## SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

### FORM SPAC COVER SHEET PG 1

The SPAC Instructio	n Guide explains how to com	plete this form	1 Filer ID	2 Total pages filed:	
			(Ethics Commission filers)		
3 COMMITTEE NAME			I	OFFIC	E USE ONLY
	Campaign for Houston			Date Received	
4 COMMITTEE	ADDRESS / PO BOX	APT/SUITE # CITY	STATE ZIP CODE	12/4/2015	
ADDRESS	10500 Northwest Freewa	av Suite 212			
ADDITEOU	10000 Northwest Freewo	ay, ounc 212		Date Hand-delivered	or Date Postmarked
	Houston TX 77092				
Change of address					
	MS/MRS/MR	FIRST	MI	<b>D</b>	
5 CAMPAIGN				Receipt #	Amount
TREASURER		Larry	M	Date Processed	
NAME	NICKNAME	LAST	SUFFIX	Date Imaged	
		Hicks			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLE)	ASE);	APT/SUITE #;	CITY; STATE;	ZIP CODE
TREASURER'S	10500 Northwest Freewa	ay, Suite 212			
STREET ADDRESS					
Business	Houston TX 77092				
7 CAMPAIGN	STREET OR PO BOX;	APT/SUITE #;	CITY;	STATE;	ZIP CODE
TREASURER	10500 Northwest		Houston	ТХ	77092
	Freeway, Suite 212				
Change of Address					
8 CAMPAIGN	AREA CODE	PHONE #	EXTENSION		
TREASURER PHONE	(713)	785-5515			
9 REPORT TYPE					
	January 15	30th day before e	lection	Exceeded \$500 limit	
	July 15	8th day before ele	action	Dissolution (attach PAC-DR	2
			L		· /
		XRunoff	l	10th day after campa	aign treasurer termination
10 PERIOD	Month Day	Year		Month Day	Year
COVERED	10/25/2015	; TI	HROUGH	12/2/20	015
11 ELECTION	ELECTION DATE				
	Month Day Year				
	12/12/2015	Primary	X Runoff	General	Special
	ı	GO TO PA	AGE 2		

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM SPAC

# **COVER SHEET PG 2**

12 COMMITTEE NAM	IE Ca	ampai	gn for Houston			13 Filer ID (Ethics	s Commission filers)
14 COMMITTEE					CANDIDATE / OFFICEH	OLDER NAME	
PURPOSE							
(Attached lists on plain paper to com	plete		CANDIDATE				
this report if necessary)				Ī	OFFICE SOUGHT (candi	date) / OFFICE HELD	(officeholder)
[] SUPPORT		ľ	OFFICEHOLDE	ER	/		
(Candidate or Measure)							
[X] OPPOSE							
(Candidate or Measure)					BALLOT IDENTIFICATIO	N / #	ELECTION DATE
		ĺ	X MEASURE		Houston Prop 1		11/3/2015
[] ASSIST		Ì		ſ	DESCRIPTION		
(Officeholder)					Houston "Equal Righ	nts" Ordinance	
15 CONTRIBUTION TOTALS					S OF \$50 OR LESS (OTH ES OF LOANS), UNLESS		\$0.00
			OLITICAL CONTRIB THAN PLEDGES, LC		S DR GUARANTEES OF LO	DANS)	\$0.00
EXPENDITURE TOTALS	3 то	TAL PO	OLITICAL EXPENDIT	TURES	OF \$100 OR LESS, UNL	ESS ITEMIZED	\$0.00
	4 то	DTAL P	OLITICAL EXPENDI	TURES	:		\$1,827.41
CONTRIBUTION BALANCE			OLITICAL CONTRIBU ORTING PERIOD	UTIONS	S MAINTAINED AS OF TH	HE LAST DAY	\$826.74
OUTSTANDING LOAN TOTALS			PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$50,000.00 DAY OF THE REPORTING PERIOD		\$50,000.00		

