwy   |  |  |
|   |   | Houston, TX 77027  |  |  |
| 8 | PURPOSE<br>OF<br>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 campaign event supplies     |  |  |
| 9 | Complete ONLY if direct expenditure to benefit C/OI       | Candidate/Officeholder name Office sought Office held  |  |  |
|   | Date  | Payee name   |  |  |
|   | 02/04/2015  | Pei Wei  |  |  |
| Г | Amount (\$)   | Payee address; City; State; Zip Code   |  |  |
|   | \$111.18  | 1005 Waugh Dr.   |  |  |
|   |   | Houston, TX 77019  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense council office food |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OI       | Candidate/Officeholder name Office sought Office held  |  |  |
| F | Date  | Payee name   |  |  |
|   | 02/19/2015  | Piryx, Inc.  |  |  |
|   | Amount (\$)<br>\$28.75                                    | Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105   |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense credit card transaction fee          |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OI       | Candidate/Officeholder name Office sought Office held  |  |  |
|   |   |  |  |  |

#### SCHEDULE F1

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

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

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:<br>Sch: 25/37 Rpt: 49/61       | 2 FILER NAME Boykins, Dwight   | 3 Filer ID   |  |  |
| 4 Date 03/02/2015   | 5 Payee name Piryx, Inc.   | I  |  |  |
| 6 Amount (\$)<br>\$57.50                                  | 7 Payee address; City; State; Zip C<br>144 2nd St.<br>1st Floor<br>San Francisco, CA 94105 | code   |  |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE                            | (a) Category (See Categories listed at the top of this schedule)  Fees                     | (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  credit card transaction fee |  |  |
| Complete ONLY if direct<br>expenditure to benefit C/OI    | Candidate/Officeholder name Office so  | ught Office held   |  |  |
| Date<br>03/05/2015  | Payee name<br>Piryx, Inc.  |  |  |  |
| Amount (\$)<br>\$28.75                                    | Payee address; City; State; Zip C<br>144 2nd St.<br>1st Floor<br>San Francisco, CA 94105   | code   |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)  Fees                     | (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  credit card transaction fee |  |  |
| Complete ONLY if direct expenditure to benefit C/O        | Candidate/Officeholder name Office so  | ught Office held   |  |  |
| Date<br>05/14/2015  | Payee name<br>Piryx, Inc.  |  |  |  |
| Amount (\$)<br>\$14.38                                    | Payee address; City; State; Zip C<br>144 2nd St.<br>1st Floor<br>San Francisco, CA 94105   | code   |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)  Fees                     | (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense credit card transaction fee  |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office so  | ought Office held  |  |  |
|   |  |  |  |  |

