CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C	OH Instruction Gui	DE explains how to	complete ti	nis form.	1 ACCO (Ethics	UNT # Commission filer	rs)	2	PAGE # 1 of 92	
	ANDIDATE / FFICEHOLDER	MS/MRS/MR		IRST		MI			OFFICE U	SE ONLY
	ME	Mr.	Lar	ry				Date	Received	
		NICKNAME		AST			FFIX	1		210
			Gre	een						
									S/ prof	ENED (S)
4 CA	NDIDATE /	ADDRESS / PO BOX;	APT / SUIT	`E#; C	aty;	STATE; ZIP	CODE	1 /.	1	1 5 2015 E
	FICEHOLDER VILING							18	i JUL	12 501
	DRESS	3911 Knotty Oa Houston, TX 77	ks 2045					Date	Sidna akiling	CRETARY or Date Postmarked
		riousion, 1777	043					Date	Tianu-uenvereu	Of Date Positiarked
	Change of Address									
					····			Rec	eipt#	Amount
5 CA	MPAIGN EASURER	MS/MRS/MR	FI	RST		MI		Date	Processed	
NA NA	ME	Mr.	Kev	/in				Date	Imaged	
			Rile			001	117			
6 CA	MPAIGN	STREET ADDRESS (N	O PO BOX PLEA	NSE); ΑΡΤ / SUΠ	TE#:	CITY; STA	TF.	71P (CODE	
	EASURER DRESS					OITT, OTA	· · · · · · ·	211	OODL	
	sidence or business)	14090 Southw Sugarland, TX	est Freewa 77478	у						
, ,	,	ougunana, 17	. , , 4, 0							
·					·-···					
	MPAIGN	AREA CODE	PHONE NL	IMBER		EXTENSION				
	EASURER ONE	(281) 451-84	137							
	0112	(20.)	.07							
8 RE	PORT TYPE				···					7/
		January 15	30	th day before elect	ion	Runoff		_		ampaign treasurer
									appointment (off	iceholder only)
		X July 15	811	day before election	on 🗍	Exceeded \$50	00 limít	П	Final report (Atta	ach C/OH - FR)
								لـــا	, .	,
9 PE	RIOD	Month Day	Year			1.4	5.			
CO	VERED	Month Day	ı ear			Month	Day	Y	ear	
		04/04/0	\ 4	THROU	JGH					
		01/01/20	715			06	3/30/201	5		
10 FI F	ECTION	ELECTION D	ATF	ELECTION TYP	DE .			·		
	2011011	Month Day	Year				F			
		11/03/20		Primary		Runoff	X	Gener	al	Special
		11/03/20	713							
11 OF	FICE	OFFICE HELD (If any)			10	OFFICE SOUGH	TT (if I			
			-4-4-4		'-					
		City Council- D	SITICI K			City Council-	- District	K		
·										
	GO TO PAGE 2									

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

			9 07L	Oneerraz		
13 C/OH NAME Green	n, Larry (Mr.)		14 ACCOUNT #	(Ethics Commission filers)		
15 NOTICE FROM	have been made with	otice of political expenditures by political committees to support the callout the candidate's or officeholder's knowledge or consent. Candidate by receive notice of such expenditures	ndidate / officeholder es and officeholders	These expenditures may are required to report this		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
additional pages	al pages COMMITTEE CAMPAIGN TREASURER ADDRESS					
16 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00		
TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$	110,270.00		
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED TOTALS			\$	16.88		
4. TOTAL POLITICAL EXPENDITURES			\$	29,135.34		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			137,117.78		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			0.00		
17 AFFIDAVIT						
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder						
AFFIX NOTARY S	AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribe		ne said	, this the	15 th day		
Kelk F. r	Jan Le	Kelli & Marshall N	DIALA	Sublic		
Signature of officer admir	nistering oath	Print name of officer administering oath	Title of officer adm	inistering oath		

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19	FILER NAME .	
	Lany Green 20 Filer ID	(Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL
<u> </u>		AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 110,270
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
6.		\$ 29,135.34
<u> </u>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.		
	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 1/3	32 Report: 3/92
2 FILER NAME	Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (IDABC Dentistry West Orem, PLLC	#)	7 Amount of contribution (\$)	8
02/19/2015	6 Contributor address; City; State; Zip Code		\$1,000.00	[[
	Houston, TX 77085		(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	istructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/14/2015	Contributor address; City; State; Zip Code Pearland, TX 77584		\$200.00	
	Pearland, 1X 7/584		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code	**********	\$250.00	
	Houston, TX 77067			Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2015	Contributor address; City; State; Zip Code		\$500.00	
	Houston, TX 77056		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2015	Contributor address; City; State; Zip Code		\$500.00	
	Plano, TX 75023		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	,
		L		

The Instruction Guide explains how to complete this form.		1 PAGE# Schedule: 2/	32 Report: 4/92
2 FILER NAME Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date 5 Full name of contributor ☐ out-of-state PAC Anderson, Sylvester	(ID#)	7 Amount of contribution (\$)	8
02/19/2015 6 Contributor address; City; State; Zip Co	ode	\$150.00	
Houston, TX 77036		/if travel outside of	Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See Ir	.1.	Texas, complete contenue 1/ had
Date Full name of contributor	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015 Contributor address; City; State; Zip Co	ode	\$1,000.00	 -
Houston, TX 77002			Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In	nstructions)	
Date Full name of contributor ut-of-state PAC Arnold, Rene	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015 Contributor address; City; State; Zip Co	de	\$100.00	
Missouri City, TX 77459		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In	1	
Date Full name of contributor ut-of-state PAC BAC PAC	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/23/2015 Contributor address; City; State; Zip Cod	de	\$250.00	
Houston, TX 77057		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ins	structions)	
Date Full name of contributor ut-of-state PAC (Bava, Maya	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/14/2015 Contributor address; City; State; Zip Cod		\$1,000.00	
Katy, TX 77450		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ins		

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 3/3	32 Report: 5/92
2 FILER NAME	Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Blackline Engineering, LLC.	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/24/2015	6 Contributor address; City; State; Zip Code		\$500.00	 - -
	Houston, TX 77057		1	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code		\$100.00	
	Houston, TX 77056	1	(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	1	
Date	Full name of contributor	<i>¥</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2015	Contributor address; City; State; Zip Code		\$1,000.00	
	Houston, TX 77024		J	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<i>ŧ</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/14/2015	Contributor address; City; State; Zip Code		\$100.00	l
	Houston, TX 77004		(If travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	£)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/14/2015	Contributor address; City; State; Zip Code		\$500.00 	
	New Orleans, LA 70127		(If travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE#	32 Report: 6/92
2 FILER NAME	Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Bynam, Keith	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/19/2015	6 Contributor address; City; State; Zip Code Houston, TX 77071		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code Clinton, MS 39056		\$2,000.00	
	,			<u></u>
				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code Bellaire, TX 77401	• • • • • • • • • • • • • • • • • • • •	\$500.00	
			1	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code		\$1,000.00	
	Houston, TX 77081			
Discipation				Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code		\$250.00	
	Houston, TX 77024		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:		, base

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The Instructi	ON GUIDE explains how to complete this form.	***************************************	1 PAGE#	
			Schedule: 5/	32 Report: 7/92
2 FILER NAME	Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID	#)	7 Amount of	8 In-kind contribution
	Cavazos, Sylvia	,	contribution (\$)	description (if applicable)
				1
02/19/2015	6 Contributor address; City; State; Zip Code		\$100.00	
	Houston, TX 77009			1
				<u></u>
A Drive in all account			1	Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of	In-kind contribution
	CDM Smith Inc. PAC		contribution (\$)	description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code		\$500.00	
				•
	Houston, TX 77056			
Principal coour	Potion / Joh title (Con Joshustians)	T = : : : : : : : : : : : : : : : : : :	<u> </u>	Texas, complete Schedule T)
Fillicipal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of	In-kind contribution
	Chevalier, Felix		contribution (\$)	description (if applicable)
				1
02/19/2015	Contributor address; City; State; Zip Code		\$500.00	
	Houston, TX 77025			1
				· —
Principal occur	ation / Job title (See Instructions)	Employee (Cooks		Texas, complete Schedule T)
i inioipai occup	ation 7 500 title (See Histractions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID:	#)	Amount of	In-kind contribution
	Clarkson, Llayron Jr.		contribution (\$)	description (if applicable)
00/40/0045	October 11			
02/19/2015	Contributor address; City; State; Zip Code		\$1,000.00	
	Houston TV 77054]
	Houston, TX 77054			
Principal occur	eation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
i intoipai oodap	audit 7 dob title (dee mattactions)	Employer (See ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID#	<i>‡</i>)	Amount of	In-kind contribution
	Clifford, Cindy		contribution (\$)	description (if applicable)
00/10/00/				
02/19/2015	Contributor address; City; State; Zip Code		\$500.00	
	Hauston TV 77040			
	Houston, TX 77019			
Principal occur	ation / Job title (See Instructions)	Employer /O 1		Texas, complete Schedule T)
т тпстраг оссир	anon / Job thie (Jee Histrictions)	Employer (See Ins	structions)	

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2 FILER NAME	Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)	
4 Date	5 Full name of contributor ut-of-state PAC (ID: Clouser, Joel	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
02/19/2015			\$50.00	 	
	Missouri City, TX 77459		(If travel outside of	Texas, complete Schedule T)	
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See In	structions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/19/2015			\$500.00	 	
	Houston, TX 77004		(If travel outside of	Texas, complete Schedule T)	
Principal occ	upation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor uut-of-state PAC (ID: Comcast Corporation PAC- Texas	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
05/22/2015	Contributor address; City; State; Zip Code		\$500.00	 	
	Houston, TX 77040		(If travel outside of	Texas, complete Schedule T)	
Principal occ	upation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor ut-of-state PAC (ID- Continental Airlines, A Better America PAC	'	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/17/2015	Contributor address; City; State; Zip Code		\$1,000.00		
	Houston, TX 77002		(If travel outside of	Texas, complete Schedule T)	
Principal occi	upation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor uut-of-state PAC (ID#	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/19/2015	Contributor address; City; State; Zip Code		\$25.00		
	Houston, TX 77096			1	
			(If travel outside of	Texas, complete Schedule T)	
Principal occu	upation / Job title (See Instructions)	Employer (See In	structions)		

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE#	20 Danasti 0/00			
2 FILER NAME	Green, Larry (Mr.)		3 ACCOUNT#	32 Report: 9/92 (Ethics Commission filers)			
4 Date	5 Full name of contributor uut-of-state PAC (ID Cormier, Roy	#)	7 Amount of contribution (\$)	8			
05/14/2015	6 Contributor address; City; State; Zip Code Houston, TX 77096		\$25.00	 - 			
			(If travel outside of	Texas, complete Schedule T)			
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)				
Date	Full name of contributor ut-of-state PAC (ID Cortez, Robert	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
04/14/2015	Contributor address; City; State; Zip Code Katy, TX 77450		\$500.00	 			
	Training (TATT 400						
Dringingless	Labelia (O. L.	T		Texas, complete Schedule T)			
Principal occup	oation / Job title (See Instructions)	Employer (See In	structions)				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
02/19/2015	Contributor address; City; State; Zip Code Houston, TX 77042		\$1,000.00				
			1	Texas, complete Schedule T)			
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
03/17/2015	Contributor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$500.00				
	Houston, TX 77056						
				Texas, complete Schedule T)			
Рппсіраї оссир	eation / Job title (See Instructions)	Employer (See In:	structions)				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
02/19/2015	Contributor address; City; State; Zip Code	. , , , , , , , , , , , , , , , , , , ,	\$2,500.00				
	Houston, TX 77056						
				Texas, complete Schedule T)			
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)				

P.O.Box 12070

The Instruction Guide explains how to complete this form.	1 PAGE # Schedule: 8/32 Report: 10/92
2 FILER NAME Green, Larry (Mr.)	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Full name of contributor ☐ out-of-state PAC (ID#	_) 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
02/19/2015 6 Contributor address; City; State; Zip Code n/a Houston, TX 77006	\$20.00
	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (S	See Instructions)
Date Full name of contributor ut-of-state PAC (ID#	_) Amount of In-kind contribution contribution (\$) description (if applicable)
02/19/2015 Contributor address; City; State; Zip Code	\$250.00
Missouri City, TX 77489	//f travel autoide of Tayro complete Cabadula T
Principal occupation / Job title (See Instructions) Employer (S	(If travel outside of Texas, complete Schedule T)
Limployer (S	see instructions)
Date Full name of contributor out-of-state PAC (ID#	_) Amount of In-kind contribution contribution (\$) description (if applicable)
02/19/2015 Contributor address; City; State; Zip Code	\$500.00
Houston, TX 77004	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (S	See Instructions)
Date Full name of contributor ut-of-state PAC (ID#	_) Amount of I In-kind contribution contribution (\$) description (if applicable)
02/19/2015 Contributor address; City; State; Zip Code	\$1,000.00
Houston, TX 77063	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (S	See Instructions)
Date Full name of contributor Out-of-state PAC (ID#	_) Amount of In-kind contribution contribution (\$) description (if applicable)
02/19/2015 Contributor address; City; State; Zip Code	\$50.00
Houston, TX 77002	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (S	See Instructions)

	The Instruction	ON GUIDE explains how to complete this form.	HERIOTAN AND AND AND AND AND AND AND AND AND A	1 PAGE# Schedule: 9/3	32 Report: 11/92
2	FILER NAME	Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Enterprise Holdings, Inc. PAC	<i>‡</i>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/23/2015	6 Contributor address: City; State; Zip Code St. Louis, MO 63105		\$500.00	
		St. Louis, IVIO 63105		(If travel outside of	Texas, complete Schedule T)
9	Principal occup	oation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/24/2015	Contributor address; City; State; Zip Code Houston, TX 77041		\$150.00	
		Houston, 17,77041		(If travel outside of	l Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/14/2015	Contributor address; City; State; Zip Code		\$25.00	
		Houston, TX 77085		(If traval outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete scriedule 1)
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/19/2015	Contributor address; City; State; Zip Code		\$500.00	
		Houston, TX 77040		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/14/2015	Contributor address; City; State; Zip Code		\$500.00	
		Houston, TX 77040		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 10	/32 Report: 12/92
2 FILER NAME	Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID#	*)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/24/2015	6 Contributor address: City; State; Zip Code		\$250.00	
	Fort Worth, TX 76109		(If travel outside of	Texas, complete Schedule T)
9 Principal occup	oation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code		\$2,500.00	
	Houston, TX 77098		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<i>t</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2015	Contributor address: City; State; Zip Code		\$1,000.00	
	Houston, TX 77098		·	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Gibson, Lee	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code		\$100.00	
	Stafford, TX 77497		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code		\$500.00	
	Houston, TX 77051		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

P.O.Box 12070

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	/32 Report: 13/92
2	FILER NAME	Green, Larry (Mr.)		3 ACCOUNT #	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#	f)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/22/2015	6 Contributor address; City; State; Zip Code Houston, TX 77064		\$500.00	
		Troublest, TX 77004		(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/17/2015	Contributor address; City; State; Zip Code		\$1,000.00	
		Albany, NY 12207		(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/17/2015	Contributor address; City; State; Zip Code		\$1,000.00	
		Austin, TX 78701		(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In		Second 1
	Date	Full name of contributor	•)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/24/2015	Contributor address; City; State; Zip Code		\$1,000.00	
		Houston, TX 77098		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	·)	Amount of	In-kind contribution
		Harvey, James	***************************************	contribution (\$)	description (if applicable)
	03/24/2015	Contributor address; City; State; Zip Code		\$500.00	! !
		Houston, TX 77063		NOTICE	l
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 12	//32 Report: 14/92	
2 FILER NAME	Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Hawes, David	F)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
02/19/2015	6 Contributor address; City; State; Zip Code		\$250.00	 	
	Houston, TX 77096		(If travel outside of	Texas, complete Schedule T)	
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/19/2015	Contributor address; City; State; Zip Code		\$1,000.00	[[
	Richardson, TX 75082		(If travel outside of	Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor	· ·	Amount of contribution (\$)	In-kind contribution description (if applicable)	
05/14/2015	Contributor address: City; State; Zip Code		\$500.00	 	
	Chicago, IL 60601		(If travel outside of	Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
05/22/2015	Contributor address; City; State; Zip Code Houston, ŤX 77056		\$250.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See In	<u>L.`</u>		
Date	Full name of contributor	£)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/19/2015	Contributor address; City; State; Zip Code		\$100.00	 	
i	Houston, TX 77071			1	
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 13	:/32 Report: 15/92
2 FILER NAME	Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# HNTB Holdings Ltd. PAC	')	7 Amount of contribution (\$)	8
05/22/2015	6 Contributor address; City; State; Zip Code Kansas City, MO 64105		\$1,000.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code		\$1,000.00	
	Houston, TX 77019		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
05/14/2015	Contributor address: City; State; Zip Code		\$2,000.00	[[
	Houston, TX 77041		(If travel outside of	Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ☐ out-of-state PAC (ID# Houston Police Officers' Union	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/30/2015	Contributor address; City; State; Zip Code Houston, TX 77007	•••••	\$5,000.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	:	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/30/2015	Contributor address; City; State; Zip Code		\$5,000.00	
	Houston, TX 77007			
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	I/32 Report: 16/92
2	FILER NAME	Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Hoyt Brown, Peter	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	02/19/2015	6 Contributor address; City; State; Zip Code		\$300.00]
		Houston, TX 77098			İ
_				I	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/19/2015	Contributor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$250.00	
		Houston, TX 77047			
			d	`	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# James, Argentina	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/22/2015	Contributor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$500.00	
		Pearland, TX 77581			I
				A to the second	Texas, complete Schedule T)
	Рппсіраї оссир	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/19/2015	Contributor address; City; State; Zip Code		\$250.00	1
		Houston, TX 77056		,	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/19/2015	Contributor address; City; State; Zip Code		\$1,000.00	
		Houston, TX 77042		 	 -
Maringa	Principal cocus	ation / Joh titla (See Instructions)	Employer (Oss.)		Texas, complete Schedule T)
	ттныра оссир	ation / Job title (See Instructions)	Employer (See Ins	structions)	

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 15	5/32 Report: 17/92
2 FILER NAME	Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/19/2015	6 Contributor address; City; State; Zip Code Houston, TX 77004		\$250.00	
				Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/24/2015	Contributor address: City; State; Zip Code		\$2,500.00	
	Dallas, TX 75243		(If travel outside of	Texas, complete Schedule T)
Principal occur	Deation / Job title (See Instructions)	Employer (See In:		rexas, complete schedule 1)
r moipar occup	autori / 666 title (666 tillstractions)	Employer (See in	su actions)	
Date	Full name of contributor □ out-of-state PAC (ID# Jones, Franklin D.	")	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$250.00	
	Houston, TX 77004		(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins		Texas, complete concease 1)
		Employer (dee in		
Date	Full name of contributor	[‡])	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code		\$100.00	
	Houston, TX 77056		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		, , , , , , , , , , , , , , , , , , , ,
	,	Employor (GGG Inc	or dollows	
Date	Full name of contributor	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code		\$500.00	
	Houston, TX 77042		(If traval outside of	Texas, complete Schedule T)
Principal occurs	ation / Job title (See Instructions)	Employer (Cos. la-		rexas, complete schedule I)
т титограг оссир	ລແວກ / ຍວນ ແມ່ອ (ລອຍ ກາຣແນວແປກຮ)	Employer (See Ins	structions)	

The Instructi	ION GUIDE explains how to complete this form.	Name of the second seco	1 PAGE#	6/32 Report: 18/92
2 FILER NAME	Green, Larry (Mr.)	186 0-1860 - 1860 - 1860 - 1860 - 1860 - 1860 - 1860 - 1860 - 1860 - 1860 - 1860 - 1860 - 1860 - 1860 - 1860 -	3 ACCOUNT #	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Kennedy, Nathelyne	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/17/2015	6 Contributor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$250.00	
	Houston, TX 77036		(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	1	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/14/2015	Contributor address; City; State; Zip Code		\$250.00	
	Houston, TX 77002		(If travel outside of	Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address: City; State; Zip Code		\$500.00	
	Houston, TX 77079		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code		\$500.00	
	Houston, TX 77042		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/23/2015	Contributor address; City; State; Zip Code		\$500.00 	
A COLUMN TO THE PARTY OF THE PA	Houston, TX 77221		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete schedule 1)

The Instruction Guide explains how to complete this form.	i i	AGE # chedule: 17/32 Report: 19/92	
2 FILER NAME Green, Larry (Mr.)		CCOUNT # (Ethics Commission filers	3)
4 Date 5 Full name of contributor ☐ out-of-state PAC (ID#_Laukien, Dirk		mount of 8 In-kind contribution tribution (\$) description (if applica	
06/30/2015 6 Contributor address: City; State; Zip Code		\$500.00 	
Spring, TX 77381	(If trav	 vel outside of Texas, complete Schedule 1	n 🗆
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructio	ons)	
Date Full name of contributor out-of-state PAC (ID#_Lee, C.C.		mount of I In-kind contribution tribution (\$) description (if application)	
02/19/2015 Contributor address; City; State; Zip Code		\$250.00	
Houston, TX 77036	(If trav	 vel outside of Texas, complete Schedule T	n \square
Principal occupation / Job title (See Instructions)	Employer (See Instruction	ns)	
Date Full name of contributor ut-of-state PAC (ID#_Lee, Victor		mount of In-kind contribution ribution (\$) description (if application)	
05/14/2015 Contributor address; City; State; Zip Code		\$100.00 I	
Bellaire, TX 77401	(If trav	 vel outside of Texas, complete Schedule T	n 🗆
Principal occupation / Job title (See Instructions)	Employer (See Instruction	ns)	
Date Full name of contributor out-of-state PAC (ID#_Lewis, Reggie		mount of In-kind contribution ribution (\$) description (if application)	
02/19/2015 Contributor address: City; State; Zip Code Houston, TX 77053	\$	S1,000.00 	
		l vel outside of Texas, complete Schedule T) 🔲
Principal occupation / Job title (See Instructions)	Employer (See Instruction	ns)	
Date Full name of contributor out-of-state PAC (ID#_Lewis, Sherman		mount of I In-kind contribution ribution (\$) description (if applicat	
05/14/2015 Contributor address; City; State; Zip Code	\$	61,000.00	
Pearland, TX 77584	(If trav	/el outside of Texas, complete Schedule T	¬ П
Principal occupation / Job title (See Instructions)	Employer (See Instruction		/ Land

