## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

CAMIL AIGHT INAMOL KLI OKT						
The C/OH Instruction	n Guide explains how to comp	plete this form	1 Filer ID(Et	hics Comm	nission filers)	2 Total pages filed
3 CANDIDATE /	MS/MRS/MR	FIRST	MI		OFF	ICE USE ONLY
OFFICEHOLDER		Roland		ı	Date Receive	d
NAME	NICKNAME	LAST	SUFFIX		10/26/2015	
		Chavez				
4 CANDIDATE /	ADDRESS / PO BOX;	APT/SUITE #; CITY	; STATE; ZIP C	CODE		
OFFICEHOLDER	P.O. Box 5146					
MAILING				ı	Date Hand-delive	red or Date Postmarked
ADDRESS	Houston TX 77262					
Change of address						
5 CANDIDATE /	AREA CODE	PHONE NUMBER	EXTENSION			
OFFICEHOLDER						
PHONE						
6 CAMPAIGN	MS/MRS/MR	FIRST	MI		Receipt #	Amount
TREASURER		Mary Ann		Ī	Date Process	ed
NAME	NICKNAME	LAST	SUFFIX		Date Imaged	
		Carrion				
7 CAMPAIGN	STREET ADDRESS (No PO Box Please	e);	APT/SUITE #;	•	CITY; STATE;	ZIP CODE
TREASURER	8017 Holiday Lane					
ADDRESS						
(Residence)	Houston TX 77075					
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	(713) 906-4446					
9 REPORT TYPE	January 15 30th day befo	ore election Fina	al repport (Attach C/OH	H - FR)	Exceeded \$500 limit	
9 KEPOKI TIFE	July 15 X 8th day befor	re election Run	off		15th day after campaig	n treasurer appointment(officeholder only)
10 PERIOD	Month Day	Year			Month	Day Year
COVERED	9/25/2015		THROUGH		10/2	24/2015
11 ELECTION	ELECTION DATE	ELECTION	I TYPE	•		
	Month Day Year			-		П
	11/3/2015	Primary	Ru	ınoff	X General	Special
12 OFFICE	OFFICE HELD (if any)		13 <sup>OI</sup>	FFICE SOUGH	HT (if known)	
			С	ity Coun	cil - District H	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 FILER NAME Rolan	d Chavez		15 Filer ID (Ethic	s Commission Filers)
	expenditures may have	f political contributions accepted or political expenditu been made without the candidate's or officeholder's receive notice of such expenditures.		
16 NOTICE FROM	COMMITTEE TYPE	COMMITTEE NAME		
POLITICAL COMMITTEE(S)	GENERAL	COMMITTEE ADDRESS		
	_	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	S	
17 CONTRIBUTION	1 TOTAL POLITIC	AL CONTRIBUTIONS OF \$50 OR LESS	S (OTHER THAN	
TOTALS	PLEDGES, LOA	NS, OR GUARANTEES OF LOANS), U	NLESS ITEMIZED	\$0.00
	_	CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$6,950.00
EXPENDITURE FOTALS	3 TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LES	S, UNLESS ITEMIZED	\$0.00
	4 TOTAL POLITIC	CAL EXPENDITURES		\$12,161.54
CONTRIBUTION BALANCE	5 TOTAL POLITION OF REPORTING	AL CONTRIBUTIONS MAINTAINED AS PERIOD	S OF THE LAST DAY	\$47,546.83
OUTSTANDING LOAN FOTALS		PAL AMOUNT OF ALL OUTSTANDING THE REPORTING PERIOD	LOANS AS OF THE	\$5,100.00
18 AFFIDAVIT		lewear or	affirm under penalty of ne	erjury, that the accompanying
		report is tru		s all information required to be
			Roland	Chavez
AFFIX NOT STAMP / SE	AL ABOVE		Signature of Candi	date or Officeholder
Sworn to and subscribed	before me, by the said	d	, this the	day
of	, 20	, to certify which, witness m	ny hand and seal of office.	
Signature of officer admi	nistering oath	Print name of officer administering	ng oath Title o	of officer administering oath

#### **SUBTOTALS - COH** FORM C/OH **COVER SHEET PG 3** 19 FILER NAME Roland Chavez 20 Filer ID (Ethics Commission Filers) 21 SCHEDULE SUBTOTALS **SUBTOTAL** NAME OF SCHEDULE **AMOUNT** SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 6950 1. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 0 2. SCHEDULE B: PLEDGED CONTRIBUTIONS 3. 0 SCHEDULE E: LOANS 0 4. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 5. 11741.95 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 0 6. 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTIONS 0 SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD 8. 0 SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. 419.59 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. 0 SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 0 11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER 0 12.