#### SCHEDULE F1

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

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

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

|   | The Instruction Guide explains how to complete this form.                     |         |  |             |  |
|---|---|---------|--|-------------|--|
| 1 | Total pages Schedule F1:  | 2       | FILER NAME   |             | 3 Filer ID   |
|   | Sch: 26/37 Rpt: 50/61   |         | Boykins, Dwight  |             |  |
| 4 | Date  | 5       | Payee name   |             |  |
|   | 03/02/2015  |         | Ragin Cajun  |             |  |
| 6 | Amount (\$)   | 7       | Payee address; City; State; Zip 0                            | Code        |  |
|   | \$108.25  |         | 4302 Richmond  |             |  |
|   |   |         |  |             |  |
|   |   |         | Houston, TX 77027  |             |  |
| 8 | PURPOSE   | (a)     | Category (See Categories listed at the top of this schedule) | (b)         | Description  |
|   | OF<br>EXPENDITURE   |         | Food/Beverage Expense  |             | Check if travel outside of Texas. Complete Schedule T.   |
|   |   |         |  |             | Check if Austin, TX, officeholder living expense officeholder luncheon                                   |
|   |   |         |  |             | omocholaci lanoneon  |
| 9 | Complete ONLY if direct   |         | Candidate/Officeholder name Office so                        | <u> </u>    | Office held  |
|   | expenditure to benefit C/O  | Н       |  | J           |  |
|   | Date  | П       | Payee name   |             |  |
|   | 05/28/2015  |         | Randalls   |             |  |
|   | Amount (\$)   | t       | Payee address; City; State; Zip (                            | Code        |  |
|   | \$28.60   |         | 2225 Louisiana St.   |             |  |
|   |   |         |  |             |  |
|   |   |         | Houston, TX 77002  |             |  |
|   | PURPOSE<br>OF   | (a)     | Category (See Categories listed at the top of this schedule) | (b)         | Description  |
|   | EXPENDITURE   |         | Food/Beverage Expense  |             | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   | council office food   |         |  |             |  |
|   |   |         |  |             |  |
|   | Complete ONLY if direct Candidate/Officeholder name Office sought Office held |         |  | Office held |  |
|   | expenditure to benefit C/O  | Н       |  | Ü           |  |
|   | Date  |         | Payee name   |             |  |
|   | 05/29/2015  |         | River Oaks Flower House                                      |             |  |
|   | Amount (\$)   |         | Payee address; City; State; Zip (                            | Code        |  |
|   | \$173.20  |         | 5 Greenway Plaza, Ste. C420                                  |             |  |
|   |   |         |  |             |  |
|   |   |         | Houston, TX 77046  |             |  |
|   | PURPOSE   | (a)     | Category (See Categories listed at the top of this schedule) | (b)         | Description  |
|   | OF<br>EXPENDITURE   |         | Event Expense  |             | Check if travel outside of Texas. Complete Schedule T.   |
|   | EXI ENDITORE  |         |  |             | Check if Austin, TX, officeholder living expense   |
|   |   |         |  |             | flowers for event  |
|   | Complete ONLY if direct   | $\perp$ | Candidate/Officeholder name Office so                        | nuaht       | Office held  |
|   | expenditure to benefit C/O  |         | -andidate/Officeriolder name Office St                       | Jugril      | Office field   |
|   |   |         |  |             |  |
|   |   |         |  |             |  |
|   |   |         |  |             |  |

### SCHEDULE F1

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

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

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

|   | The Instruction Guide explains how to complete this form.  |   |  |
|---|--|---|--|
| 1 | Total pages Schedule F1:                                   | 2 FILER NAME 3 Filer ID   |  |
|   | Sch: 27/37 Rpt: 51/61                                      | Boykins, Dwight   |  |
| 4 | Date   | 5 Payee name  |  |
|   | 03/23/2015   | Rocking at Riding Club  |  |
| 6 | Amount (\$)<br>\$100.00                                    | 7 Payee address; City; State; Zip Code PO Box 1911  |  |
| L |  | Angleton, TX 77516  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense donation   |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held   |  |
|   | Date   | Payee name  |  |
|   | 05/15/2015   | SHAPE Community Center  |  |
|   | Amount (\$)<br>\$150.00                                    | Payee address; City; State; Zip Code<br>3903 Almeda Rd.   |  |
|   |  | Houston, TX 77004   |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  36th Annual Pan African Cultural Fest sponsorship |  |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought Office held   |  |
|   | Date   | Payee name  |  |
|   | 01/28/2015   | Shipley Do-Nuts   |  |
|   | Amount (\$)<br>\$79.00                                     | Payee address; City; State; Zip Code<br>1001 McKinney   |  |
|   |  | Houston, TX 77002   |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense council office food   |  |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought Office held   |  |
|   |  |   |  |

