SPECIFIC-PURPOSE COMMITTEE FORM SPAC **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT The SPAC Instruction Guide explains how to complete this form 1 Filer ID 2 Total pages filed: (Ethics Commission filers) 3 COMMITTEE NAME **OFFICE USE ONLY** Human Rights Campaign Houston Equal Rights PAC Date Received ADDRESS / PO BOX APT/SUITE # CITY STATE ZIP CODE 10/5/2015 4 COMMITTEE **ADDRESS** 1640 Rhode Island Ave NW Date Hand-delivered or Date Postmarked Washington DC 20036 Change of address MS/MRS/MR FIRST **5 CAMPAIGN** Receipt # **Amount TREASURER James** M. Date Processed NICKNAME LAST SUFFIX NAME Date Imaged Rinefierd STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #: STATE: ZIP CODE 6 CAMPAIGN TREASURER'S 1640 Rhode Island Ave NW STREET ADDRESS **Business** Washington DC 20036 STREET OR PO BOX; APT/SUITE # CITY; STATE: ZIP CODE 7 CAMPAIGN **TREASURER** 1640 Rhode Island Ave Washington DC 20036 MAILING ADDRESS Change of Address AREA CODE PHONE # EXTENSION 8 CAMPAIGN TREASURER PHONE (202)216-1549 9 REPORT TYPE Exceeded \$500 limit 30th day before election July 15 8th day before election Dissolution (attach PAC-DR) 10th day after campaign treasurer termination Runoff Day 10 PERIOD **THROUGH COVERED** 9/24/2015 7/1/2015 ELECTION DATE 11 ELECTION Month Day Year X General Special 11/3/2015 Runoff **GO TO PAGE 2**

SPECIFIC-PURPOSE COMMITTEE REPORT: FORM SPAC **COVER SHEET PG 2** PURPOSE AND TOTALS 12 COMMITTEE NAME Human Rights Campaign Houston Equal Rights 13 Filer ID (Ethics Commission filers) **PAC** CANDIDATE / OFFICEHOLDER NAME 14 COMMITTEE **PURPOSE** (Attached lists on plain paper to complete CANDIDATE this report if necessary) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) [X] SUPPORT OFFICEHOLDER / (Candidate or Measure) [] OPPOSE (Candidate or Measure) BALLOT IDENTIFICATION / # **ELECTION DATE** MEASURE Prop 1 11/3/2015 DESCRIPTION [] ASSIST (Officeholder) Houston Equal Rights Ordinance 15 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN \$2,463.00 PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED TOTALS TOTAL POLITICAL CONTRIBUTIONS \$218,480.37 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$0.00 **EXPENDITURE** TOTALS **TOTAL POLITICAL EXPENDITURES** \$205,810.00 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY CONTRIBUTION \$11,503.00 OF REPORTING PERIOD BALANCE TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE **OUTSTANDING** \$0.00 LAST DAY OF THE REPORTING PERIOD LOAN TOTALS

16 AFFIDAVIT			
	; j	I swear, or affirm, under penalty of perjury accompanying report is true and correct a information reqired to be reported by me Election Code.	and includes all
		James M. Rinefierd	
	_	Signature of Campaign Tre	easurer
AFFIX NOTARY STAMP / SEAL ABOVE			
Sworn to and subscribed before me	by the said	, this the	day
of, 20	, to certify which, witness my hand	d and seal of office.	
Signature of officer administering or	th Printed name of officer administer	ing eath Title of officer admi	inistering oath

SUBTOTALS - SPAC FORM SPAC **COVER SHEET PG 3** 17 COMMITTEE NAME Human Rights Campaign Houston Equal Rights 18 Filer ID (Ethics Commission filers) PAC 19 SCHEDULE SUBTOTALS **SUBTOTAL** NAME OF SCHEDULE **AMOUNT** SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ \$14,850.00 1 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 2 SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3 4 SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$ SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR \$ 5 ORGANIZATIOND SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATIONS OR LABOR ORGANIZATION \$ 6 SCHEDULE E: LOANS \$ \$200,000.00 SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 8 \$ \$1,167.37 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 9 \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTIONS \$ 10 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11 SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 12 SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$ 13

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	3	SCHEDULE A1
The	e Instruction (Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME				3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Jeremy Pittman	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/17/2015	6 Contributor address;	City; Washington	State; Zip Code DC 20007	200.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Linda Day	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/18/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005	50.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Stacy A. Broussard	out of state F	I PAC(ID#)	7 Amount of contributions (\$)
	8/18/2015	6 Contributor address;	City; Beaumont	State; Zip Code TX 77706	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Christopher M. McCollum	out of state F	L PAC(ID#)	7 Amount of contributions (\$)
	8/18/2015	6 Contributor address;	City; San Antonnio	State; Zip Code TX 78216	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	