16	AFFIDAVIT			
		acc info	vear, or affirm, under penalty of perjury companying report is true and correct a prmation reqired to be reported by me u ction Code.	nd includes all
			Larry M. Hicks	
			Signature of Campaign Tre	asurer
AFFI	X NOTARY STAMP / SEAL ABOVE			
Swo	rn to and subscribed before me, by	the said	, this the	day
of _	, 20	_ , to certify which, witness my hand a	and seal of office.	
Sigr	nature of officer administering oath	Printed name of officer administering	g oath Title of officer admi	nistering oath

SU	BTOTALS - SPAC		FORM SPAC
		C	OVER SHEET PG 3
17 C	OMMITTEE NAME Campaign for Houston	18 Filer ID (Ethics	Commission filers)
19	SCHEDULE SUBTOTALS		SUBTOTAL
	NAME OF SCHEDULE		AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	R ORGANIZATION	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATIOND		
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATIONS OR LABOR ORGANIZATION   \$		
7.	SCHEDULE E: LOANS \$		
8.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$ \$1,827.41
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10.	D. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTIONS \$		
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	DF C/OH	\$
13.	3. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$		
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$		

8 PURPOSE OF EXPENDITURE (a) Category

		explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		(Ethics Commission filers)
4 Date	5 Payee name		
10/28/2015	Commercial Business Se	vices	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
73.08	1111 Adkins		
	Houston TX 77055		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas, comp	lete Schedule T
		Check if Austin, TX, officeholder living	expense
	Printing Expense	Note pads	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held	
expendituree to benefit C/OH			
4 Date	5 Payee name		
10/29/2015	Larry M. Hicks, CPA		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
337.50	10500 Northwest Freeway	Suite 212	
	Houston TX 77092		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas, comp	lete Schedule T
		Check if Austin, TX, officeholder living	expense
	Accounting/Banking	Accounting services	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held	
expendituree to benefit C/OH			
4 Date	5 Payee name		
11/3/2015	Mark Stepanski		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
140.00	419 Kelly Road		
	Magnolia TX 77354		

(b) Description

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME	3 Filer ID (Ethics Commission filers)			
	Event Expense	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Security			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held			
4 Date	5 Payee name				
11/3/2015	Ronald Harris				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
140.00	419 Kelly Road Magnolia TX 77354				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
	Event Expense	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Security			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held			

		e explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission filers)	
4 Date	5 Payee name		
11/3/2015	Office Depot		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
245.11	5330 W 34th Street		
	Houston TX 77092		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense	
	Office Overhead/Rental Expense	Printer	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held	
4 Date	5 Payee name		
11/6/2015	Larry M. Hicks, CPA		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
250.00	10500 Northwest Freeway,	, Suite 212	
	Houston TX 77092		
8 PURPOSE OF EXPENDITURE		(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Accounting services	
	Accounting/Banking	Accounting services	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held	
4 Date	5 Payee name		
11/9/2015	Edward MI Shack		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
360.00	814 San Jacinto		

(b) Description

Austin TX 78701

8 PURPOSE OF EXPENDITURE (a) Category

	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	<sup>2</sup> FILER NAME		3 Filer ID (Ethics Commission filers)		
		Legal Services	Check if travel outside of Te Check if Austin, TX, officeho Legal fees			
9	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held		
4	Date	5 Payee name				
	11/10/2015	TransFirst LLC				
6	Amount (\$)	7 Payee address; City;	State; Zip Code			
	35.80	12202 Airport Way Broomfield CO 80021				
8	PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
		Accounting/Banking	Check if travel outside of Te Check if Austin, TX, officeho Bank fees			
9	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held		

	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME	3 Filer ID (Ethics Commission filers)				
4 Date	5 Payee name					
11/19/2015	Houston Express					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
245.92	PO Box 40069					
	Houston TX 77240					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense				
	Office Overhead/Rental Expense	Courier expense				
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held				

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED