FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 12 CANDIDATE / MS/MRS/MR **FIRST** MI OFFICE USE ONLY OFFICEHOLDER Helena NAME Date Received **NICKNAME** LAST **SUFFIX** Brown CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE Date Hand-delivered or Date Postmarked CITY: OFFICEHOLDER P.O.Box 430292 MAILING Receipt # Amount **ADDRESS** Change of Address Houston, TX 77243 Date Processed Date Imaged CAMPAIGN MS/MRS/MR FIRST MI **TREASURER** Mr Kevin NAME NICKNAME LAST **SUFFIX** Dewhurst STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN APT / SUITE #; CITY; STATE: ZIP CODE **TREASURER** 2600 Westridge #287 **ADDRESS** (Residence or Business) Houston, TX 77054 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION** TREASURER **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election X Exceeded \$500 limit Final Report (Attach C/OH-FR) PERIOD Month Day Year Month Day Year COVERED 01/01/2015 **THROUGH** 06/30/2015 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) None None GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

				2 of 12				
13 C / OH NAME	Brown, Helena	1	L4 Filer ID					
15 NOTICE FROM POLITICAL 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	lder's knowledge or				
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME						
	SPECIFIC	COMMITTEE ADDRESS						
	COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRESS	i					
16 CONTRIBUTION TOTALS	LOANS, OR GU	CAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. ARANTEES OF LOANS), UNLESS ITEMIZED	IAN PLEDGES,	\$ 0.00				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)							
EXPENDITURE TOTALS								
		CAL EXPENDITURES		\$ 1,460.91				
CONTRIBUTION BALANCE	5. TOTAL POLITIC. REPORTING PE	ST DAY OF THE	\$ 32,637.32					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF RTING PERIOD	F THE LAST DAY	\$ 0.00				
17 AFFADAVIT	KARI ANN M. LE NOTARY PUBI STATE OF TEX MY COMM. EXP. 9	LIC under Title 15, Election Code. XAS 9/15/18		31 171				
AFFIX NOT	TARY STAMP / SEAL ABO			M				
Sworn to and subsc	cribed before me, by the sa	aid Helena C. Brown ertify which, witness my hand and seal of office.	_, this the	day				
Signature of offic	Signature of officer administering Kari Ann M. Lewis Printed name of officer administering Title of officer administering oath							

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	OVER 3	3 of 12
	ER NAM				
20 SC	HEDUL ME OF	SUB.	TOTAL AMOUNT		
1.		\$			
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$	663.51
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	797.40
9.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
10.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
11.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	
				1	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica		
H			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
L	Sch: 1/5 Rpt: 4/12	Brown, Helena	
4	Date	5 Payee name	
	01/05/2015	Authnet Gateway	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$20.00		
		San Francisco, TX 94128	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Fees Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Merchant Credit Card Fees	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	
Г	Date	Payee name	===
	02/03/2015	Authnet Gateway	
H	Amount (\$)	Payee address; City; State; Zip Code	
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L		San Francisco, TX 94128	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Merchant Credit Card Fees	
H	Complete ONLY if direct		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
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	03/03/2015	Authnet Gateway	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00		
		San Francisco, TX 94128	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Merchant Credit Card Fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OF		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Giff/Awards/Memorials Expense

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

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

	Candidate/Officeholder/Politica	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Ĺ	Sch: 2/5 Rpt: 5/12	Brown, Helena
4	Date	5 Payee name
	04/02/2015	Authnet Gateway
6	Amount (\$) \$20.00	Payee address; City; State; Zip Code San Francisco, TX 94128
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Merchant Credit Card Fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H
Γ	Date	Payee name
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	Amount (\$) \$20.00	Payee address; City; State; Zip Code San Francisco, TX 94128
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
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	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H
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	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant Credit Card Fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District Gift/Awards/Memorials Expense Legal Services Travel Out of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 3/5 Rpt: 6/12 Brown, Helena 4 Date Payee name 01/05/2015 Eliot Management 6 Amount (\$) 7 Payee address; City; State; Zip Code \$48.96 Fort Worth, TX 76102 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Merchant Credit Card Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/20/2015 Eliot Management Amount (\$) Payee address; City; State; Zip Code \$124.75 Fort Worth, TX 76102 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Merchant Credit Card Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/05/2015 Eliot Management Amount (\$) Payee address; City; State; Zip Code \$48.96 Fort Worth, TX 76102 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Fees Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Merchant Credit Card Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Food/Beverage Expense Gift/Awards/Memorials Expense

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

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 4/5 Rpt: 7/12 Brown, Helena 4 Date Payee name 03/02/2015 Eliot Management 6 Amount (\$) 7 Payee address; State; Zip Code \$48.96 Fort Worth, TX 76102 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Merchant Credit Card Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/02/2015 Eliot Management Amount (\$) Payee address; City; State; Zip Code \$48.96 Fort Worth, TX 76102 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Merchant Credit Card Fees Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 05/04/2015 Eliot Management Amount (\$) Payee address; City; State; Zip Code \$48.96 Fort Worth, TX 76102 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Merchant Credit Card Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made B Candidate/Officeholder/Politic	y - Gitt/Awards/Memorials Expense Printing Expense Travel Out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 5/5 Rpt: 8/12	Brown, Helena
4 Date 06/02/2015	5 Payee name Eliot Management
6 Amount (\$) \$48.96	7 Payee address; City; State; Zip Code Fort Worth, TX 76102
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant Credit Card Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 05/04/2015	Payee name Spring Branch Republicans
Amount (\$) \$125.00	Payee address; City; State; Zip Code Houston, TX 77080
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Community Event
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

