	TE / OFFICEHOLDER N FINANCE REPORT	C	FORM C/OH COVER SHEET PG 1
The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		SUFFIX SUFFIX STATE: ZIP CODE HOUSTON, TX 77006	OFFICE USE ONLY Date Received RECEIVED JUL 1 5 2015 CITY SECRETARY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (713) 942-9600	EXTENSION	Date Hand delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MR. BENJAMIN NICKNAME LAST BEN HALL	L SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU S30 LITTLE TOHN LAME		zip code 7702 y
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 942-9600	EXTENSION	
9 REPORT TYPE	January 15 30th day before electrical July 15 8th day before electrical Strain But 15 30th day but 15 30th day before electrical Strain But 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Oi / Oi / ZOI5	THROUGH $O_{m{\omega}}$ /	Day Year 2015
11 ELECTION	ELECTION DATE Month Day Year Primary 11 03 2015	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

MAYOR

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	14 C/OH NAME 15 Filer ID (Ethics Commission Filers)				
Benjamin L. Hall III					
16 NOTICE FROM POLITICAL COMMITTEE(S)	NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN	TREASURER NAME		
Additional Pages					
		COMMITTEE CAMPAIGI	N TREASURER ADDRESS		
17 CONTRIBUTION TOTALS			TIONS OF \$50 OR LESS (OTHER THA ANTEES OF LOANS), UNLESS ITEMIZ		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 948, 630.35				
EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		\$ 55.00			
	4. TOTAL POLITICAL EXPENDITURES \$ 136,454.50				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ \$12,175.85				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT O	F ALL OUTSTANDING LOANS AS OF T G PERIOD	\$ 850,000.00	
18 AFFIDAVIT					
ROSALIE A CEDILLO My Commission Expires September 16, 2017 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 STAMP / SEALABOVE					
Sworn to and subscribed before me, by the said BENDAMM L. HARLY II , this the 15 th.					
day of JULY	. ,	-		, this the	
day of July 20_, to certify which, witness my hand and seal of office.					
Wosale &	Ledde	6 Rosal	e A. Cedillo		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS-COH

FORM C/OH COVER SHEET PG 3

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) III Beniamin 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:__ michael Roa 250,00 City; State; Zip Code 02/18/15 6 Contributor address; HOUSTON, TX 77024 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#:____ Date Amount of contribution (\$) Everlyn H. Baker 100.00 02/20/15 City; State; Zip Code Contributor address; weadington, NC 28104 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#: Date Amount of contribution (\$) Vien Con 2500.00 02/20/15 City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Deltan Self 02/27/15 State; Zip Code City; 100.00 HOUSTON, TX TTOIL Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Benjamin L. Hall III 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ Anmed El Naggar 2000°00 City; State; Zip Code 03/04/15 6 Contributor address; KOHY, TX 77493 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Date sherry reagons 104/13/15 100.00 City; State; Zip Code Contributor address; Lorton, Va 22079 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ Date Keeland 125.00 06/07/15 City; State; Zip Code Contributor address; Plano, TX 75093 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor Date ut-of-state PAC (ID#:_ 5000,00 Al Green 06/22/15 City; State; Zip Code Contributor address; washington, TX Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Benjamin L. Hall III 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ Harris michael 5000.00 06/22/15 6 Contributor address; City; State; Zip Code HWS16017X 77056 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) Date 00122/15 250.00 City; State; Zip Code Contributor address; HOUSTEN, TX77050 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:__ Date 50.00 00/22/15 State; Zip Code Contributor address; City; Houston, TX 77056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ Richard Sur 100.001 OLDZZIS City; State; Zip Code Contributor address; HOUSTON, TX 77099 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Benjamin L. Hall III 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ Ammon williams Lue 100.00 06/25/15 City; State; Zip Code 6 Contributor address; HOUSIAN, TX 77021 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Date 06/25/15 1000°00 City: State: Zip Code Contributor address: HOUSIEN, TX 77057 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Pandora McGN 500.00 06/25/15 City; State; Zip Code Contributor address; Arlington, TX 76006 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#:____ Fleet william L. Van 06/25/15 City; State; Zip Code Contributor address; Houston, TX 77015 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
		3 Filer ID (Ethics Commission Filers)
	C (ID#:)	7 Amount of contribution (\$)
Joan Van Fleet 6 Contributor address; City; State	; Zip Code	50.00
HOUSTO	n, tx 77015	
upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
No.	C (ID#:)	Amount of contribution (\$)
Contributor address; City; State		100.00
	Employer (See Instruc	tions)
	: (ID#:)	Amount of contribution (\$)
Contributor address; City; State		5000,00
	Employer (See Instruc	tions)
_	: (ID#:)	Amount of contribution (\$)
Contributor address; City; State	•	1000.00
	Employer (See Instruc	tions)
ATTACH ADDITIONAL CODIES O	F THIS SCHEDUI F AS N	EEDED
	e Instruction Guide explains how to complete this Lo Hall III 5 Full name of contributor out-of-state PAC Gontributor address; City; State Houston Job title (See Instructions) Full name of contributor out-of-state PAC Contributor address; City; State Houston To pation / Job title (See Instructions) Full name of contributor out-of-state PAC Contributor address; City; State Houston To pation / Job title (See Instructions) Full name of contributor out-of-state PAC Contributor address; City; State Houston To Levi Benton Contributor address; City; State Houston To Levi Benton out-of-state PAC Contributor address; City; State Houston To	5 Full name of contributor out-of-state PAC (ID#:

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Benjamin L. Hall III 7 Amount of contribution (\$) 5 Full name of contributor _____ out-of-state PAC (ID#:___ 1000 000 City; State; Zip Code Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) Date Shabahram Yazdani-Beloky City; State; Zip Code 03/19/15 Contributor address; HOUSION, TX 79024 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Date F.No Williams Sr. City; State; Zip Code 400.00 05/09/15 HOUSTON, TX 77091 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ City; State; Zip Code 500,00 03/25/15 Contributor address; Beaumant, TX 77706 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Benjamin L. Hall III 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:___ 03/21/15 City; State: Zip Code 5000,00 KAMITX 77450 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:_ Full name of contributor Date 5000,00 04/03/15 City; State; Zip Code Contributor address; Houston, TX 77002 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:_ Full name of contributor Date 03/21/15 City; State; Zip Code Contributor address; 5000,00 New orleans, LA 77019 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#:_ Alan L. Patterson 1500,00 03/24/15 City; State; Zip Code Contributor address; HOUSIAN, TX 77019 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Benjamin L. Hall III 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ M. Cummings 05/27/15 City; State; Zip Code 5000,00 6 Contributor address; Sugariand, TX 77479 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:___ Amount of contribution (\$) Full name of contributor Date 5000.00 04/08/15 City; State; Zip Code Contributor address; White Plams, NY 10601 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:_ Full name of contributor Date JS Hotze 5000.00 03/21/15 State; Zip Code Contributor address; KOHY, TX 77450 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor Date ut-of-state PAC (ID#:_ modesta Kolas 5000,00 04/08/15 State; Zip Code Contributor address; White PAMS, NY 10601 Employer (See Instructions) Principal occupation / Job title (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Benjamin L Hall 7 Amount of contribution (\$) 5 Full name of contributor ut-of-state PAC (ID#:____ Feolumipo 0. Sofola Contributor address; City; State; Zip Code 100.00 03/09/15 6 Contributor address; me woodlard TX 77832 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:___ Amount of contribution (\$) Full name of contributor Date City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) ut-of-state PAC (ID#:___ Amount of contribution (\$) Full name of contributor Date City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A2

1 Total pages Schedule A2: 3 Filer ID (Ethics Commission Filers) 10NS \$ 8 Amount of 9 In-kind contribution description 40000 Business			
IONS \$ 8 Amount of . 9 In-kind contribution description			
8 Amount of . 9 In-kind contribution Contribution \$. description			
Contribution \$ description			
Check if travel outside of Texas, complete Schedule T			
Employer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's job title (FOR JUDICIAL) (See Instructions)			
Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
•			
Amount of In-kind contribution description Contribution \$			
Check if travel outside of Texas, complete Schedule T Employer (FOR NON-JUDICIAL) (See Instructions)			
Este Galley			
Contributor's job title (FOR JUDICIAL) (See Instructions)			
Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 02/27/2015

SCHEDULE A2

The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:	
2 FILER NAME Benjamin Lo Hall III	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$	
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution description	
	77004 Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Gailery Oursel	11 Employer (FOR NON-JUDICIAL) (See Instructions) CRICE GAILERY	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	·	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Amount of Contribution & In-kind contribution description Contribution \$ In-kind contribution description Employer (FOR NON-JUDICIAL) (See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see instruction	HIS SCHEDULE AS NEEDED guide for additional reporting requirements.	

SCHEDULE A2

The Instruction Guide explains how to complete this for	rm. 1 Total pages Schedule A2:
2 FILER NAME Benjamin L. Hall, III	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of Contribution \$ In-kind contribution description DOO COLOR
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution description Contribution \$ description de Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF THE If contributor is out-of-state PAC, please see instruction	HIS SCHEDULE AS NEEDED guide for additional reporting requirements.