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 18	/32 Report: 20/92	
2 FILER NAME	Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Lewis Clark, Homer	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
02/19/2015	6 Contributor address; City; State; Zip Code		\$150.00	 - -	
	Houston, TX 77085		(If travel outside of	Texas, complete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/19/2015	Contributor address; City; State; Zip Code		\$1,000.00		
	Austin, TX 78760		(If travel outside of	Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/19/2015	Contributor address; City; State; Zip Code		\$1,000.00		
	Houston, TX 77007		(If travel outside of	Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
05/15/2015	Contributor address; City; State; Zip Code		\$50.00	 	
	Houston, TX 77045		(If travel outside of	Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor	<i>t</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/19/2015	Contributor address; City; State; Zip Code		\$100.00		
	Pearland, TX 77581		(If travel outside of	Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 19	1/32 Report: 21/92
2 FILER NAME	Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: McConnell Jones Lanier & Murphy	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/19/2015	6 Contributor address; City; State; Zip Code		\$500.00	
	Houston, TX 77056		(If travel outside of	Texas, complete Schedule T)
9 Principal occup	oation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	<i>#</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code		\$500.00	 -
	Houston, TX 77056		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor □ out-of-state PAC (ID# Miller, Robert	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code		\$1,000.00	
	Houston, TX 77002		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/22/2015	Contributor address; City; State; Zip Code		\$1,000.00	
	Houston, TX 77098		(If travel outside of	Texas, complete Schedule T)
Principal occup	nation / Job title (See Instructions)	Employer (See In		, <u> </u>
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/22/2015	Contributor address; City; State; Zip Code		\$1,000.00	
	Houston, TX 77098		(lif traval autolide - *	Toyon complete Cabadida T
Principal cons	gation / Job title (See Instructions)	Employer (One In-		Texas, complete Schedule T)
гиныраг оссир	ation / Job title (See Instructions)	Employer (See Ins	Structions)	

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	2/00 D-1-1-1-00/00
2	FILER NAME	Green, Larry (Mr.)		Schedule: 20 3 ACCOUNT #	0/32 Report: 22/92 (Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Mitzner, Steven	<i>‡</i>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
(05/22/2015	6 Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$1,000.00	
		Houston, TX 77098		(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Molander, Jarl	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
(02/19/2015	Contributor address; City; State; Zip Code		\$200.00	
	•	Magnolia, TX 77354	l		_
	Principal occur	pation / Job title (See Instructions)	Employer (See In:	<u> </u>	Texas, complete Schedule T)
	T Intolpul Goodp	AUDIT FOOD THE (OBE INSTRUCTIONS)	Employer (Gee ma	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
(02/19/2015	Contributor address; City; State; Zip Code		\$750.00	
		Houston, TX 77060		(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In		
	D-1-			T	
	Date	Full name of contributor ut-of-state PAC (ID# Murray, Keir	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
(02/19/2015	Contributor address; City; State; Zip Code		\$250.00	
		Houston, TX 77025			l
					Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)
C	03/24/2015	Contributor address; City; State; Zip Code		\$100.00	
		League City, TX 77573			·
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	The state of the s

	·				
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 21	/32 Report: 23/92
2	FILER NAME	Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	02/19/2015	6 Contributor address; City; State; Zip Code		\$100.00	
		Fresno, TX 77545		(If travel outside of	Texas, complete Schedule T)
9	Principal occup	nation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/19/2015	Contributor address; City; State; Zip Code		\$100.00	
		Houston, TX 77025		(If travel outside of	Texas, complete Schedule T)
	Principal occup	vation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2015	Contributor address; City; State; Zip Code		\$1,000.00	
		Houston, TX 77429		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/14/2015	Contributor address; City; State; Zip Code		\$250.00	
		Houston, TX 77021			
				<u> </u>	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/19/2015	Contributor address; City; State; Zip Code		\$1,000.00	
		Houston, TX 77016			1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	

The Instruction	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 22	2/32 Report: 24/92
2 FILER NAME	Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (IDa Onyung, Okon	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/02/2015	6 Contributor address; City; State; Zip Code		\$500.00	
	Sugarland, TX 77479		(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	L	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code		\$1,500.00	
	Houston, TX 77049		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$75.00	
	Cypress, TX 77429		(If travel outside of	Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code Pasadena, CA 91124		\$2,500.00	
			/if traval outside of	I Texas, complete Schedule T)
Principal occup	Loation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule 1)
			,	
Date	Full name of contributor	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code		\$500.00	
	Houston, TX 77288			
				Texas, complete Schedule T)
Principal occupa	eation / Job title (See Instructions)	Employer (See Ins	structions)	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 23	3/32 Report: 25/92
2	FILER NAME	Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID#	<i>#)</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/24/2015	6 Contributor address; City; State; Zip Code		\$2,500.00	
		Katy, TX 77494		(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/22/2015	Contributor address; City; State; Zip Code		\$250.00	
		Houston, TX 77047		(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Phillips-Lee, Yolanda	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/19/2015	Contributor address; City; State; Zip Code		\$50.00	
		Missouri City, TX 77459		(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/24/2015	Contributor address; City; State; Zip Code		\$1,000.00	
		Houston, TX 77249		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor	£)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/01/2015	Contributor address; City; State; Zip Code		\$150.00	
		Houston, TX 77093		(If travel outside of	Texas, complete Schedule T)
-	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
				·	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 24	-/32 Report: 26/92	
2	FILER NAME	Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)	
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/30/2015	6 Contributor address; City; State; Zip Code Houston, TX 77023		\$250.00	 	
		Troctor, TXT7020		(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor ☐ out-of-state PAC (ID# Qin, Julia	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/14/2015	Contributor address; City; State; Zip Code Houston, TX 77023		\$100.00	 - -	
		Houston, 17/7/023		(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor	<i>t</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/17/2015	Contributor address; City; State; Zip Code		\$500.00	 	
		Houston, TX 77020		(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	, , , , , , , , , , , , , , , , , , , ,	
Greek and Anna Anna Anna Anna Anna Anna Anna	Date	Full name of contributor	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/01/2015	Contributor address; City; State; Zip Code	•••••	\$250.00	 	
		Houston, TX 77047		(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	02/19/2015	Contributor address; City; State; Zip Code		\$150.00	 	
		Houston, TX 77053				
	Dringing!	otion / Joh title /Coo Itwti			Texas, complete Schedule T)	
	тпныраг оссир	ation / Job title (See Instructions)	Employer (See In:	structions)		

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 25	5/32 Report: 27/92	
2	FILER NAME	Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)	
4	Date	5 Full name of contributor ut-of-state PAC (ID#	<u></u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	03/09/2015	6 Contributor address; City; State; Zip Code		\$500.00		
		Houston, TX 77048		(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	structions)		
	Date	Full name of contributor	<i>t</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/14/2015	Contributor address; City; State; Zip Code		\$250.00	 	
		Humble, TX 77396			Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	02/19/2015	Contributor address; City; State; Zip Code		\$50.00	 	
		Houston, TX 77008		(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	THE CONTRACTOR OF THE PARTY OF THE CONTRACTOR OF	
	Date	Full name of contributor	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	02/19/2015	Contributor address; City; State; Zip Code Houston, TX 77041		\$250.00	 - -	
				<u> </u>	Texas, complete Schedule T)	
	Principal occupa	pation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/22/2015	Contributor address; City; State; Zip Code		\$250.00	 	
		Houston, TX 77040		(If travel outside of	Texas, complete Schedule T)	
***************************************	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	decident and comment of the second comment of the second comment of the second comment of the second comment of	
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P.O.Box 12070

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 26	6/32 Report: 28/92
2 FILER NAME	Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8
06/23/2015	6 Contributor address; City; State; Zip Code		\$500.00	
	Houston, TX 77007		(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	estructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code		\$50.00	
	Missouri City, TX 77459			l
			1	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/14/2015	Contributor address; City; State; Zip Code		\$250.00]
	Houston, TX 77006		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	**************************************
			,	
Date	Full name of contributor	<i>t</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/22/2015	Contributor address: City; State; Zip Code		\$50.00	
	Houston, TX 77042		(If travel outside of	Texas, complete Schedule T)
Principal occur	ation / Job title (See Instructions)	Employer (See In		Tokko, comproso concedero I.)
- Timopai 000ap	and the (ess manusions)	Employer (dee in	structions)	
Date	Full name of contributor	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code		\$75.00	
	Houston, TX 77002		/If trough autoids ==	Toyon complete Schooling To
Dringing!	ation / Job title (Coe Instructions)	F	CATEGORIA CONTRACTOR C	Texas, complete Schedule T)
-писіраї оссир	ation / Job title (See Instructions)	Employer (See In:	structions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	
				7/32 Report: 29/92
2 FILER NAME	Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID#	#)	7 Amount of	8 In-kind contribution
	Shepherd, Anthony		contribution (\$)	description (if applicable)
	·			1
02/19/2015	6 Contributor address; City; State; Zip Code		\$250.00	
	Hauston TV 77054			[
	Houston, TX 77051		(If travel outside of	Texas, complete Schedule T)
9 Principal occup	Dation / Job title (See Instructions)	10 Employer (See In		Texas, complete ochequie 1)
	,	10	01143113173,	
			T	
Date	Full name of contributor ut-of-state PAC (ID# Simmons, James	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Olimions, barries		(,,	- and all broad (albertages -)
02/19/2015	Contributor address; City; State; Zip Code		\$2,500.00	-
			ΨΕ,000.00	-
	Cypress, TX 77429			
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID#	#)	Amount of	In-kind contribution
	Simmons, James		contribution (\$)	description (if applicable)
05/22/2015	Contributor address; City; State; Zip Code		\$2,500.00	
	Cypress, IX 77429			1
				'
Principal occur	pation / Job title (See Instructions)	Fplayer (Soo In		Texas, complete Schedule T)
Milliothat occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	[‡])	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Offiliti, Miao		(4)	accompany (ii applicable)
05/14/2015	Contributor address; City; State; Zip Code		\$100.00	
00/ . //	, , , , , , , , , , , , , , , , , , , ,		Ψ100.00	1
	Houston, TX 77005			
			(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	structions)	(#1004458800054004 <u>444444</u>
Date	Full name of contributor	<i>t</i>	Amount of	In-kind contribution
	Smith, Terrence	***************************************	contribution (\$)	description (if applicable)
			!	!
03/17/2015	Contributor address; City; State; Zip Code		\$500.00	1
	Houston, TX 77071			
			•	
······································				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 28	:/32 Report: 30/92
2 FILER NAME	Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Sowells, Jerry	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/24/2015	6 Contributor address; City; State; Zip Code		\$2,500.00	
	Houston, IX //U64		(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address: City; State; Zip Code		\$100.00	[
	Houston, ŤX 77045		(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Taylor, Troi and Kelley	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code		\$500.00	
	Houston, TX 77002		(If travel outside of	Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2015	Contributor address; City; State; Zip Code Houston, TX 77041		\$500.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code		\$500.00	
	Missouri City, TX 77489		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins		,

The In	ISTRUCTION	ON GUIDE explains how to complete this form.	мыником от принцина на принцин	1 PAGE# Schedule: 29	/32 Report: 31/92	
2 FILER	NAME	Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)	
4 Date	e	5 Full name of contributor ☐ out-of-state PAC (ID# Texas Taxi PAC	t)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
06/30/	/2015	6 Contributor address; City; State; Zip Code		\$500.00	 - -	
		Austin, TX 78701		(If travel outside of	Texas, complete Schedule T)	
9 Princip	al occup	pation / Job title (See Instructions)	10 Employer (See In	structions)		
Date	е	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/19/	/2015	Contributor address: City; State; Zip Code		\$100.00	 	
		Houston, TX 77045		(If travel outside of	Texas, complete Schedule T)	
Princip	al occup	pation / Job title (See Instructions)	Employer (See In			
Date	e	Full name of contributor	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/17/	/2015	Contributor address; City; State; Zip Code		\$1,000.00	 	
		Waco, TX 76708		(If travel outside of	Texas, complete Schedule T)	
Princip	al occup	pation / Job title (See Instructions)	Employer (See In	structions)		
Date	9	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
05/14/	/2015	Contributor address; City; State; Zip Code		\$50.00	 - -	
		Houston, TX 77045		(If travel outside of	Texas, complete Schedule T)	
Princip	al occup	ation / Job title (See Instructions)	Employer (See In	structions)		
Date	9	Full name of contributor ☐ out-of-state PAC (ID# TREPAC/ Texas Association of Realtors PAC	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/01/	/2015	Contributor address; City; State; Zip Code		\$10,000.00	 	
		Austin, TX 78768		(If travel outside of	Texas, complete Schedule T)	
Dringin	al coour	nation / Joh title (See Instructions)	Employer /Con In		. J.	
Frincib	aı occup	pation / Job title (See Instructions)	Employer (See In	structions)		