### SCHEDULE F1

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

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

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

|          | The Instruction Guide explains how to complete this form. |  |  |  |
|----------|---|--|--|--|
| 1        | Total pages Schedule F1:                                  | 2 FILER NAME 3 Filer ID  |  |  |
|          | Sch: 28/37 Rpt: 52/61                                     | Boykins, Dwight  |  |  |
| 4        | Date  | 5 Payee name   |  |  |
|          | 05/21/2015  | Shipley Do-Nuts  |  |  |
| 6        | Amount (\$)   | 7 Payee address; City; State; Zip Code   |  |  |
|          | \$74.40   | 1001 McKinney  |  |  |
|          |   |  |  |  |
|          |   | Houston, TX 77002  |  |  |
| 8        | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |
|          | OF<br>EXPENDITURE   | Food/Beverage Expense  |  |  |
|          | LAFLINDITORL  | Check if Austin, TX, officeholder living expense   |  |  |
|          |   | council office food  |  |  |
| 9        | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held  |  |  |
| ľ        | expenditure to benefit C/OI                               |  |  |  |
| ⊨        | D-1-  |  |  |  |
|          | Date<br>06/26/2015  | Payee name   |  |  |
| L        |   | Shipley Do-Nuts  |  |  |
|          | Amount (\$)   | Payee address; City; State; Zip Code   |  |  |
|          | \$54.91   | 1001 McKinney  |  |  |
|          |   |  |  |  |
| L        |   | Houston, TX 77002  |  |  |
|          | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule)  (b) Description  |  |  |
|          | EXPENDITURE   | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |  |  |
|          |   | council office food  |  |  |
|          |   |  |  |  |
| Г        | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held  |  |  |
|          | expenditure to benefit C/OH                               |  |  |  |
|          | Date  | Payee name   |  |  |
|          | 04/01/2015  | Sisters Network  |  |  |
|          | Amount (\$)   | Payee address; City; State; Zip Code   |  |  |
|          | \$500.00  | 2922 Rosedale  |  |  |
|          |   |  |  |  |
|          |   | Houston, TX 77004  |  |  |
|          | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |
|          | OF<br>EXPENDITURE   | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.   |  |  |
|          | LXI LINDITORE   | Candidate/Officeholder/Political Committee   |  |  |
|          |   | Cancer walk donation   |  |  |
| $\vdash$ | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held  |  |  |
|          | expenditure to benefit C/OI                               |  |  |  |
| $\vdash$ |   |  |  |  |
|          |   |  |  |  |
| 1        |   |  |  |  |

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|   | The Instruction Guide explains how to complete this form. |          |  |            |   |  |
|---|---|----------|--|------------|---|--|
| 1 | Total pages Schedule F1:                                  | 2        | FILER NAME   |            | 3 Filer ID  |  |
|   | Sch: 29/37 Rpt: 53/61                                     |          | Boykins, Dwight  |            |   |  |
| 4 | Date  | 5        | Payee name   |            | •   |  |
|   | 04/09/2015  |          | Sisters Network  |            |   |  |
| 6 | Amount (\$)   | 7        | Payee address; City; State; Zip Co                           | de         |   |  |
|   | \$5,000.00  |          | 2922 Rosedale  |            |   |  |
|   |   |          |  |            |   |  |
|   |   |          | Houston, TX 77004  |            |   |  |
| 8 | PURPOSE   | (a)      | Category (See Categories listed at the top of this schedule) | (b)        | Description   |  |
|   | OF<br>EXPENDITURE   |          | Contributions/Donations Made By                              |            | Check if travel outside of Texas. Complete Schedule T.              |  |
|   |   |          | Candidate/Officeholder/Political Committee                   |            | Check if Austin, TX, officeholder living expense  Donation          |  |
|   |   |          |  |            | Bonation  |  |
| 9 | Complete ONLY if direct                                   | Ц,       | Candidate/Officeholder name Office sou                       | aht        | Office held   |  |
| ľ | expenditure to benefit C/OI                               |          | Salarate, Sincondantiane Sinco Soci                          | giit       | Cinco ficia   |  |
| - | Date  | Т        | Payee name   |            |   |  |
|   | 03/23/2015  |          | South Belt Ellington Leader                                  |            |   |  |
|   | Amount (\$)   | ⊢        | Payee address; City; State; Zip Co                           | ndo.       |   |  |
|   | \$582.00  |          | 11555 Beamer   | ue         |   |  |
|   | Ψ302.00   |          | 11000 Deamer   |            |   |  |
|   |   |          | Houston TV 77000   |            |   |  |
|   |   | <u> </u> | Houston, TX 77089  | <i>a</i> > |   |  |
|   | PURPOSE<br>OF   | (a)      | Category (See Categories listed at the top of this schedule) | (a)        | Description  Check if travel outside of Texas. Complete Schedule T. |  |
|   | EXPENDITURE   |          | Advertising Expense  |            | Check if Austin, TX, officeholder living expense                    |  |
|   |   |          |  |            | campaign ad   |  |
|   |   |          |  |            |   |  |
|   | Complete ONLY if direct                                   |          | Candidate/Officeholder name Office sou                       | ght        | Office held   |  |
|   | expenditure to benefit C/OI                               | н        |  |            |   |  |
|   | Date  |          | Payee name   |            |   |  |
|   | 01/15/2015  |          | South Houston Concerned Citizens Coalition,                  |            |   |  |
|   | Amount (\$)   |          | Payee address; City; State; Zip Co                           | de         |   |  |
|   | \$100.00  |          | 10103 Fondren, Suite 300                                     |            |   |  |
|   |   |          |  |            |   |  |
|   |   |          | Houston, TX 77096  |            |   |  |
|   | PURPOSE   | (a)      | Category (See Categories listed at the top of this schedule) | (b)        | Description   |  |
|   | OF<br>EXPENDITURE   |          | Event Expense  |            | Check if travel outside of Texas. Complete Schedule T.              |  |
|   |   |          |  |            | Check if Austin, TX, officeholder living expense                    |  |
|   |   |          |  |            | sponsorship of event  |  |
|   | Complete ONLY if direct                                   | Ц,       | Candidate/Officeholder name Office sou                       | aht        | Office held   |  |
|   | expenditure to benefit C/OI                               |          | Sandidate/Officeroider Harne Office Sou                      | grit       | Office field  |  |
|   |   |          |  |            |   |  |
|   |   |          |  |            |   |  |
|   |   |          |  |            |   |  |