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

	Candidate/Officeholder/Politic	ál Co	mmittee Legal Services Salaries The Instruction Guide explains how to	/Wages/Contrac			OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 1/4 Rpt: 9/12	2	FILER NAME Brown, Helena			3	Filer ID
-	Date	-					
*	01/25/2015	3	Payee name Constant Contact				
6	Amount (\$)	7	Payee address; City; State; Zip C	Code			
	\$5.33						
	Reimbursement from						
	X political contributions intended		Waltham, MA 02451				
8	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b) Descr	ription	느	Check if travel outside of Texas. Complete Schedule T.
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9	Complete ONLY if direct	Ca	ndidate/Officeholder name	Office :	sought		Office held
	expenditure to benefit			000	ooug		5
L	C/OH						
Г	Date	Γ	Payee name				
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	PURPOSE OF		Category (See Categories listed at the top of this schedule)	Descr	iption	느	Check if travel outside of Texas. Complete Schedule T.
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	Complete <u>ONLY</u> if direct expenditure to benefit	Ca	ndidate/Officeholder name	Office	sought		Office held
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H	Amount (\$)	H	Payee address; City; State; Zip C	ode			
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	X political contributions intended		Waltham, MA 02451				
	PURPOSE	Γ	Category (See Categories listed at the top of this schedule)	Descri	iption	C	Check if travel outside of Texas. Complete Schedule T.
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SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donation

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica	al Committee Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
L		The instruction Guide exp	plains how to complete this form.	-
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID
	Sch: 2/4 Rpt: 10/12	Brown, Helena		
4	Date	5 Payee name		
	04/25/2015	Constant Contact		
6	Amount (\$)	7 Payee address; City;	State; Zip Code	
	\$5.33			
1	Reimbursement from			
	political contributions intended	Waltham, MA 02451		
8	PURPOSE	(a) Category (See Categories listed at the top of t	this schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.
ľ	OF		(b) Description	Check if Austin, TX, officeholder living expense
	EXPENDITURE	Advertising Expense	Mass Contact So	
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	C/OH			
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	05/25/2015	Constant Contact		
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	X political contributions intended	Waltham, MA 02451		
	PURPOSE	Category (See Categories listed at the top of t	this schedule) Description	Check if travel outside of Texas. Complete Schedule T.
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		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
F		T =		
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	intended	Waltham, MA 02451		
Г	PURPOSE	Category (See Categories listed at the top of t	his schedule) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
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		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
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SCHEDULE G

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica	y - al Co	mmittee	Gift/Awa Legal Se				xpense Vages/Contract Labor		Travel Out of District OTHER (enter a category not listed above)	
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	Sch: 3/4 Rpt: 11/12		Brown, Hel	ena							
4	Date	5	Payee name								
	01/26/2015		T-Mobile								
6	Amount (\$)	7	Payee addre	ess;	City;	State	; Zip Co	ode			
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	Reimbursement from										
	X political contributions intended		Bellevue, V	VA 980	006						
8	PURPOSE	(a)	Category (s			top of this ech	andula)	(b) Description	П	Check if travel outside of Texas. Complete Schedu	ıle T.
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	X political contributions intended		Bellevue, V	VA 980	006						
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	OF EXPENDITURE		Phone							Check if Austin, TX, officeholder living expense	
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	intended		Bellevue, V	VA 980	006						
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	OF EXPENDITURE		Phone							Check if Austin, TX, officeholder living expense	
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	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder i	name			Office sought		Office held	

SCHEDULE G

F	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gftf/Awards/Memorials Exp Legal Services The Instruction Guid	Office (Polling pense Printing Salarie	epayment/Reimbursement Overhead/Rental Expense Expense j Expense s/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
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4	Date	5 Payee n	name								
	04/26/2015	T-Mobi	le								
6	Amount (\$)	7 Payee a	iddress; City;	State; Zip	Code						
	\$129.16	1									
	Reimbursement from political contributions intended	Bellevu	ne, WA 98006								
8	PURPOSE OF	(a) Categor	y (See Categories listed at the t	op of this schedule)	(b) Description	_	neck if travel outside of Texas. Complete Schedule T.				
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	Reimbursement from political contributions intended	Bellevu	e, WA 98006								
	PURPOSE	Categor	y (See Categories listed at the t	op of this schedule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Phone				CH	neck if Austin, TX, officeholder living expense				
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	PURPOSE OF	Category	y (See Categories listed at the to	op of this schedule)	Description	_	eck if travel outside of Texas. Complete Schedule T.				
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