The Instruc	TION GUIDE explains how to complete this form.	n managampanan ang agapta. As anap kanada ayan santan santan santan santa	1 PAGE# Schedule: 30	0/32 Report: 32/92
2 FILER NAME	Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Valentin, Saul	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/24/2015	6 Contributor address; City; State; Zip Code		\$150.00	
	Houston, TX 77098		(If travel outside of	Texas, complete Schedule T)
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code Houston, TX 77005		\$2,000.00	
	riodation, 17/1/000		(If travel outside of	Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code		\$500.00	
	Houston, TX 77025		(If travel outside of	Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See In	L	Texas, complete schedule 1)
Date	Full name of contributor	<u> </u> #)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code Seabrook, TX 77586		\$100.00	
	Geablook, 1X77300		(If travel outside of	Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Warren, Sydney	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/24/2015	Contributor address; City; State; Zip Code		\$200.00	
	Missouri City, TX 77459		/if traval autaida - f	Texas, complete Schedule T)
Principal occu	Lupation / Job title (See Instructions)	Employer (See In		reads, complete schedule 1)
	,			

The Instruction	ON GUIDE explains how to complete this form.	Anti-Meteo Control Con	1 PAGE# Schedule: 31	/32 Report: 33/92
2 FILER NAME	Green, Larry (Mr.)	:	3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: West, Royce (Hon.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/19/2015	6 Contributor address; City; State; Zip Code		\$500.00	
	Dallas, TX 75203		(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2015	Contributor address; City; State; Zip Code		\$500.00	
	Houston, TX 77036		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code		\$500.00	
	Houston, TX 77024		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/27/2015	Contributor address; City; State; Zip Code Spring, TX 77388		\$250.00	 - -
			L.i.	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/19/2015	Contributor address; City; State; Zip Code		\$500.00	 -
	Dallas, TX 75207		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#		
					2/32 Report: 34/92	
2	FILER NAME	Green, Larry (Mr.)		3 ACCOUNT#	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Williams, Marvin)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	03/24/2015	6 Contributor address; City; State; Zip Code	•••••	\$250.00	 	
		Southlake, TX 76092		(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	02/19/2015	Contributor address; City; State; Zip Code		\$100.00	 	
		Missouri City, TX 77459		(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	02/19/2015	Contributor address; City; State; Zip Code		\$500.00		
		Houston, TX 77004			İ	
				<u> </u>	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor	·	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	02/19/2015	Contributor address; City; State; Zip Code		\$250.00	 	
		Houston, TX 77002		(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:		Texas, complete conecute 1)	

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

direct expenditure to benefit C/OH

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Polling Expense Printing Expense Travel Out Of District
Office Overhead/Rental Expense Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. PAGE# FILER NAME 3 ACCOUNT# (TEC filers) Green, Larry (Mr.) Schedule: 1/57 Report: 35/92 Date 5 Payee name A. Phillip Randoph Institute 03/12/2015 6 Amount (\$) Payee address City: State: Zip Code PO Box 841366 \$50.00 Pearland, TX 77584 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** campaign advertisement Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Access MCLE LLC 05/27/2015 Amount (\$) Payee address City: State: Zip Code 5150 Fair Oaks Blvd \$66.00 Suite 101-161 Carmichael, CA 95608 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** annual legal certification expense OTHER - annual legal certification OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/29/2015 Artista Amount (\$) Payee address City; State; Zip Code 800 Bagby \$81.50 Houston, TX 77002 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** dinner with staff Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/15/2015 Artista Amount (\$) Payee address City; State; Zip Code 800 Bagby \$75.28 Houston, TX 77002 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** dinner with donors Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Printing Expense The Instruction Guide explains how to complete this form. 1 PAGE# FILER NAME 2 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 2/57 Report: 36/92 4 Date 5 Payee name 06/03/2015 Au Bon Pain 6 Amount (\$) Pavee address City; State; Zip Code La Guardia Airport Terminal A Flushing, NY 11371 \$10.37 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** lunch Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Barnaby's Cafe 05/07/2015 Amount (\$) Payee address City; State; Zip Code 414 W Gray St \$39.64 Houston, TX 77019 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** lunch with campaign staff member Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Benjy's In The Village 05/04/2015 Amount (\$) Payee address City; State: Zip Code 2424 Dunstan \$82.61 Houston, TX 77005 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** meeting with donors Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/02/2015 Black Male Summit Amount (\$) Payee address City; State; Zip Code \$850.00 Houston, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By sponsorship of t-shirts OF Candidate/Officeholder/Political Committee **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees Printing Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. PAGE# FILER NAME 3 ACCOUNT# 2 (TEC filers) Green, Larry (Mr.) Schedule: 3/57 Report: 37/92 4 Date Payee name 03/23/2015 **Brentwood Baptist Church** 6 Amount (\$) Pavee address City: State: Zip Code 13033 Landmark \$1,000.00 Houston, TX 77045 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** commemorative luncheon donation Contributions/Donations Made By OF Candidate/Officeholder/Political Committee **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name **Brentwood Baptist Church** 04/17/2015 Amount (\$) Payee address City; State: Zip Code 13033 Landmark \$1,000.00 Houston, TX 77045 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** commemorative luncheon donation Contributions/Donations Made By OF Candidate/Officeholder/Political Committee **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name **Brentwood Baptist Church** 05/19/2015 Amount (\$) Payee address City; State: Zip Code 13033 Landmark \$850.00 Houston, TX 77045 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** luncheon and fashion show donation Contributions/Donations Made By OF Candidate/Officeholder/Political Committee **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/25/2015 Brentwood Baptist Church Amount (\$) Payee address City; State; Zip Code 13033 Landmark \$200.00 Houston, TX 77045 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** campaign advertisement Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. PAGE# FILER NAME 2 3 ACCOUNT# (TEC filers) Green, Larry (Mr.) Schedule: 4/57 Report: 38/92 4 Date Payee name 04/06/2015 Cafe 4212 6 Amount (\$) Payee address State: City; Zip Code \$11.50 4212 Almeda Houston, TX 77004 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** meeting with potential donor Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Cafeteria Monolo 03/02/2015 Amount (\$) Payee address City; State; Zip Code Calle 56 Este \$19.84 Panama, Panama, ZZ Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** trade mission meeting Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Captain Benny's 02/24/2015 Amount (\$) Payee address City: State: Zip Code 8506 South Main \$58.54 Houston, TX 77025 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** lunch with staff Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/29/2015 Celtic Gardens Amount (\$) Payee address City; State; Zip Code 2300 Louisiana \$51.55 Houston, TX 77006 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** meeting with potential donor Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. PAGE# FILER NAME 2 3 ACCOUNT# (TEC filers) Green, Larry (Mr.) Schedule: 5/57 Report: 39/92 4 Date 5 Payee name 03/06/2015 Chevron 6 Amount (\$) Payee address City; State; Zip Code \$52.63 TX 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE gas for campaigning Travel In District OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/27/2015 Chick-Fil-A Amount (\$) Payee address City; State; Zip Code \$63.87 Houston, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** lunch for campaign workers Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Chick-Fil-A TSU Campus 03/31/2015 Amount (\$) Payee address City; State; Zip Code 4700 Calhoun Rd \$7.55 Houston, TX 77004 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** lunch before campaign meeting Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/19/2015 Chili's Amount (\$) Payee address State; City; Zip Code 408 S Sam Houston Pkwv W \$44.12 Houston, TX 77085 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** meeting with donor Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Fees Expense	Polling Expense I ravel Out Of Dis Printing Expense Office Overhead The Instruction Guide explains ho	/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 6/57 F	1	0 ,
4 Date	5 Payee name	
04/20/2015	City of Houston	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$17.34	900 Bagby Houston, TX 77002	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Loan Repayment/Reimbursement	travel reimbursement
OF EXPENDITURE		
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
03/05/2015	CLW Forty Plus Models Inc.	
Amount (\$)	Payee address City; State; Zip Code	
\$200.00	8325 Broadway Pearland, TX 77581	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) ampaign advertisement
EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
04/14/2015	Cool River Cafe	
Amount (\$)	Payee address City; State; Zip Code	
\$34.29	8008 Cedar Springs Rd Dallas, TX 75235	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense	campaign related meeting
EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
06/08/2015	Cue's Burgers & More	
Amount (\$)	Payee address City; State; Zip Code	
\$14.92	10423 S Post Oak Rd Houston, TX 77035	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Iunch w/ staffer
EXPENDITURE		Charles A continue TV addition to the United States
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/OH	Cardidato / Cinobilotadi Hamo	Office field.

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Texas Ethics Commission

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Travel Out Of District
Office Overhead/Rental Expense Polling Expense Printing Expense The Instruction Guide explains how to complete this form. PAGE# FILER NAME 3 ACCOUNT# (TEC filers) Green, Larry (Mr.) Schedule: 7/57 Report: 41/92 Date 4 Payee name CVS/Pharmacy 01/20/2015 6 Amount (\$) Payee address City; State; Zip Code 917 Main Street \$30.59 Houston, TX 77002 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 (If travel outside of Texas, complete Schedule T) **PURPOSE** supplies for campaign Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 01/02/2015 Cyclone Anaya's Pavee address Amount (\$) Citv: State: Zip Code \$43.24 Houston, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** meeting with campaign staff Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/15/2015 Dak & Bop Amount (\$) Payee address City; State; Zip Code 1801 Binz \$57.34 #120 Houston, TX 77004 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** meeting with campaign staff Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name 03/13/2015 Damian's Cucina Italiana Amount (\$) Payee address City; State; Zip Code 3011 Smith Street \$237.02 Houston, TX 77006 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** lunch with campaign donors Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees Printing Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. PAGE# 2 FILER NAME 3 ACCOUNT# (TEC filers) Green, Larry (Mr.) Schedule: 8/57 Report: 42/92 4 Date 5 Payee name Del Friscos 02/09/2015 6 Amount (\$) Payee address City: State: Zip Code 2800 Kirby Drive \$13.45 Suite A-132 Houston, TX 77098 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** lunch with donors Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/26/2015 Eddie V's Prime Seafood Payee address Amount (\$) City; State; Zip Code 2800 Kirby Dr \$115.00 Houston, TX 77098 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** dinner with donors Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 02/16/2015 Elite Change, Inc. Amount (\$) Payee address State; Zip Code City; 315 W. Alabama \$750.00 Suite 103 Houston, TX 77006 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** fundraising services Consulting Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/05/2015 Elite Change, Inc. Amount (\$) Payee address City; State; Zip Code 315 W. Alabama \$500.00 Suite 103 Houston, TX 77006 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** fundraising services Consulting Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