#### SCHEDULE F1

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

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

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

|          | The Instruction Guide explains how to complete this form.   |   |  |  |
|----------|---|---|--|--|
| 1        | Total pages Schedule F1:  | 2 FILER NAME 3 Filer ID   |  |  |
|          | Sch: 30/37 Rpt: 54/61   | Boykins, Dwight   |  |  |
| 4        | Date  | 5 Payee name  |  |  |
|          | 05/08/2015  | Specs   |  |  |
| 6        | Amount (\$)   | 7 Payee address; City; State; Zip Code  |  |  |
| l        | \$234.38  | 2410 Smith St.  |  |  |
|          |   |   |  |  |
|          |   | Houston, TX 77006   |  |  |
| 8        | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |
|          | OF<br>EXPENDITURE   | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  |  |  |
|          |   | Check if Austin, TX, officeholder living expense beverages for campaign event   |  |  |
|          |   | beverages for earripaight event   |  |  |
| 9        | Complete ONLY if direct   | Candidate/Officeholder name Office sought Office held   |  |  |
|          | expenditure to benefit C/O  |   |  |  |
| F        | Date  | Payee name  |  |  |
|          | 05/07/2015  | Sprint 2 Print  |  |  |
| Н        | Amount (\$)   | Payee address; City; State; Zip Code  |  |  |
|          | \$2,649.92  | 8748 Clay Rd #300   |  |  |
|          | . ,   |   |  |  |
|          |   | Houston, TX 77080   |  |  |
| $\vdash$ | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |
|          | OF  | Printing Expense  Check if travel outside of Texas. Complete Schedule T.  |  |  |
|          | EXPENDITURE   | Check if Austin, TX, officeholder living expense  |  |  |
|          |   | Campaign signs  |  |  |
| L        |   |   |  |  |
|          | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH |   |  |  |
| L        | ·<br>-  |   |  |  |
|          | Date  | Payee name  |  |  |
|          | 05/14/2015  | Sprint 2 Print  |  |  |
|          | Amount (\$)   | Payee address; City; State; Zip Code  |  |  |
|          | \$562.90  | 8748 Clay Rd #300   |  |  |
|          |   |   |  |  |
|          |   | Houston, TX 77080   |  |  |
|          | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule)    Drinting Expense   Check if travel outside of Texas. Complete Schedule T. |  |  |
|          | EXPENDITURE   | Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                     |  |  |
| l        |   | Flyers for Second Chance Job Fair   |  |  |
|          |   |   |  |  |
| 厂        | Complete ONLY if direct   | Candidate/Officeholder name Office sought Office held   |  |  |
|          | expenditure to benefit C/O  | <del>1</del>  |  |  |
| Г        |   |   |  |  |
|          |   |   |  |  |
|          |   |   |  |  |