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

FORM C/OH ADDENDUM

C/OH NAME Roland Chavez

ACCOUNT # (Ethics Commission filers)

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

M	ONETAR	Y POLITICAL CONTI	RIBUTIONS	3	SCHEDULE A1
The	The Instruction Guide explains how to complete this form.  2 FILER NAME Roland Chavez				1 Total Pages Schedule A1:
2 F					3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Harry Hartley	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	9/26/2015	6 Contributor address;	City; League City	State; Zip Code TX 77573	1000
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor  Roberto Rocha	out of state F	I PAC(ID# )	7 Amount of contributions (\$)
	10/1/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77061	100
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Henry Robledo	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	10/5/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77062	100
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruction Fire Department)	
4	Date	5 Full name of contributor Randy Lobue	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	10/5/2015	6 Contributor address;	City; Missouri City	State; Zip Code TX 77356	100
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID# )	

M	ONETARY	POLITICAL CONTRI	BUTIONS	S	SCHEDULE A1
Th	e Instruction G	duide explains how to complete t	this form.		1 Total Pages Schedule A1:
2 F	FILER NAME F	Roland Chavez			3 Filer ID (Ethics Commission filers)
		Greater Houston Restaurant Association PAC			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/8/2015		Houston	TX 77007	500
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	Litions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Houston Professional Fire Fighters Assn Local 341 PAC			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/8/2015		Houston	TX 77009	3500
8	Principal occu	Ipation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Daniel Kopfensteiner			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/13/2015		Houston	TX 77023	50
8	Principal occu	Ipation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Jerry Stansel			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/13/2015		Conroe	TX 77304	25
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
		leen de la	1	DAG(ID# )	
4	Date	5 Full name of contributor	out of state	PAC(ID# )	

M	ONETAR	Y POLITICAL CONT	RIBUTION	S	SCHEDULE A1
Th	e Instruction (	Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 F	FILER NAME I	Roland Chavez			3 Filer ID (Ethics Commission filers)
		Daniel Dubiel			7 Amount of contributions (\$)
	10/14/2015	6 Contributor address;	City; Beach City	State; Zip Code	25
	10/14/2013		Deach City	17 77323	25
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Adriana Tamez			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/15/2015		Houston	TX 77023	100
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Elva Tamez	out of state	PAC(ID# )	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/15/2015		Houston	TX 77023	100
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Tommy Woodard	out of state	PAC(ID# )	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/18/2015		College Station	TX 77845	100
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	<u> </u>

MON	IETARY	POLITICAL CONTR	IBUTION	S		SCHEDULE A1
The Ins	struction G	uide explains how to complete	this form.			1 Total Pages Schedule A1:
2 FILEI	R NAME F	Roland Chavez				3 Filer ID (Ethics Commission filers)
		Diane Shepard	_			7 Amount of contributions (\$)
		6 Contributor address;	City;	State;	Zip Code	
10/2	22/2015		Houston	TX 77088		50
8 P	Principal occu	upation / Job title (See Instructions)		9 Employer	(See Instruc	ctions)
4 D	Date	5 Full name of contributor  David C Barrier	out of state	PAC(ID# )		7 Amount of contributions (\$)
10/2	22/2015	6 Contributor address;	City; Houston	State; TX 77092	Zip Code	200
8 P	Principal occu	pation / Job title (See Instructions)		9 Employer	(See Instruc	I ctions)
4 C	Date	5 Full name of contributor  Jeffrey Tapick	out of state	PAC(ID# )		7 Amount of contributions (\$)
10/2	24/2015	6 Contributor address;	City; Houston	State; TX 77030	Zip Code	1000
	Principal occu	I upation / Job title (See Instructions)		9 Employer Martin Prefe		I otions)
		ATTACH ADDITIO	NAL COPIES	OF THIS S	CHEDULI	E AS NEEDED
		If contributor is out-of-state PAC	, please see ins	truction guide	for additio	onal reporting requirements

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

	The Instruction Guide ex	cplains how to complete this form	n.
Total pages Schedule F1:	<sup>2</sup> FILER NAME Roland Chave	Z	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/30/2015	Campaign Strategies, Inc.		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1467.87	PO Box 3308		
	Houston TX 77253		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of To	exas, complete Schedule T
		Check if Austin, TX, officeh	older living expense
	Printing Expense	Campaign Pushca	ards and Door Hangers
9 Complete ONLY if direct	Candidate / Officehoder name	office sought c	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
9/30/2015	Campaign Strategies, Inc.		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
6794.35	PO Box 3308		
	Houston TX 77253		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of To	exas, complete Schedule T
		Check if Austin, TX, officeh	older living expense
	Advertising Expense	Mailing	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought c	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
10/2/2015	Strong Strategies, LLC		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
759.31	5100 San Felipe		
	#117-E		
	Houston TX 77009		
8 PURPOSE OF EXPENDITURE		(b) Description	

### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME Roland Chavez Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Compliance reporting Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 10/2/2015 Sprint 2 Print 7 Payee address; 6 Amount (\$) City; Zip Code State; 1569.63 8748 Clay Rd. Ste. 300 Houston TX 77080 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Yard Signs **Printing Expense** 9 Complete ONLY if direct Candidate / Officehoder name office held office sought

expendituree to benefit C/OH

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

	The Instruction Guide ex	plains how to complete this form	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Roland Chave:	Z	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
10/12/2015	Sam's Club		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
49.09	9665 FM 1960		
	Humble TX 77338		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Office Overhead	Refreshments for c	ampaign workers
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held
experientales to belieff 6/011			
4 Date	5 Payee name		
10/22/2015	Sprint 2 Print		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1028.38	8748 Clay Rd.		
	Ste. 300		
	Houston TX 77080		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Printing Expense	Campaign Pushcar	rds
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held
'			
4 Date	5 Payee name		
10/24/2015	Piryx, Inc.		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
73.32	649 Mission St.		
	#204		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPEN		SCHEDULE F1
	The Instruction Guide exp	plains how to complete this form.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Roland Chavez	3 Filer ID (Ethics Commission filers)
	Fees	Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense  Online donation fees
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	office sought office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS The Instruction Guide explains how to complete this form. 1 Total Pages Schedule G: 3 FilerID (Ethics Commission filers) 2 FILER NAME Roland Chavez 5 Payee name 4 Date 9/26/2015 Landa Café 6 Amount (\$) 7 Payee Address: City; State: Zip Code 75.17 302 W. Crosstimbers Houston TX 77018 X Reimbursement from political contributions intended 8 (a) Category (b) Description **PURPOSE OF** Refreshments for campaign volunteers Food/Beverage Expense **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 10/7/2015 Sam's Club 6 Amount (\$) 7 Payee Address; Zip Code City; State: 63.80 9665 FM 1960 Bypass Rd. W. Humble TX 77338 X Reimbursement from political contributions intended 8 (a) Category (b) Description **PURPOSE OF** Refreshments for campaign volunteers Food/Beverage Expense **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 10/9/2015 Subway 6 Amount (\$) 7 Payee Address; City; State; Zip Code 123.41 3737 N. Main St. Houston TX 77009 X Reimbursement from political contributions intended 8 (a) Category (b) Description

### POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS The Instruction Guide explains how to complete this form. 1 Total Pages Schedule G: 3 FilerID (Ethics Commission filers) 2 FILER NAME Roland Chavez Refreshments for campaign event with Eastwood Seniors **PURPOSE OF** Food/Beverage Expense **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office held Office sought expenditure to benefit C/OH 4 Date 5 Payee name 10/11/2015 Restaurant Depot 6 Amount (\$) Zip Code 7 Payee Address; City; State; 45.74 1431 W. 20th St. TX 77008 Houston X Reimbursement from political contributions intended 8 (b) Description (a) Category **PURPOSE OF** Refreshments for campaign event with church group Food/Beverage Expense **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 10/20/2015 Jason's Deli 6 Amount (\$) 7 Payee Address; City; State; Zip Code 59.19 5215 W. 34th 77092 Houston TX Reimbursement from political contributions intended 8 (b) Description (a) Category **PURPOSE OF** Food/Beverage Expense Refreshments for campaign volunteers **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date 5 Payee name 10/21/2015 Jason's Deli

POLITICAL EXP	SCHEDULE G			
MADE FROM PE	RSONAL FUNDS			
	The Instruction Guide explains h	now to complete this form	າ.	
1 Total Pages Schedule G:	<sup>2</sup> FILER NAME Roland Chavez	3 FilerID (Ethic	s Commissi	on filers)
6 Amount (\$)	7 Payee Address;	City;	State;	Zip Code
52.28	5215 W. 34th	Houston	TX	77092
X Reimbursement from				
political contributions				
intended				
8	(a) Category	(b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Refreshments fo	or campaign	volunteers
EXPENDITURE		Check if trave	el outside of	Texas, complete Schedule T
		Check if Aust	in, TX, office	eholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF	T.    0 00    ED.    E	AO NEED	NED.