Pase Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Event Expense Fees	Polling Expense Travel Out Of Di Printing Expense Office Overhead The Instruction Guide explains ho	/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	
Schedule: 9/57 F	1	3 ACCOUNT # (TEC filers)
4 Date	5 Payee name	
04/10/2015	Elite Change, Inc.	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$500.00		
\$500.00	Suite 103	
	Houston, TX 77006	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Consulting Expense	fundraising services
EXPENDITURE		
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
05/06/2015	Elite Change, Inc.	
Amount (\$)	Payee address City; State; Zip Code	
\$500.00	315 W. Alabama	
	Suite 103	
	Houston, TX 77006	
DUDDOCE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Consulting Expense	fundraising services
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense
direct expenditure	Candidate / Officeriolder frame	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
04/10/2015	Escalantes Comida	
Amount (\$)	Payee address City; State; Zip Code	
\$40.18	Houston TV	
	Houston, TX	
	0-1	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Food/Beverage Expense	, and that offered
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
02/23/2015	Fiesta Mart	
Amount (\$)	Payee address City; State; Zip Code	
\$60.52	8130 Kirby Drive Houston, TX 77054	
	110001011, 17/1/004	
	Category (Son Categorian listed at the top of this pake duty)	Description (If travel autoids of Towns associate Oaks 11 To
PURPOSE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Supplies for campaign
OF	Sindo Overneauri ioitai Expense	
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
to petietit C/OH		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Fees Expense	Printing Expense I ravel Out Of Dis Printing Expense Office Overhead The Instruction Guide explains ho	/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 10/57	Report: 44/92 Green, Larry (Mr.)	
4 Date	5 Payee name	
01/28/2015	Florence Bradford	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$250.00	Houston, TX	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Contributions/Donations Made By Candidate/Officeholder/Political Committee	sponsorship for windsor village
EXPENDITURE	Candidate/Officeriolder/Folitical Committee	<u></u>
9 Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/OH	Candidate / Officeriolder Hame	Office sought. Office field.
Date	Payee name	
03/02/2015	Foreign Transaction Fee	
Amount (\$)	Payee address City; State; Zip Code	
\$0.20		
	Catogory (Con Catogorian listed at the top of this pehadula)	Description (If the state of Taylor consists Cabadida T)
PURPOSE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) trade mission fee
OF	1 663	
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
04/08/2015	Fort Bend County Ministers Alliance	
Amount (\$)	Payee address City; State; Zip Code	
\$300.00	Missouri City, TX	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Contributions/Donations Made By	donation
EXPENDITURE	Candidate/Officeholder/Political Committee	
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officerolder fidthe	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
04/06/2015	Grace's on Kirby	
Amount (\$)	Payee address City; State; Zip Code	
\$120.13	3111 Kirby Drive Houston, TX 77098	
	, · · · · · · · · · · · · · · · · · · ·	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Food/Beverage Expense	dinner with staff
OF EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		

Austin, Texas 78711-2070

SCHEDULE F

(512)463-5800 TDD 1-800-735-2989

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

POLITICAL EXPENDITURES

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Polling Expense Printing Expense Candidate/Officeholder/Political Committee Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT# (TEC filers) Green, Larry (Mr.) Schedule: 11/57 Report: 45/92 Date Payee name 01/29/2015 Grandparent Support Group 6 Amount (\$) Payee address City; State: Zip Code \$250.00 TX (If travel outside of Texas, complete Schedule T) 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** donation on behalf of Debra Dickerson Contributions/Donations Made By OF Candidate/Officeholder/Political Committee **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 01/17/2015 Greater St. Matthew Church Amount (\$) Payee address City; State: Zip Code 7701 Jutland Rd \$250.00 Houston, TX 77033 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** donation Contributions/Donations Made By OF Candidate/Officeholder/Political Committee **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/11/2015 Guadalajara Del Centro Amount (\$) Payee address City; State; Zip Code 1201 San Jacinto St. \$22.19 Houston, TX 77002 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** lunch with campaign staff Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 02/21/2015 H.I.T.D.C. Payee address Amount (\$) City; State; Zip Code \$1,600.00 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Trade Mission/ Panama Dinner Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Fees Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. PAGE # 2 FILER NAME 3 ACCOUNT# (TEC filers) Green, Larry (Mr.) Schedule: 12/57 Report: 46/92 4 Date Payee name 06/26/2015 Hanks Seafood Restaurant 6 Amount (\$) Payee address City; State; Zip Code \$27.31 10 Hayne St Charleston, SC 29401 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** lunch meeting Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Harlow's Houston 03/30/2015 Amount (\$) Payee address City; State; Zip Code 3839 Weslayan St. \$38.56 Houston, TX 77027 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense meeting with donor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/22/2015 Herald Publishing Company Amount (\$) Pavee address City: State: Zip Code PO Box 153 \$510.00 Houston, TX 77001 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** advertisement Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/29/2015 Hilton Americas Amount (\$) Payee address City; State; Zip Code 1600 Lamar \$13,75 Houston, TX 77010 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees parking fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

Office Overhead/Rental Expense OTHER (enter a category not listed above) Printing Expense Fees The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 13/57 Report: 47/92 Date Payee name Holley's Seafood and Oyster Bar 03/23/2015 Amount (\$) Payee address State; Zip Code City; 3201 Louisiana \$76.20 Houston, TX 77006 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** lunch with donors Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Hotel Zaza Houston 04/20/2015 Amount (\$) Payee address City; State; Zip Code 5701 Main St \$55.71 Houston, TX 77005 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** meeting with donor Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/13/2015 Houston City Club Payee address Amount (\$) City; State; Zip Code 1 City Club Drive \$4.00 Houston, TX 77046 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** coffee with donor Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Houston City Club 04/07/2015 Amount (\$) Payee address City; State; Zip Code 1 City Club Drive \$4.00 Houston, TX 77046 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** parking for campaign meeting Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

Place
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Fees	Printing Expense Office Overhead The Instruction Guide explains ho	/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT# (TEC filers
Schedule: 14/57	Report: 48/92 Green, Larry (Mr.)	· ·
4 Date	5 Payee name	
03/05/2015	Houston Livestock Show and Rodeo	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$35.00	3 NRG Park	
	Houston, TX 77054	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense	meeting with donor
EXPENDITURE		
9 Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/OH	Caratagas / Cincololado Harne	Office sought.
Date	Payee name	
05/22/2015	Houston Parking Management	
Amount (\$)	Payee address City; State; Zip Code	
\$136.50	2020 McKinney Houston, TX 77003	
	Tiousion, TX 77000	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Fees	parking fees
EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
02/24/2015	Houston Texas Firefighters Federal Credit Union	
Amount (\$)	Payee address City; State; Zip Code	
\$1,000.00	4200 Kolb Street Houston, TX 77007	
	riousion, rx rroor	
***************************************	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Contributions/Donations Made By	donation for captain's memorial services
EXPENDITURE	Candidate/Officeholder/Political Committee	<u> </u>
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
04/06/2015	Hunan Chef Restaurant	
Amount (\$)	Payee address City; State; Zip Code	
\$21.75	Houston TV	
	Houston, TX	
	Category (See Categories listed at the top of this schedule)	Description //f traval autoids of Toylor complete Debadde TV
PURPOSE	Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) lunch with campaign consultant
OF EXPENDITURE		. ~
EVLENDIIOUE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		-

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Travel Out Of District
Office Overhead/Rental Expense Candidate/Officeholder/Political Committee Fees Printing Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. PAGE# FILER NAME 2 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 15/57 Report: 49/92 4 Date Payee name Hungry's Cafe & Bistro 05/08/2015 6 Amount (\$) Payee address City; State; Zip Code 2356 Rice Blvd \$49.11 Houston, TX 77005 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** lunch with potential donor Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/14/2015 Intercontinental Hotel Amount (\$) Payee address City; State; Zip Code \$68.00 Dallas, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** TML meeting Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Intercontinental Hotel 04/14/2015 Amount (\$) Payee address City; State; Zip Code \$347.94 Dallas, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** lodging expense Travel Out Of District OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/14/2015 Intercontinental Hotel Amount (\$) Payee address State; City; Zip Code \$29.77 Dallas, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** TML meeting Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT# (TEC filers) Green, Larry (Mr.) Schedule: 16/57 Report: 50/92 Date 4 Payee name Jean Blemur 06/02/2015 Amount (\$) Payee address Zip Code City; State; \$28.02 Queens, NY (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** lunch meeting Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 01/06/2015 Joe's Crab Shack Payee address Amount (\$) City; State; Zip Code \$53.44 Houston, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** lunch with campaign staff Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/22/2015 JPMC Houston Parking Management Amount (\$) Payee address City: State: Zip Code 2020 McKinney \$6.00 Houston, TX 77003 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** parking fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Julius Wardley 04/16/2015 Amount (\$) Payee address City; State; Zip Code \$200.00 Houston, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** church event Contributions/Donations Made By OF Candidate/Officeholder/Political Committee **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Pollina Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 17/57 Report: 51/92 Date 4 5 Payee name 01/05/2015 Juniors Bar and Grill Amount (\$) Payee address City: State: Zip Code \$26.00 3923 Cedar Springs Rd Dallas, TX 75219 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** meeting with potential donors Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Kroger 03/16/2015 Amount (\$) Payee address City; State: Zip Code 7747 Kirby Drive \$9.80 Houston, TX 77030 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** supplies for campaign staff Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Kroger 03/25/2015 Amount (\$) Payee address City; State; Zip Code 11003 Shadow Creek Parkway \$44.11 Pearland, TX 77584 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** supplies for campaign staff Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Kroger 05/04/2015 State; Amount (\$) Payee address City; Zip Code 1440 Studemont St \$8.97 Houston, TX 77007 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** supplies for campaign staff Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME PAGE# 3 ACCOUNT# (TEC filers) Green, Larry (Mr.) Schedule: 18/57 Report: 52/92 4 Date Payee name Kroger Fuel 02/02/2015 6 Amount (\$) Payee address City; State; Zip Code \$40.06 Houston, TX 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** fuel costs- meeting with donors Travel In District OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Kroger Fuel 02/09/2015 Amount (\$) Payee address City; State; Zip Code \$39.36 Houston, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** gas used for campaigning Travel In District OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Kroger Fuel 03/23/2015 Amount (\$) Payee address City; State; Zip Code \$44.79 Houston, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** gas for travel to campaign events Travel In District OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/30/2015 Kroger Fuel Amount (\$) Payee address City; State; Zip Code \$43.52 Houston, TX Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Travel In District gas for campaign travel in district OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

ense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

l Fees	The Instruction Guide explains how	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 19/57	One and 1 and (14 a)	3 ACCOUNT # (TEC IIIeIS)
4 Date	5 Payee name	
04/09/2015	Kroger Fuel	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$46.96	•	
ψ+0.00	Houston, TX	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Travel In District	gas for campaign travel
EXPENDITURE		
	0 "11 10" 11	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
04/23/2015	Kroger Fuel	
Amount (\$)	Payee address City; State; Zip Code	
\$49.31		
·	Houston, TX	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Travel In District	gas for campaign travel
EXPENDITURE		<u></u>
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure	Candidate / Officeriolder frame	Office sought. Office field.
to benefit C/OH		
Date	Payee name	
05/04/2015	Kroger Fuel	
Amount (\$)	Payee address City; State; Zip Code	
\$45.88	Mouston TV	
	Houston, TX	
	Colores (O. O. O. Landin Education Colores	
PURPOSE	Category (See Categories listed at the top of this schedule) Travel In District	Description (If travel outside of Texas, complete Schedule T) gas for campaigning
OF	Traver in District	gas as sampanganig
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		•
Date	Payee name	
05/15/2015	Kroger Fuel	
Amount (\$)	Payee address City; State; Zip Code	
\$51.33	Houston, TX	
	Troubton, TX	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Travel In District	fuel costs- meeting with donors
OF EXPENDITURE		
EXPENDITORE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 PAGE# FILER NAME 2 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 20/57 Report: 54/92 4 Date Payee name 05/21/2015 Kroger Fuel 6 Amount (\$) Payee address City; State; Zip Code \$49.56 Houston, TX 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** fuel costs- meeting with donors Travel In District OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/12/2015 Kroger Fuel Amount (\$) Payee address City; State; Zip Code \$50.33 Houston, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** gas for campaign events Travel In District OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Kroger Fuel 06/22/2015 Amount (\$) Payee address City: State: Zip Code \$53.31 Houston, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** fuel costs- meeting with donors Travel In District OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 02/23/2015 La Griglia Amount (\$) Payee address City; State; Zip Code 2002 West Gray \$1,881.04 Houston, TX 77019 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Event Expense food and room usage OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. PAGE# FILER NAME 2 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 21/57 Report: 55/92 4 Date Payee name 06/22/2015 La Madeleine Amount (\$) Payee address City; State; Zip Code \$22.67 Houston, TX 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** meeting with donor Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/06/2015 Le Peep Restaurant Amount (\$) Payee address City; State; Zip Code \$34.36 Houston, TX Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** breakfast with donors Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 06/15/2015 Le Peep Restaurant Amount (\$) Payee address City; State; Zip Code \$58.91 Houston, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** meeting with potential donors Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Lisa's Food Mart 01/05/2015 Amount (\$) Payee address State; City; Zip Code \$39.80 Fort Worth, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** gas used for campaign purposes Travel Out Of District OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District
Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. PAGE# FILER NAME 3 ACCOUNT # (TEC filers) 2 Green, Larry (Mr.) Schedule: 22/57 Report: 56/92 4 Date Payee name Lone Star Strategies 01/31/2015 Amount (\$) Payee address City; State; Zip Code 2500 West Loop South \$750.00 Suite 200 Houston, TX 77027 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** compliance and printing Consulting Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/12/2015 Loretta's Floral Amount (\$) Payee address City; State; Zip Code \$74.95 1909 Blodgett Houston, TX 77004 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** funeral arrangements Gifts/Awards/Memorials Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Luby's Cafe 01/26/2015 Amount (\$) Payee address City; State; Zip Code \$33.89 Houston, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** staff lunch Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 02/12/2015 Luby's Cafe Amount (\$) Payee address State; City; Zip Code \$8.65 Houston, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** staff lunch Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