### SCHEDULE F1

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

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

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

|   | The Instruction Guide explains how to complete this form.   |   |  |  |
|---|---|---|--|--|
| 1 | Total pages Schedule F1:  | 2 FILER NAME 3 Filer ID   |  |  |
|   | Sch: 31/37 Rpt: 55/61   | Boykins, Dwight   |  |  |
| 4 | Date  | 5 Payee name  |  |  |
|   | 04/06/2015  | Starbucks   |  |  |
| 6 | Amount (\$) \$23.87   | 7 Payee address; City; State; Zip Code<br>1200 McKinney   |  |  |
|   |   | Houston, TX 77002   |  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense officeholder meeting |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol  | Candidate/Officeholder name Office sought Office held   |  |  |
| Г | Date  | Payee name  |  |  |
|   | 04/16/2015  | Starbucks   |  |  |
|   | Amount (\$)<br>\$24.95  | Payee address; City; State; Zip Code 1200 McKinney  |  |  |
|   |   | Houston, TX 77002   |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense officeholder meeting  |  |  |
|   | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH |   |  |  |
|   | Date  | Payee name  |  |  |
|   | 05/21/2015  | Starbucks   |  |  |
|   | Amount (\$)<br>\$32.37  | Payee address; City; State; Zip Code<br>1200 McKinney   |  |  |
|   |   | Houston, TX 77002   |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense officeholder meeting  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OI   | Candidate/Officeholder name Office sought Office held   |  |  |
|   |   |   |  |  |

#### SCHEDULE F1

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

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

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:  | L: 2 FILER NAME 3  | Filer ID                         |  |
|   | Sch: 32/37 Rpt: 56/61   | Boykins, Dwight  |                                  |  |
| 4 | Date  | 5 Payee name   |                                  |  |
|   | 05/14/2015  | Subway   |                                  |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |                                  |  |
|   | \$510.00  | 919 Milam  |                                  |  |
|   |   |  |                                  |  |
|   |   | Houston, TX 77002  |                                  |  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description                 |                                  |  |
|   | OF  |  | e of Texas. Complete Schedule T. |  |
|   | EXPENDITURE   | Check if Austin, TX, o   | officeholder living expense      |  |
|   |   | council office food  | d                                |  |
|   |   |  |                                  |  |
| 9 | Complete ONLY if direct expenditure to benefit C/OI                           |  | Office held                      |  |
|   |   |  |                                  |  |
|   | Date  | Payee name   |                                  |  |
|   | 05/21/2015  | Subway   |                                  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |                                  |  |
|   | \$247.50  | 919 Milam  |                                  |  |
|   |   |  |                                  |  |
|   |   | Houston, TX 77002  |                                  |  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description                 |                                  |  |
|   | OF<br>EXPENDITURE   | I I OOU/DEVELUGE EXPENSE   | e of Texas. Complete Schedule T. |  |
|   |   | council office foo   | officeholder living expense<br>1 |  |
|   |   | Courier office look  |                                  |  |
|   | Complete ONLY if direct Candidate/Officeholder name Office sought Office held |  |                                  |  |
|   | expenditure to benefit C/OI   |  | 555514                           |  |
|   | Date  | Payee name   |                                  |  |
|   | 02/12/2015  | Target   |                                  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |                                  |  |
|   | \$48.55   |  |                                  |  |
|   | Ψ-0.55  | 2300 3110411 31.   |                                  |  |
|   |   | Houston, TX 77007  |                                  |  |
|   |   |  |                                  |  |
|   | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule)  Office Overhead/Depted Expanse | e of Texas. Complete Schedule T. |  |
|   | EXPENDITURE   | Onice Overneau/Nental Expense   L  | officeholder living expense      |  |
|   |   | Council office sup   | pplies                           |  |
|   |   |  |                                  |  |
|   | Complete ONLY if direct   |  | Office held                      |  |
|   | expenditure to benefit C/OI   | OH   |                                  |  |
|   |   |  |                                  |  |
|   |   |  |                                  |  |
|   |   |  |                                  |  |