SCHEDULE A2

rm. 1 Total pages Schedule A2:			
3 Filer ID (Ethics Commission Filers)			
BUTIONS \$			
8 Amount of Contribution \$ In-kind contribution description 5 000 CO HOME DANK de Check if travel outside of Texas, complete Schedule			
11 Employer (FOR NON-JUDICIAL) (See Instructions)			
13 Contributor's job title (FOR JUDICIAL) (See Instructions)			
15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
Amount of Contribution \$ description de Check if travel outside of Texas, complete Schedule 1 Employer (FOR NON-JUDICIAL) (See Instructions)			
Contributor's job title (FOR JUDICIAL) (See Instructions)			
Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A2

The Instruction Guide explains how to complete this for	rm. 1 Total pages Schedule A2:	
2 FILER NAME Benjamin L. Hall, III	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	IBUTIONS \$	
Date 6 Full name of contributor out of-state PAC (ID#:	8 Amount of Soln-kind contribution description 500 Contribution \$ description Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution description The Amount of In-kind contribution description	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF THE	HIS SCHEDULE AS NEEDED guide for additional reporting requirements.	

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Revised 02/27/2015

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAM	Benjamin L. Hall, III		3 Filer ID (Ethics Commission Filers)
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date 6 Full name of contributor out-of-state PAC (ID#:) 1-15-15 Will Harris 7 Contributor address: City: State: Zip Code		8 Amount of Soln-kind contribution description \$ In-kind contribution description \$ Amount of Soln-kind contribution description Contribution \$ In-kind contribution description	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	,	
Date	Full name of contributor		Amount of . In-kind contribution Contribution \$. description
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employ		Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL) C		Contribu	ntor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
If	ATTACH ADDITIONAL COPIES OF T		

PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Benjamin L. Hall III 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor ut-of-state PAC (ID#: Amount . 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas, complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#: of Pledge \$ description Pledgor address; City State Zip Code Check if travel outside of Texas, complete Schedule T Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Full name of pledgor out-of-state PAC (ID#: In-kind contribution Pledge \$ description Pledgor address: City; State; Zip Code Check if travel outside of Texas, complete Schedule T Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Date Full name of pledgor ut-of-state PAC (ID#:_ Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas, complete Schedule T Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS			SCHEDULE E	
The Instruction Guide explains how to complete this form.			1 Total pages Schedule E:	
2 FILER NAME BEAL	MMIN L. HALL, III		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	NITEMIZED LOANS		\$ 850,000.00	
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)	
1/1/15-6/30/15	BENTAMIN L.	HALL, II	850,000.00	
6 Is lender a financial Institution?		· · · · · · · · · · · · · · · · · · ·	10 Interest rate 11 Maturity date	
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	FIRST AVAILABLE DAY FOI	
	RNEY	SELF EMPLOYE	Δ	
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
not applicable 20 Principal Occupat	•	State; Zip Code 21 Employer (See Instructions)		
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)	
Is lender a financial Institution?	Lender address; City; State; Zip Code		Interest rate	
Y N			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colli	ateral	Check if personal funds were	deposited into political	
none		account (See Instructions)	•	
GUARANTOR INFORMATION	Name of guarantor	1	Amount Guaranteed (\$)	
not applicable	Guarantor address; City; S	State; Zip Code		
	on (See Instructions)	Employer (See Instructions)		
If le	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)		
9	Benjamin L. Hall III			
4 Date	5 Payee name			
02/11/15	PATRIOL GROUP SCRATEGIES			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
1000.00				
8	(a) Category (See categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel outside of Texas, complete Schedule T		
OF EXPENDITURE	Fee	Check if Austin, TX, officeholder living expense		
	•			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
02/23/15	Patelot Group Strategie's			
Amount (\$)	Payee address; City; State; Zip Code			
10,000.00				
-	Category (See categories listed at the top of this schedule)	Description		
PURPOSE	ouner - TV promodens	Check if travel outside of Texas, complete Schedule T		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct				
Date	Payee name			
03/04/15	Patriot Group Strategie	2.5		
Amount (\$)	Payee address; City; State; Zip Code	***************************************		
1,500.00				
	Category (See categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas, complete Schedule T		
OF EXPENDITURE	CONSULTING EXPENSE	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OH	expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (onters ontered and of the content of the conte