nse
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Printing Expense The Instruction Guide explains how to complete this form. PAGE# FILER NAME 2 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 23/57 Report: 57/92 4 Date Payee name 03/17/2015 Lucille's 6 Amount (\$) Payee address City; State; Zip Code 5512 La Branch \$33,15 Houston, TX 77004 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** lunch with campaign consultant Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/29/2015 Mai's Restaurant Amount (\$) Payee address City; State; Zip Code \$32.48 3403 Milam St Houston, TX 77002 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** lunch with staffer Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Marriott Marguis 03/03/2015 Amount (\$) Payee address City; State; Zip Code 901 Massachusetts Avenue NW \$5.61 Washington, DC 20001 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** coffee with donor Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/10/2015 Marriott Marquis Amount (\$) Payee address City; State; Zip Code 901 Massachusetts Avenue NW \$5.40 Washington, DC 20001 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** coffee Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Fees Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 24/57 Report: 58/92 4 Date Payee name 01/05/2015 McDonald's 6 Amount (\$) Pavee address City: State: Zip Code \$15.01 Huntsville, TX 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** lunch for campaign staff Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 02/05/2015 Methodist Outpatient Center Amount (\$) Payee address City; State; Zip Code 6445 Main Street \$7.00 Houston, TX 77030 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** visiting constituents OTHER - parking OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 02/12/2015 Monarch Printing Company, Inc. Amount (\$) Pavee address City; State; Zip Code 6605 McGrew St \$214.55 #B Houston, TX 77087 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** letterhead and envelopes Printing Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/12/2015 Moody Gardens Amount (\$) Payee address City; State; Zip Code 1 Hope Blvd \$71.95 Galveston, TX 77554 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Food/Beverage Expense campaign related meeting OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

	The Instruction Guide explains ho	ow to complete this form.
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 25/57	· · · · · · · · · · · · · · · · · · ·	
4 Date	5 Payee name	
03/06/2015	Mr Peeples	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$52.47	1911 Bagby Houston, TX 77002	
	11000011, 17777002	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense	dinner with campaign consultant
EXPENDITURE		
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
06/01/2015	NYC Taxi	
Amount (\$)	Payee address City; State; Zip Code	
\$9.30	New York, NY	
	TVCW FOIR, TV F	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Travel Out Of District	cab fare for fundraising meeting
OF EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
06/02/2015	NYC Taxi	
Amount (\$)	Payee address City; State; Zip Code	
\$6.62	Now York NV	
	New York, NY	
	Category (See Categories listed at the top of this schedule)	Description (Manual autidated Taras and the O. b. 1.1. T. T.
PURPOSE	Travel Out Of District	Description (If travel outside of Texas, complete Schedule T) about the cab fare for fundraising meeting
OF EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
06/03/2015	NYC Taxi	
Amount (\$)	Payee address City; State; Zip Code	
\$43.84	N. W. L. Ally	
	New York, NY	
PURPOSE	Category (See Categories listed at the top of this schedule) Travel Out Of District	Description (If travel outside of Texas, complete Schedule T) ab cab fare for fundraising meeting
OF	Travel Out Of District	Sab tare for fariationing mooning
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
	Carrarado / Cincoriolado Harrio	Office sought. Office fleid,

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

sinse Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out of District
Office Overhead/Pental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. PAGE# FILER NAME 2 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 26/57 Report: 60/92 4 Date Payee name 06/16/2015 Olive Garden 6 Amount (\$) Payee address City; State: Zip Code \$48.49 Houston, TX (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** meeting with donor Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Olive Garden 06/19/2015 Amount (\$) Payee address City; State; Zip Code \$77.90 Houston, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense meeting with campaign consultant OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Olive Garden 06/30/2015 Amount (\$) Payee address City; State: Zip Code \$56.41 Houston, TX Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Food/Beverage Expense meeting with staff OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/30/2015 Olive Garden Amount (\$) Payee address City; State; Zip Code \$60.00 Houston, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense meeting with staff OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Fees Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. PAGE# FILER NAME 2 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 27/57 Report: 61/92 4 Date Payee name One Hour Fannin Dry Cleaners 01/22/2015 6 Amount (\$) Pavee address City; State; Zip Code 7135 Fannin Street \$69.64 Houston, TX 77030 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** cleaning of campaign table covering **Event Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date OTG Management EWR 06/03/2015 Amount (\$) Pavee address City; State; Zip Code \$38.83 Newark, NJ Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** lunch at airport fundraising travel Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Our Legend's Cigar Bar 01/26/2015 Amount (\$) Payee address City: State: Zip Code 5312 Almeda \$9.25 Houston, TX 77004 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** meeting with contributor **Event Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/02/2015 Our Legend's Cigar Bar Amount (\$) Payee address City; State; Zip Code 5312 Almeda \$11.09 Houston, TX 77004 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** meeting with contributor Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 28/57 Report: 62/92 Date Payee name Our Legend's Cigar Bar 03/09/2015 6 Amount (\$) Payee address Zip Code City; State; \$11.09 5312 Almeda Houston, TX 77004 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** meeting with donor Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/06/2015 Our Legend's Cigar Bar Amount (\$) Payee address City; State; Zip Code 5312 Almeda \$33.28 Houston, TX 77004 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** meeting with potential donor Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 04/27/2015 Our Legend's Cigar Bar Amount (\$) Payee address City; State; Zip Code 5312 Almeda \$79.50 Houston, TX 77004 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** meeting with potential donors Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/27/2015 Our Legend's Cigar Bar Amount (\$) Payee address City; State; Zip Code 5312 Almeda \$85.96 Houston, TX 77004 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** meeting with potential donors Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. PAGE# FILER NAME 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 29/57 Report: 63/92 4 Date Payee name Our Legend's Cigar Bar 05/26/2015 6 Amount (\$) Payee address City; State; Zip Code 5312 Almeda \$12.01 Houston, TX 77004 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** meeting with donor Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 01/02/2015 Pappadeaux Seafood Kitchen Amount (\$) Payee address State; Zip Code City; 2525 S Loop W Fwy \$79.01 Houston, TX 77054 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Food/Beverage Expense lunch with campaign staff OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date Pappadeaux Seafood Kitchen 02/27/2015 Amount (\$) Payee address City; State; Zip Code 2525 S Loop W Fwy \$135.71 Houston, TX 77054 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** dinner with staff Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/30/2015 Pappadeaux Seafood Kitchen Payee address Amount (\$) City; State; Zip Code 7800 Airport Blvd. \$7.94 Houston, TX 77061 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** lunch before campaign travel Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

ense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Bental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Event Expense Fees	Polling Expense Travel Out Of Dis Printing Expense Office Overhead The Instruction Guide explains hore	Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 30/57	I	3 /1000011 iii (120 iiiolo)
4 Date	5 Payee name	
01/12/2015	Pappas Bar-b-q	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$15.37		
	Houston, TX	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense	lunch with campaign staff
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		- The state of the
Date	Double name	
02/05/2015	Payee name Pappas Bar-b-q	
Amount (\$)	Payee address City; State; Zip Code	
	only, Glate, 219 Gode	
\$16.18	Houston, TX	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense	campaign staff lunch
EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
02/25/2015	Pappas Bar-b-q	
Amount (\$)	Payee address City; State; Zip Code	
\$26.25	Houston TV	
	Houston, TX	
	Category (See Categories listed at the top of this schedule)	Description (Ktanada Atlanta Tanada
PURPOSE	Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Iunch with campaign consultant
OF	1 Courbovorage Experies	
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
03/12/2015	Pappas Bar-b-q	-
Amount (\$)	Payee address City; State; Zip Code	
\$28.42	, 55 aaa. 555 Sity, State, Zip 0006	
φ20.42	Houston, TX	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense	lunch with community member
EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

Inse
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Fees	Printing Expense Office Overhead The Instruction Guide explains ho	/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 31/57		3 ACCOONT # (TEC IIIels)
4 Date	5 Payee name	
03/30/2015	Pappasito's Cantina	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$68.49	· · · · · · · · · · · · · · · · · · ·	
, , , ,	Houston, TX 77040	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense	lunch with staff
EXPENDITURE		
O Complete ONLY	Condidate / Office health	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
06/15/2015	Pappasito's Cantina	
Amount (\$)	Payee address City; State; Zip Code	
\$73.98	13070 Hw <u>y</u> 290	
	Houston, TX 77040	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) meeting with donor
OF	Food/Beverage Expense	meeting with donor
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure	Salididate / Shlosholds/ Hallie	Office sought.
to benefit C/OH		
Date	Payee name	
04/17/2015	Parking at Hotel Zaza	
Amount (\$)	Payee address City; State; Zip Code	
\$15.00	5701 Main St Houston, TX 77005	
	110u3ton, 17(17003	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Fees	parking fees
OF EXPENDITURE	, 555	
LAFERDITORE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		-
	Dayon name	
Date 06/19/2015	Payee name Parking Meters	
Amount (\$)	Payee address City; State; Zip Code	
	r ayee address City, State, Zip Code	
\$1.10	Houston, TX	
	, , , , , , , , , , , , , , , , , , ,	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Fees	parking fees
OF EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Printing Expense The Instruction Guide explains how to complete this form. PAGE # FILER NAME 2 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 32/57 Report: 66/92 4 Date 5 Payee name 04/16/2015 Paypal 6 Amount (\$) Payee address City; State: Zip Code \$1,000.00 TX 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** table at an event Contributions/Donations Made By OF Candidate/Officeholder/Political Committee **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/04/2015 Pena's Donut Heaven and Grill Amount (\$) Pavee address City: State; Zip Code 11601 Shadow Creek Pkwv \$33.45 Pearland, TX 77584 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** breakfast for campaign staff Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/26/2015 Peninsula Grill Amount (\$) Pavee address City: State: Zip Code 112 N Market St \$79.98 Charleston, SC 29401 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** lunch meeting Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Pharms Helping Arms Foundation 04/22/2015 Amount (\$) Payee address City; State; Zip Code 4700 Wenda \$50.00 Suite 236 Houston, TX 77033 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By donation OF Candidate/Officeholder/Political Committee **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY it Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