#### SCHEDULE F1

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

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

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

| l | The Instruction Guide explains how to complete this form.   |   |  |
|---|---|---|--|
| 1 | Total pages Schedule F1:  | 2 FILER NAME 3 Filer ID   |  |
|   | Sch: 33/37 Rpt: 57/61   | Boykins, Dwight   |  |
| 4 | Date  | 5 Payee name  |  |
|   | 06/29/2015  | Thai Spice Cafe   |  |
| 6 | Amount (\$)<br>\$13.80  | 7 Payee address; City; State; Zip Code<br>777 Walker St.  |  |
|   |   | Houston, TX 77002   |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense officeholder luncheon       |  |
| 9 | Complete ONLY if direct expenditure to benefit C/O  | Candidate/Officeholder name Office sought Office held   |  |
|   | Date  | Payee name  |  |
|   | 05/15/2015  | The CAUSE Foundation  |  |
|   | Amount (\$)<br>\$100.00   | Payee address; City; State; Zip Code PO Box 550   |  |
|   |   | Parker, CO 80134  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense Leadership development conference sponsorship   |  |
|   | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH |   |  |
|   | Date  | Payee name  |  |
|   | 03/04/2015  | Tyrone's Special Events   |  |
|   | Amount (\$)<br>\$1,200.00   | Payee address; City; State; Zip Code<br>419 Overland Park Dr.   |  |
|   |   | Houston, TX 77049   |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense catering for campaign event |  |
|   | Complete ONLY if direct expenditure to benefit C/O  | Candidate/Officeholder name Office sought Office held   |  |
|   |   |   |  |

#### SCHEDULE F1

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

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

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 Sched                                       | dule F1:  | 2 FILER NAME   |           | 3 Filer ID   |
| Sch: 34/37 Rpt:   | 58/61   | Boykins, Dwight  |           |  |
| 4 Date  |   | 5 Payee name   |           | •  |
| 06/09/2015  |   | Tyrones Special Events   |           |  |
| 6 Amount (\$)   |   | 7 Payee address; City; State; 2                                | Zip Code  |  |
| \$1,0   | 055.00  | 419 Overland Park Dr.  |           |  |
|   |   |  |           |  |
|   |   | Houston, TX 77049  |           |  |
| 8 PURPOSE   |   | (a) Category (See Categories listed at the top of this schedu  | ıle) (b)  | ) Description  |
| OF<br>EXPENDITURE   |   | Food/Beverage Expense  | ,         | Check if travel outside of Texas. Complete Schedule T.   |
| EXI ENDITORE  |   |  |           | Check if Austin, TX, officeholder living expense   |
|   |   |  |           | catering for campaign event  |
| 9 Complete ONLY if  | f direct  | Candidate/Officeholder name Offi                               | ce sought | Office held  |
| expenditure to ber  |   |  | ce sougni | Office field   |
|   |   |  |           |  |
| Date  |   | Payee name   |           |  |
| 04/16/2015  |   | United States Post Office                                      |           |  |
| Amount (\$)   |   | •                        | Zip Code  |  |
| \$  | \$45.71   | 700 Smith St.  |           |  |
|   |   |  |           |  |
|   |   | Houston, TX 77002  |           |  |
| PURPOSE<br>OF   |   | (a) Category (See Categories listed at the top of this schedul | (b)       | ) Description  |
| EXPENDITURE   |   | Office Overhead/Rental Expense                                 |           | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |   |  |           | mailing expense  |
|   |   |  |           | •  |
| Complete ONLY if  | Complete ONLY if direct Candidate/Officeholder name Office sought Office held |  |           |  |
| expenditure to ber  | expenditure to benefit C/OH   |  |           |  |
| Date  |   | Payee name   |           |  |
| 04/22/2015  |   | United States Post Office                                      |           |  |
| Amount (\$)   |   | Payee address; City; State; 2                                  | Zip Code  |  |
|   | 135.80  | 700 Smith St.  |           |  |
|   |   |  |           |  |
|   |   | Houston, TX 77002  |           |  |
| PURPOSE   |   | (a) Category (See Categories listed at the top of this schedu  | (b)       | ) Description  |
| OF  |   | Office Overhead/Rental Expense                                 | lie)      | Check if travel outside of Texas. Complete Schedule T.   |
| EXPENDITURE   |   | Chief Cvernough Contact Expenses                               |           | Check if Austin, TX, officeholder living expense   |
|   |   |  |           | mailing expense  |
|   |   |  |           |  |
| Complete <u>ONLY</u> if<br>expenditure to ber             |   |  | ce sought | Office held  |
| expenditure to ber  | ieiii C/OF  | 1  |           |  |
|   |   |  |           |  |
|   |   |  |           |  |