	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F	1: 2 FILER NAME BENJAMIN L. HAII I		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
03/04/15	JUSHM Jordan		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
S000°00			
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	11:10 1059 10	1 1	utside of Texas, complete Schedule T
EXPENDITURE	Advertising	L Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
03/09/15	Justin Jordan		
Amount (\$)	Payee address; City; State; Zip Code		
2500.00			
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF		Check if travel outs	side of Texas, complete Schedule T
EXPENDITURE	CONSULTING EXPENSE	L Check if Austin, TX	(, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/19/15	patriot GROUP		
Amount (\$)	Payee address; City; State; Zip Code	700000000000000000000000000000000000000	
000,000			
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF	Advanta		de of Texas, complete Schedule T
EXPENDITURE	Advertising Expense	L Check if Austin, TX,	officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDE)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F	1: 2 FILER NAME BENJAMIN L. Hall III		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	1	
0410\1\5 6 Amount (\$)	Patriot Group Strategies	>	
ο Amount (φ)	7 Payee address; City; State; Zip Code		
1000.00			
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel ou	tside of Texas, complete Schedule T
OF EXPENDITURE	consulting exponses	Check if Austin, T	X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
04/02/15	Patriot Group Strategies		
Amount (\$)	Payee address; City; State; Zip Code		
4000.00			
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF	Other: Campaign		de of Texas, complete Schedule T
EXPENDITURE	contribution	Check if Austin, TX,	officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/17/15	Dreams Films Studios - Dai	Ist martin	
Amount (\$)	Payee address; City; State; Zip Code		
3500,00			
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF	Other: Hispanic TV	Check if travel outside	e of Texas, complete Schedule T
EXPENDITURE		Check if Austin, TX, o	officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other Content of the Co

Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Benjamin L. Hall III 4 Date 04/17/15 6 Amount (\$) 5000 200 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** _ Check if travel outside of Texas, complete Schedule T consulting Expenses OF Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/29/15 Perry Wooten Amount (\$) Payee address; City; State; Zip Code Z500:00 Category (See categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas, complete Schedule T OF CONSULTING EXPENSE Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/29/15 St. John Missionary Baptist Church Amount (\$) Payee address; City; State; Zip Code 250.00 Category (See categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas, complete Schedule T OF advertising Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

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

Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Benjamin LoHall III 4 Date 05/06/15 The Hall Law Firm 6 Amount (\$) 7 Payee address: City; State; Zip Code 10,000.00 (a) Category (See categories listed at the top of this schedule) (b) Description __ Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Legal services Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/06/15 Patriot Group strategies Amount (\$) Payee address; City; State; Zip Code 1000.00 Category (See categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas, complete Schedule T Coner: Promotion OF __ Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Pateiot Group Strategies 05/14/15 Amount (\$) Payee address: City; State; Zip Code 4200.00 Category (See categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas, complete Schedule T consulting Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (option persons and links of the persons and links)

	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1	Benjamin L. Hall III		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
05/19/15	Paneil Charlot		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
Z000.000			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Civers Even+ Coordmater	1 1	outside of Texas, complete Schedule T TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/27/15	The Hall Law Firm		
Amount (\$)	Payee address; City; State; Zip Code		
2500.00			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Legal Services	1 1	side of Texas, complete Schedule T X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
15/28/15	Frank Partida		
Amount (\$)	Payee address; City; State; Zip Code		
250.00			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) AdvertiSmy	1 1	de of Texas, complete Schedule T officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SO	HEDULE AS NEEDE	D

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (orders and second and light and place)

Candidate/Officeholder/Po	litical Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains	how to complete this form.	,
1 Total pages Schedule 4 Date 06/01/15 6 Amount (\$)	F1: 2 FILER NAME BENJAMIN Lo Hal 5 Payee name Matt Lettell Ori 7 Payee address; City; State; Zip (3 Filer ID (Ethics Commission Filers)
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched	Check if travel	outside of Texas, complete Schedule T TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
06/01/15	Patriot Group Strate	29165	
Amount (\$)	Payee address; City; State; Zip C		
7,500,00			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedul	Check if travel out	tside of Texas, complete Schedule T X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 0d25/15 Amount (\$)	Payee name HOUSTON ASSOCIATION Payee address; City; State; Zip Co	leaitor Ide	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule FOOD BOYCYOUR EXPENSE	Check if travel outs	ide of Texas, complete Schedule T , officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDE	D