sinse Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Fees	Printing Expense Office Overhead The Instruction Guide explains ho	/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 33/57	1	0 (
4 Date	5 Payee name	
02/09/2015	Pizza Hut	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$20.47		
Ψ20.47	Houston, TX 77030	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense	campaign staff lunch
EXPENDITURE		_
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
03/06/2015	Pizza Hut	
Amount (\$)	Payee address City; State; Zip Code	
\$212.69		
ψε 12.09	Houston, TX 77096	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Food/Beverage Expense	lunch for community meeting
OF EXPENDITURE	,	
		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
03/31/2015	POS Purchase Paypal OT	
Amount (\$)	Payee address City; State; Zip Code	
```	• • • • • • • • • • • • • • • • • • • •	
\$200.00	TX	
Promition of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Contributions/Donations Made By	political campaign contribution
OF EXPENDITURE	Candidate/Officeholder/Political Ćommittee	
M 7 ( M 1 ( M 1 ) ( M 1 ) ( M 1 ) ( M 1 )		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
05/08/2015	POS Purchase Paypal OT	
Amount (\$)	Payee address City; State; Zip Code	
\$50.00	TX	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	campaign office expense
OF EXPENDITURE		
EVL PIADII AUE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		-

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. PAGE# FILER NAME 2 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 34/57 Report: 68/92 4 Date Payee name POS Purchase Paypal OT 05/15/2015 6 Amount (\$) Payee address City; State: Zip Code \$100.00 TX 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense campaign office expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Public Service Bar 06/19/2015 Amount (\$) Payee address City; State; Zip Code 202 Travis St \$22.49 Suite 100 Houston, TX 77002 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** meeting with donor Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Public Storage 01/07/2015 Amount (\$) Payee address City; State; Zip Code 3555 South Loop West \$51.00 Houston, TX 77025 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense rental storage unit OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date 02/04/2015 Public Storage Amount (\$) Payee address City; State; Zip Code 3555 South Loop West \$51.00 Houston, TX 77025 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** rental unit storage Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

**EXPENDITURE CATEGORIES** 

## **POLITICAL EXPENDITURES**

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Printing Expense The Instruction Guide explains how to complete this form. PAGE# FILER NAME 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 35/57 Report: 69/92 4 Date Payee name Public Storage 03/04/2015 City; 6 Amount (\$) Payee address State; Zip Code 3555 South Loop West \$51.00 Houston, TX 77025 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** rental unit storage Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/06/2015 Public Storage Amount (\$) Payee address City; State; Zip Code \$51.00 3555 South Loop West Houston, TX 77025 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** rental unit storage Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Public Storage 05/06/2015 Amount (\$) Payee address City; State; Zip Code 3555 South Loop West \$51.00 Houston, TX 77025 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** rental storage unit Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/04/2015 Public Storage Amount (\$) Payee address City; State; Zip Code 3555 South Loop West \$51.00 Houston, TX 77025 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** rental storage unit Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. PAGE# FILER NAME 2 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 36/57 Report: 70/92 4 Date Payee name Rally/Piryx 01/30/2015 6 Amount (\$) Payee address City: Zip Code State: 144 Second St \$4.50 San Francisco, CA 94105 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Rally/Piryx 02/04/2015 Amount (\$) Payee address City: State: Zip Code 144 Second St \$4.50 San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Rally/Piryx 02/04/2015 Amount (\$) Pavee address City; State; Zip Code 144 Second St \$4.50 San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 02/04/2015 Rally/Piryx Amount (\$) Payee address City: State: Zip Code 144 Second St \$112.50 San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

## POLITICAL EXPENDITURES

SCHEDULE F

**EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Event Expense Polling Expense Travel Out Of District OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. PAGE# FILER NAME 3 ACCOUNT# 2 (TEC filers) Green, Larry (Mr.) Schedule: 37/57 Report: 71/92 Date Payee name 02/07/2015 Rally/Piryx 6 Amount (\$) Payee address City; State; Zip Code 144 Second St \$45.00 San Francisco, CA 94105 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Rally/Piryx 02/08/2015 Amount (\$) Payee address City; Zip Code State; 144 Second St \$22.50 San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Rally/Pirvx 02/11/2015 Amount (\$) Payee address City; State: Zip Code 144 Second St \$45.00 San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date 02/13/2015 Rally/Piryx Amount (\$) Payee address State; Zip Code 144 Second St \$4.50 San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** 

Office held:

Check if Austin, TX, officeholder living expense

Office sought:

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

see Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. PAGE# FILER NAME 2 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 38/57 Report: 72/92 4 Date 5 Payee name Rally/Piryx 02/16/2015 6 Amount (\$) Payee address City; Zip Code State: \$22.50 144 Second St San Francisco, CA 94105 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Rally/Piryx 02/17/2015 Amount (\$) Payee address City; State: Zip Code 144 Second St \$4.50 San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Rally/Piryx 02/17/2015 Amount (\$) Payee address Zip Code City; State; 144 Second St \$6.75 San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 02/17/2015 Rally/Piryx Amount (\$) Payee address City; State; Zip Code 144 Second St \$45.00 San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees online donation fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Polling Expense Printing Expense Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. PAGE# 2 FILER NAME 3 ACCOUNT# (TEC filers) Green, Larry (Mr.) Schedule: 39/57 Report: 73/92 Date Payee name Rally/Piryx 02/18/2015 6 Amount (\$) Payee address City; State: Zip Code 144 Second St \$22.50 San Francisco, CA 94105 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 02/19/2015 Rally/Piryx Amount (\$) Pavee address City; State: Zip Code 144 Second St \$11.25 San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Rally/Piryx 02/19/2015 Amount (\$) Payee address City; State; Zip Code 144 Second St \$11.25 San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 02/19/2015 Rally/Piryx Amount (\$) Payee address City; State; Zip Code 144 Second St \$22.50 San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. PAGE# FILER NAME 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 40/57 Report: 74/92 4 Date Payee name Rally/Piryx 02/19/2015 6 Amount (\$) Payee address City: State: Zip Code 144 Second St \$11.25 San Francisco, CA 94105 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 02/19/2015 Rally/Piryx Amount (\$) Pavee address City; State; Zip Code 144 Second St \$11.25 San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Rally/Piryx 04/01/2015 Amount (\$) Payee address Zip Code City; State; 144 Second St \$22.50 San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Rally/Piryx 05/01/2015 Amount (\$) Payee address City; State; Zip Code 144 Second St \$11.25 San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense

Office held:

Office sought:

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. PAGE# FILER NAME 2 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 41/57 Report: 75/92 4 Date Payee name 05/12/2015 Rally/Piryx 6 Amount (\$) Payee address City; State; Zip Code \$45.00 144 Second St San Francisco, CA 94105 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Rally/Piryx 05/12/2015 Amount (\$) Payee address City; State; Zip Code 144 Second St \$1.13 San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Rally/Pirvx 05/13/2015 Amount (\$) Payee address City: State: Zip Code 144 Second St \$2.25 San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/14/2015 Rally/Piryx City; Amount (\$) Payee address State; Zip Code 144 Second St \$11.25 San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense **Event Expense** 

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee Printing Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. PAGE# FILER NAME 3 ACCOUNT# (TEC filers) Green, Larry (Mr.) Schedule: 42/57 Report: 76/92 Date 4 Payee name Riverside United Methodist Church 05/27/2015 6 Amount (\$) Payee address City: State: Zip Code 4920 Cullen Blvd \$200.00 Houston, TX 77004 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** campaign advertisement Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/14/2015 RO Group LLC Amount (\$) Pavee address City; State; Zip Code \$1,500.00 Houston, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** birthday fundraiser **Event Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Rustic Oak Group 06/08/2015 Amount (\$) Payee address State; Zip Code City; 511 Richmond Ave \$38.00 Houston, TX 77006 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** campaign meeting Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 03/04/2015 Sealand Seafood & Steaks Amount (\$) Payee address City; State; Zip Code 2359 TX-71 \$42.76 La Grange, TX 78945 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** legislative session expense Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Polling Expense Printing Expense Candidate/Officeholder/Political Committee Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. PAGE# 2 FILER NAME 3 ACCOUNT# (TEC filers) Green, Larry (Mr.) Schedule: 43/57 Report: 77/92 Date Payee name Sheraton Dallas Dining 01/05/2015 6 Amount (\$) Payee address City; State: Zip Code \$38.07 Dallas, TX (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** meeting with potential donor Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Shipley's Donuts 01/20/2015 Amount (\$) Payee address State; City; Zip Code \$7.26 Houston, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** staff breakfast Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/16/2015 Shipley's Donuts Amount (\$) Payee address City; State: Zip Code \$14.52 Houston, TX Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** breakfast for campaign staff Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/13/2015 Sisters Network Inc. Amount (\$) Payee address City; State; Zip Code 2922 Rosedale \$250.00 Houston, TX 77004 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** donation to foundation Contributions/Donations Made By OF Candidate/Officeholder/Political Committee **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 PAGE# FILER NAME 3 ACCOUNT# (TEC filers) Green, Larry (Mr.) Schedule: 44/57 Report: 78/92 4 Date Payee name South Houston Concerned Citizens 02/07/2015 6 Amount (\$) Pavee address City: State: Zip Code \$100.00 Houston, TX 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** table sponsor Contributions/Donations Made By OF Candidate/Officeholder/Political Committee **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/13/2015 Southwest Airlines Amount (\$) Pavee address City: State: Zip Code PO Box 36647-ICR \$424.00 Dallas, TX 75235 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** (See travel info on Schedule T) Travel Out Of District OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Southwest Airlines 05/11/2015 Amount (\$) Payee address City; State: Zip Code PO Box 36647-ICR \$288.00 Dallas, TX 75235 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** (See travel info on Schedule T) Travel Out Of District OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 05/06/2015 St. John Missionary Baptist Church Amount (\$) Payee address City; State; Zip Code 2702 Dowling \$100.00 Houston, TX 77004 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** campaign advertisement Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Fees Fees	Printing Expense I ravel Out Of Dring Expense Office Overhead  The Instruction Guide explains ho	l/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers
Schedule: 45/57	Report: 79/92 Green, Larry (Mr.)	
4 Date	5 Payee name	
03/16/2015	Starbucks	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$32.37	Houston, TX 77025	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) breakfst for staff
OF	Food/Beverage Expense	Dieakist for staff
EXPENDITURE		П анд и А дан жи и и и и и и и и и и и и и и и и и и
9 Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought: Office held:
direct expenditure to benefit C/OH		emee deagm.
Date	Payee name	
05/04/2015	Starbucks	
Amount (\$)	Payee address City; State; Zip Code	
\$48.55	8323 Broadway St Pearland, TX 77581	
DUDDOCE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense	breakfast for constituents
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense
direct expenditure to benefit C/OH	Cartaldate / Chicerolder Hame	Office sought: Office held:
Date	Payee name	
05/22/2015	State Bar of Texas	
Amount (\$)	Payee address City; State; Zip Code	
\$505.00	600 Jefferson St	
	#1000 Houston, TX 77002	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) dues for bar
OF	Fees	dues for bai
EXPENDITURE		Charlett Austin TV attinated to the common of
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/OH		Sind flow.
Date	Payee name	
03/13/2015	Sunshine's Health Food Store	
Amount (\$)	Payee address City; State; Zip Code	
\$27.38	4915 Martin Luther King Jr Blvd Houston, TX 77021	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense	lunch with staff member
EXPENDITURE		_
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Fees Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. PAGE# FILER NAME 2 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 46/57 Report: 80/92 4 Date Payee name 02/17/2015 Taco Cabana 6 Amount (\$) Pavee address City: State: Zip Code \$12.19 Houston, TX (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** lunch w/ campaign consultant Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Tavola 06/02/2015 Amount (\$) Payee address City: State; Zip Code 488 Ninth Ave \$147.32 New York, NY 10018 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** lunch with donor Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/18/2015 Teotihuacan Mexican Restaurant Amount (\$) Payee address City; State: Zip Code \$52.18 Houston, TX Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** dinner with contributors Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Texaco 01/20/2015 Amount (\$) Payee address City; State; Zip Code \$40.06 Houston, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Travel In District gas for campaigning OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY it Office sought: Office held: direct expenditure to benefit C/OH