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|             | The Instruction Guide explains how to complete this form. |  |  |  |  |
|-------------|---|--|--|--|--|
| 1           | Total pages Schedule F1:                                  | 2 FILER NAME 3 Filer ID  |  |  |  |
|             | Sch: 35/37 Rpt: 59/61                                     | Boykins, Dwight  |  |  |  |
| 4           | Date  | 5 Payee name   |  |  |  |
|             | 04/23/2015  | United States Post Office  |  |  |  |
| 6           | Amount (\$)   | 7 Payee address; City; State; Zip Code   |  |  |  |
|             | \$5.60  | 700 Smith St.  |  |  |  |
|             |   | Houston, TV 77002  |  |  |  |
| Ļ           | DUDDOGE   | Houston, TX 77002  |  |  |  |
| 8           | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.              |  |  |  |
|             | EXPENDITURE   | Check if Austin, TX, officeholder living expense   |  |  |  |
|             |   | mailing expense  |  |  |  |
|             |   |  |  |  |  |
| 9           | Complete ONLY if direct expenditure to benefit C/OI       | Candidate/Officeholder name Office sought Office held  |  |  |  |
| _           | <u> </u>  |  |  |  |  |
|             | Date 04/01/2015   | Payee name WVUMC Boy Scouts  |  |  |  |
|             |   |  |  |  |  |
|             | Amount (\$)   | Payee address; City; State; Zip Code PO Box 77094  |  |  |  |
|             | \$200.00  | PO BOX 77094   |  |  |  |
|             |   | Houston TV 77004   |  |  |  |
|             |   | Houston, TX 77094  |  |  |  |
|             | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  Contributions/Donations Made Ry   |  |  |  |
| EXPENDITURE |   | Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |  |  |  |
|             | donation  |  |  |  |  |
|             |   |  |  |  |  |
|             | Complete ONLY if direct expenditure to benefit C/OI       | Candidate/Officeholder name Office sought Office held  |  |  |  |
|             | experience to benefit Gree                                |  |  |  |  |
|             | Date  | Payee name   |  |  |  |
|             | 04/01/2015  | Walden & Associates  |  |  |  |
|             | Amount (\$)   | Payee address; City; State; Zip Code   |  |  |  |
|             | \$1,500.00  | 310 Sul Ross   |  |  |  |
|             |   |  |  |  |  |
|             |   | Housotn, TX 77006  |  |  |  |
|             | PURPOSE<br>OF   | (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.          |  |  |  |
|             | EXPENDITURE   | Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  |  |  |  |
|             |   | Fundraising services   |  |  |  |
|             |   |  |  |  |  |
|             | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought Office held  |  |  |  |
|             | expenditure to benefit C/OI                               | 1  |  |  |  |
|             |   |  |  |  |  |
|             |   |  |  |  |  |