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Benjamin Lo Hall III 4 Date 06/25/15 6 Amount (\$) 45.00 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas, complete Schedule T FOOd/Beverage expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 00/25/15 Association Houston Realter Amount (\$) Payee address; City; State; Zip Code 45.00 Category (See categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas, complete Schedule T FOOD/BENERGIE EXPENSE Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 06/25/15 Bison Signs Amount (\$) Payee address: City; State; Zip Code 2,814.50 Category (See categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas, complete Schedule T Advertising Expense Check if Austin, TX, officeholder living expense EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1	2 FILER NAME BONSOMIN L. HON III		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
06/29/15	Kingwood Civic Club			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
250.00				
8	(a) Category (See categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense-parade) []	outside of Texas, complete Schedule T TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	["-	tside of Texas, complete Schedule T X, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	[]	ide of Texas, complete Schedule T , officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains how t	to complete this form.	
1 Total pages Schedule G:	2 FILER NAME BENGMIN L. 1 FACE	771	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	School Control	
5/1/15	TEROME WALTON	***************************************	
6 Amount (\$)	7 Payee address; City; State; Zip Code	N. 76 77029	à
\$ 1500.00	1207 LAURENTIDE, HOUSTO.	N, 74 TTULI	
Reimbursement from political contributions intended			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	
OF	Curato	Check if travel out	tside of Texas, complete Schedule T
EXPENDITURE	SECULITY	Check if Austin, T.	X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
, ,			
5/30/15			
Amount (\$)	Payee address; City; State; Zip Code	1 220	WI
\$ 55,00	13031 SKYVIEW BENDOE. HOW	131214,17	
Reimbursement from political contributions			
intended			
PURPOSE	Category (See categories listed at the top of this schedule)	(b) Description	
OF	SUPPLES	Check if travel out	tside of Texas, complete Schedule T
EXPENDITURE	Surra	Check if Austin, T	X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
電 6/30/15	TONY DELLON		
Amount (\$)	Payee address; City; State; Zip Code		o 2 ***9
200.00	13031 SKYVIEW BEND DR. H	OUSTON, 1x Tron	7 +
Reimbursement from political contributions intended			
DUDDOSE	Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	C. 0.	Check if travel out	side of Texas, complete Schedule T
EXPENDITURE	S meglies	Check if Austin, T)	X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politic	cal Committee Legal S	ervices		s/Wages/Contract Labor	Other (enter a	category not listed above)
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule H:	2 FILER NAME BENJAM	IN L. 1	4ALL		3 Filer ID	(Ethics Commission Filers)
4 Date 4/6/15	5 Business name	LAW FIR	?M		L	
6 Amount (\$)	7 Business addres		e; Zip Code			
\$\$2,500.00	530 LOVET	r BLVD.	H04570	N, TX 7700	06	
8	(a) Category (See cate	gories listed at the top o	f this schedule) (b) Description		
PURPOSE			de la companya de la	Check if travel outsi	de of Texas, com	olete Schedule T
OF EXPENDITURE	LEGAL	WORK (ELE	CTION LAW)	Check if Austin, TX,	officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OI		iceholder name		Office sought		Office held
Date	Business name					
2/2/15	***************************************			2 BROADCAS	STIN 6	
Amount (\$)	Business addres	s; City; State	e; Zip Code	TV . 2 a .		
\$ 63,000	5 3 0 LOV	ETT WEVE.	rjousta	N, TX 7-7006		
	Category (See cate	gories listed at the top of	this schedule)	Description		
PURPOSE				Check if travel outsi	de of Texas, comp	plete Schedule T
OF EXPENDITURE	ADVERTI	SING - CA	MPA IGN	Check if Austin, TX,		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Off	iceholder name		Office sought		Office held
Date	Business name		 			
Amount (\$)	Business addres	s; City; State	e; Zip Code	10.000000000000000000000000000000000000		

	Category (See cate	gories listed at the top of	this schedule)	Description		
PURPOSE				Check if travel outside	de of Texas, comp	elete Schedule T
OF EXPENDITURE				Check if Austin, TX,	officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Off	iceholder name		Office sought		Office held
2 199929 6000000000000000000000000000000000					***************************************	
	ATTACH AD	DITIONAL COP	IES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE !

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)	
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regar	ding type of information	
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	ding type of information	
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	ding type of information	
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	ding type of information	
		All All and the second			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:	
2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)	
4 Date	5 Name of person from whom amount is received		8 Amount (\$)	
	6 Address of person from whom amount is received; City; State;	Zip Code		
	7 Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received Address of person from whom amount is received: State;	Zip Code	Amount (\$)	
	Purpose for which amount is received Check if I	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State;	Zip Code		
	Purpose for which amount is received Check if p	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
		Zip Code		
	Purpose for which amount is received Check if p	political contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				