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES

nse
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. PAGE# FILER NAME 2 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 47/57 Report: 81/92 4 Date Payee name Texaco 05/29/2015 6 Amount (\$) Payee address City; State; Zip Code \$15.10 Houston, TX 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** fuel costs- travel to meet with donors Travel In District OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Texas Southern University Chick-fil-a 05/05/2015 Amount (\$) Payee address State; Zip Code 3100 Cleburne \$12.89 Houston, TX 77004 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** lunch for staffer Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Texas Southern University Parking 05/01/2015 Amount (\$) Pavee address City; State; Zip Code 3100 Cleburne \$3.00 Houston, TX 77004 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** parking fees for campaign meeting on campus Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/04/2015 Texas Southern University Parking Amount (\$) Payee address City; State; Zip Code 3100 Cleburne \$3.00 Houston, TX 77004 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** parking fees for campaign meeting on campus Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. PAGE# FILER NAME 2 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 48/57 Report: 82/92 4 Date Payee name 04/01/2015 Thai Spice Cafe 6 Amount (\$) Pavee address City; State; Zip Code \$17.86 Houston, TX 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** lunch with staff Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/27/2015 The Breakfast Klub Amount (\$) Payee address City; State; Zip Code 3711 Travis \$30.42 Houston, TX 77002 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** breakfast with donors Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name TSA PreCheck 04/22/2015 Amount (\$) Payee address City: State: Zip Code \$85.00 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** tsa precheck at airport Travel Out Of District OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/03/2015 UH Hilton Parking Amount (\$) Payee address City; State; Zip Code 4800 Calhoun \$3.00 Houston, TX 77004 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** parking fee for campaign meeting on campus Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY it Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Pental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. PAGE# FILER NAME 3 ACCOUNT# 2 (TEC filers) Green, Larry (Mr.) Schedule: 49/57 Report: 83/92 Date Payee name 02/27/2015 **United Airlines** 6 Amount (\$) Payee address City; State; Zip Code PO Box 06649 \$7.99 Chicago, IL 60606 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** airline expense for trade mission Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/02/2015 **United Airlines** Amount (\$) Payee address City; State; Zip Code PO Box 06649 \$16.98 Chicago, IL 60606 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** airline expense for trade mission Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name **United Airlines** 03/03/2015 Amount (\$) Payee address City: State: Zip Code PO Box 06649 \$15.98 Chicago, IL 60606 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** airline expense for trade mission Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/03/2015 United Airlines Payee address Amount (\$) City; State; Zip Code PO Box 06649 \$784.10 Chicago, IL 60606 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** (See travel into on Schedule T) Travel Out Of District OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES

nse
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 PAGE# FILER NAME 3 ACCOUNT# 2 (TEC filers) Green, Larry (Mr.) Schedule: 50/57 Report: 84/92 4 Date 5 Payee name United Airlines 06/10/2015 6 Amount (\$) Payee address City; State; Zip Code PO Box 06649 \$8.00 Chicago, IL 60606 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** travel expense Travel Out Of District OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Unwine on Almeda 02/02/2015 Amount (\$) Payee address City; State; Zip Code 4420 Almeda \$33.31 Houston, TX 77004 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** meeting with donors Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Unwine on Almeda 02/05/2015 Amount (\$) Payee address City; State; Zip Code 4420 Almeda \$61.46 Houston, TX 77004 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** meeting with contributors Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date **USPS** 01/20/2015 Amount (\$) Payee address City; State; Zip Code \$9.80 Houston, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** postage and mailing for campaign OTHER - Postage OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. PAGE# FILER NAME 2 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 51/57 Report: 85/92 Payee name 4 Date USPS 06/10/2015 6 Amount (\$) Payee address City; State; Zip Code \$49.00 Houston, TX 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** postage and mailing for campaign OTHER - Postage OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/20/2015 Walgreens Amount (\$) Payee address City; State; Zip Code 7929 Kirby Drive \$24.31 Houston, TX 77054 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** supplies for campaign staff Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Walmart Supercenter 03/06/2015 Amount (\$) Payee address State; City; Zip Code 9700 Hillcroft \$45,44 Houston, TX 77096 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** supplies for campaign Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/16/2015 Walmart Supercenter Amount (\$) Payee address State; City; Zip Code 12631 W Broadway St. \$13.05 Pearland, TX 77584 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** supplies for campaign staff Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

Austin, Texas 78711-2070

#### POLITICAL EXPENDITURES

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District
Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Polling Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. PAGE# FILER NAME 2 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 52/57 Report: 86/92 Date Payee name Wendell Price 05/16/2015 6 Amount (\$) Payee address City; State; Zip Code \$1,500.00 Houston, TX 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** birthday fundraiser **Event Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 02/24/2015 West Orem YMCA Amount (\$) Payee address Zip Code City; State; 5801 W Orem Dr \$1,000.00 Houston, TX 77085 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** donation Contributions/Donations Made By OF Candidate/Officeholder/Political Committee **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name WorldPay 02/18/2015 Amount (\$) Payee address City; State; Zip Code \$13.94 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date WorldPay 02/18/2015 Payee address Amount (\$) City; State; Zip Code \$13.94 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. PAGE# FILER NAME 2 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 53/57 Report: 87/92 4 Date Payee name WorldPav 02/19/2015 Payee address 6 Amount (\$) City; State; Zip Code \$130.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** fundraising equipment Solicitation/Fundraising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/05/2015 WorldPay Amount (\$) Payee address State; Zip Code City; \$26.45 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Pavee name Date WorldPay 03/05/2015 Amount (\$) Payee address City; State; Zip Code \$15.15 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/05/2015 WorldPay Amount (\$) Payee address State; Zip Code City; \$9.95 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. PAGE# FILER NAME 2 3 ACCOUNT # (TEC filers) Green, Larry (Mr.) Schedule: 54/57 Report: 88/92 4 Date Payee name WorldPay 03/12/2015 6 Amount (\$) Payee address City; State; Zip Code \$14.50 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name WorldPay 04/06/2015 Amount (\$) Payee address City; State; Zip Code \$9.12 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name WorldPav 04/06/2015 Amount (\$) Payee address City; State; Zip Code \$9.95 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/06/2015 WorldPay Amount (\$) Payee address City; State; Zip Code \$14.95 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Fees Fees	Printing Expense Printing Expense Office Overhead  The Instruction Guide explains ho	d/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC file
Schedule: 55/57	Report: 89/92 Green, Larry (Mr.)	
4 Date	5 Payee name	
05/05/2015	WorldPay	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$9.95		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) online donation fees
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EXPENDITURE		C Observation TV office better finding
9 Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought: Office held:
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to benefit C/OH		
Date	Payee name	
05/05/2015	WorldPay	
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PURPOSE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) online donation fees
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EXPENDITURE		Check if Austin TV officeholder living avenue
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
06/04/2015	WorldPay	
Amount (\$)	Payee address City; State; Zip Code	
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PURPOSE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) online donation fees
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EXPENDITURE		Charle if Austin TV officeholder living suppose
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought: Office held:
direct expenditure to benefit C/OH		Sind Cough.
Date	Payee name	
06/04/2015	WorldPay	
Amount (\$)	Payee address City; State; Zip Code	
\$14.95		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Cotocomy (Oct. Oct. )	
PURPOSE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) online donation fees
OF	1 000	T. Miles de l'idea
EXPENDITURE		Charles Avades TV afficial and a finite services
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought: Office held:
direct expenditure		omoo noid,

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. PAGE# FILER NAME 2 3 ACCOUNT# (TEC filers) Green, Larry (Mr.) Schedule: 56/57 Report: 90/92 4 Date 5 Payee name WorldPay 06/04/2015 6 Amount (\$) Payee address City; State; Zip Code \$9.95 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** online donation fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Xi Kappa Lambda Educational Foundation 05/27/2015 Amount (\$) Payee address City; State; Zip Code PO Box 1522 \$225.00 Missouri City, TX 77459 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** scholarship gala donation Contributions/Donations Made By OF Candidate/Officeholder/Political Committee **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Yellow Cab of Austin 03/30/2015 Amount (\$) Payee address City; State: Zip Code 10630 Joseph Clayton Dr \$6.70 Austin, TX 78753 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** travel expense- legislative session Travel Out Of District OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date 04/13/2015 Yellow Cab of Fort Worth Amount (\$) Payee address City; State; Zip Code 2200 S Riverside Dr \$27.95 Fort Worth, TX 76104 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Travel Out Of District cab fare- meeting with donor OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

# SCHEDULE F

**EXPENDITURE CATEGORIES** 

Advertising Expe Accounting/Banl Consulting Expe Event Expense Fees	ense Food/Beverage Expense Travel In Di Polling Expense Travel Out of the Printing Expense Office Over	head/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	The Instruction Guide explains	
Schedule: 57/57	Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price	3 ACCOUNT # (TEC filers)
4 Date	5 Payee name	
04/13/2015	Yellow Cab of Fort Worth	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$33.45	•	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out Of District	(b) Description (If travel outside of Texas, complete Schedule T) cab fare- meeting with donor
		Check if Austin, TX, officeholder living expense
<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

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FUN INAVI	EL UU I 31	DE OF TEXAS					
The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 1/1 Report: 92/92			
2 FILER NAME Green, Larry (Mr.)				3 ACCOUNT#	(Ethics Commission filers)		
4 Name of Contributor / C Southwest Airlines	orporation or Labo	r Organization / Pledgor / Payo	98				
5 Contribution / Expenditu	re reported on:						
Schedule	A Scheo	ule B Schedule C	Schedule D	X Schedule F	Schedule G		
Schedule	H Sched	ule N COH-UC	□ СОН-Т	PAC-C	PAC-E		
6 Dates of travel 7 Name of person(s) traveling Green, Larry							
04/09/2015	8 Departure city Houston	or name of departure location					
04/13/2015	9 Destination ci Dallas	ry or name of destination locati	on				
10 Means of transportation Airline  11 Purpose of travel (including name of conference, seminar, or other event) Donor Meetings							
Name of Contributor / C Southwest Airlines	orporation or Labo	r Organization / Pledgor / Paye	<b>9</b> e				
Contribution / Expenditure reported on:							
☐ Schedule	A Sched	ule B Schedule C	Schedule D	X Schedule F	Schedule G		
Schedule	H Sched	ule N	СОН-Т	PAC-C	PAC-E		
Dates of travel Name of person(s) traveling Green, Larry							
Departure city or name of departure location 05/28/2015 Houston							
05/28/2015	Destination city or name of destination location  New York						
Means of transportation Airline	n	Purpose of travel (includ Donor Meeting	ing name of conferenc	e, seminar, or other	event)		
Name of Contributor / C United Airlines	orporation or Labo	r Organization / Pledgor / Paye	ee				
Contribution / Expenditu	re reported on:						
Schedule A Schedule B Schedule C Schedule D			X Schedule F	Schedule G			
Schedule	H Sched	ule N COH-UC	СОН-Т	PAC-C	PAC-E		
Dates of travel	Name of personant Green, Larry	on(s) traveling					
06/01/2015	Departure city or name of departure location  New York						
06/01/2015	Destination city or name of destination location  06/01/2015 Houston						
Means of transportation Purpose of travel (including national Airline Meeting with donors eme					event)		