#### SCHEDULE F1

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

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

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

|   | The Instruction Guide explains how to complete this form. |  |  |  |  |
|---|---|--|--|--|--|
| 1 | Total pages Schedule F1:                                  | 2 FILER NAME   | 3 Filer ID   |  |  |
|   | Sch: 36/37 Rpt: 60/61                                     | Boykins, Dwight  |  |  |  |
| 4 | Date  | 5 Payee name   | •  |  |  |
|   | 06/03/2015  | Walker, LaTanya  |  |  |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code                               |  |  |  |
|   | \$500.00  | PO Box 66681   |  |  |  |
|   |   |  |  |  |  |
|   |   | Houston, TX 77266  |  |  |  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) | ) Description  |  |  |
|   | OF<br>EXPENDITURE   | Salaries/Wages/Contract Labor  | Check if travel outside of Texas. Complete Schedule T.   |  |  |
|   |   |  | Check if Austin, TX, officeholder living expense  Contract labor for campaign event                      |  |  |
|   |   |  | Contract labor for campaign event  |  |  |
| 9 | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought                            | t Office held  |  |  |
| ľ | expenditure to benefit C/OI                               |  | e inde nou   |  |  |
| _ | Date  | Payee name   |  |  |  |
|   | 05/21/2015  | Walmart  |  |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code                                 |  |  |  |
|   | \$12.67   | 12631 W. Broadway St.  |  |  |  |
|   | ,   |  |  |  |  |
|   |   | Pearland, TX 77584   |  |  |  |
|   | PURPOSE   |  | ) Description  |  |  |
|   | OF  | Office Overhead/Rental Expense                                       | Check if travel outside of Texas. Complete Schedule T.   |  |  |
|   | EXPENDITURE   | Cindo d'orindad/Normal Exponed                                       | Check if Austin, TX, officeholder living expense   |  |  |
|   |   |  | office supplies  |  |  |
|   |   |  |  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OI       | Candidate/Officeholder name Office sought H                          | t Office held  |  |  |
|   | ·<br>   | T  |  |  |  |
|   | Date  | Payee name   |  |  |  |
|   | 04/09/2015  | Washington, Alexander  |  |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code                                 |  |  |  |
|   | \$325.00  | PO Box 66024   |  |  |  |
|   |   |  |  |  |  |
|   |   | Houston, TX 77266  |  |  |  |
|   | PURPOSE<br>OF   | ,                              | Description  |  |  |
|   | EXPENDITURE   | Advertising Expense  | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |  |  |
|   |   |  | graphic design   |  |  |
|   |   |  |  |  |  |
|   | Complete ONLY if direct                                   | Candidate/Officeholder name Office sought                            | t Office held  |  |  |
|   | expenditure to benefit C/OI                               | Н  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |

#### SCHEDULE F1

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

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

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

|   | The Instruction Guide explains how to complete this form. |  |
|---|---|--|
| 1 | Total pages Schedule F1:                                  | 2 FILER NAME 3 Filer ID  |
|   | Sch: 37/37 Rpt: 61/61                                     | Boykins, Dwight  |
| 4 | Date  | 5 Payee name   |
|   | 04/23/2015  | Wheeler Avenue Baptist Church  |
| 6 | Amount (\$)<br>\$130.00                                   | 7 Payee address; City; State; Zip Code<br>3826 Wheeler Ave.  |
|   |   | Houston, TX 77004  |
| 8 | PURPOSE<br>OF<br>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 tickets for church event  |
| 9 | Complete ONLY if direct expenditure to benefit C/OI       | Candidate/Officeholder name Office sought Office held  |
| ſ | Date  | Payee name   |
|   | 06/03/2015  | Wilson, Lula   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$100.00  | 4310 Jorns   |
|   |   | Houston, TX 77045  |
|   | PURPOSE<br>OF<br>EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donation |
|   | Complete ONLY if direct expenditure to benefit C/OI       | Candidate/Officeholder name Office sought Office held  |
| F | Date  | Payee name   |
|   | 03/18/2015  | Wooten, Perry  |
|   | Amount (\$)<br>\$150.00                                   | Payee address; City; State; Zip Code<br>7817 Calhoun Rd  |
|   |   | Houston, TX 77033  |
|   | PURPOSE<br>OF<br>EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)  Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense printing campaign materials                                      |
|   | Complete ONLY if direct expenditure to benefit C/OI       | Candidate/Officeholder name Office sought Office held  |
|   |   |  |