M	ONETARY	POLITICAL CONT	RIBUTION	S	SCHEDULE	. A1	
The	The Instruction Guide explains how to complete this form.				1 Total Pages Schedule A1:		
2 F	ILER NAME				3 Filer ID (Ethics Commission filers)		
		Robert Snellgrove			7 Amount of contributions (\$)		
		6 Contributor address;	City;	State; Zip Code			
	8/18/2015		Houston	TX 77270	100.00		
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)		
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		George D. Ward	Ш		7 Amount of contributions (\$)		
		6 Contributor address;	City;	State; Zip Code			
	8/18/2015		Houston	TX 77074	200.00		
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)		
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Michael W. Dale			7 Amount of contributions (\$)		
		6 Contributor address;	City;	State; Zip Code			
	8/18/2015		Houston	TX 77004	250.00		
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	L tions)		
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
•		Odean L. Volker	Ц	,	7 Amount of contributions (\$)		
		6 Contributor address;	City;	State; Zip Code			
	8/18/2015		Houston	TX 77019	250.00		
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	Letions)		
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Enod Gray			7 Amount of contributions (\$)		

MONETAR	RY POLITICAL CONTR	IBUTION	S	SCHEDULE A1
The Instruction	Guide explains how to complete	this form.		1 Total Pages Schedule A1:
2 FILER NAME	<u> </u>			3 Filer ID (Ethics Commission filers)
	6 Contributor address;	City;	State; Zip Code	
8/19/2015		Houston	TX 77036	100.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	etions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	lan Barrett	_		7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
8/20/2015		League City	TX 77573	100.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	etions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Jerry L. Reeves			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
8/22/2015		Houston	TX 77007	100.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	I ctions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Kim Burnett			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
8/25/2015		Houston	TX 77079	100.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	S	SCHEDULE A1
Th	e Instruction (Guide explains how to comple	ete this form.		1 Total Pages Schedule A1:
2 F	FILER NAME				3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Regan Kasman	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/28/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77096	100.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Edward A. Finger	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019	100.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	Itions)
4	Date	5 Full name of contributor Randall Hance	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006	100.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor John Obsta	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019	100.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	

M	ONETAR	Y POLITICAL CONT	RIBUTION	S	SCHEDULE A1			
The	e Instruction	Guide explains how to comple	ete this form.		1 Total Pages Schedule A1:			
2 F	ILER NAME				3 Filer ID (Ethics Commission filers)			
		Mike C. Holloman	-		7 Amount of contributions (\$)			
		6 Contributor address;	City;	State; Zip Code				
	8/31/2015		Houston	TX 77005	1000.00			
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)			
	Broker							
4	Date	5 Full name of contributor	out of state	PAC(ID#)				
		Stacey Berg	_		7 Amount of contributions (\$)			
		6 Contributor address;	City;	State; Zip Code				
	9/1/2015		Houston	TX 77025	500.00			
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	etions)			
	Physician							
4	Date	5 Full name of contributor	out of state	PAC(ID#)				
		Cecil Fong			7 Amount of contributions (\$)			
		6 Contributor address;	City;	State; Zip Code				
	9/2/2015		Houston	TX 77071	100.00			
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)			
4	Date	5 Full name of contributor	out of state	PAC(ID#)				
		Thomas E. Latimer			7 Amount of contributions (\$)			
		6 Contributor address;	City;	State; Zip Code	•			
	9/2/2015		Houston	TX 77069	100.00			
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)			
4	Date	5 Full name of contributor	out of state	PAC(ID#)				
т	_ 210	Bill Arning			7 Amount of contributions (\$)			

M	ONETAR	Y POLITICAL CONTR	RIBUTIONS	5	SCHEDULE A1
Th	e Instruction (Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	FILER NAME				3 Filer ID (Ethics Commission filers)
	9/11/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006	250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ations)
4	Date	5 Full name of contributor Ryan Levy	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	9/11/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006	250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ztions)
4	Date	5 Full name of contributor R.G. Ericson	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	9/14/2015	6 Contributor address;	City; Jacksonville	State; Zip Code TX 75766	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ztions)
4	Date	5 Full name of contributor Kim Burnett	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	9/21/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77079	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	itions)

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	8	SCHEDULE A1
Th	e Instruction (Guide explains how to comple	ete this form.		1 Total Pages Schedule A1:
2 F	FILER NAME				3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Brian J. Dupnick	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/21/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77018	1000.00
8		cupation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Chef	5 Full name of contributor Linda Day	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/22/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005	50.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Meghan Jane Stabler	out of state F	I PAC(ID#)	7 Amount of contributions (\$)
	9/22/2015	6 Contributor address;	City; Round Rock	State; Zip Code TX 78664	100.00
8	Principal occ	rupation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Ladd David Reynolds	out of state F	I PAC(ID#)	7 Amount of contributions (\$)
	9/22/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77062	250.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	

MC	ONETARY	POLITICAL CONTR	RIBUTIONS	5	SCHEDULE A1
The	Instruction G	uide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 FI	LER NAME				3 Filer ID (Ethics Commission filers)
		Brent Whiteley			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/22/2015		Houston	TX 77007	250.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
 4	Date	5 Full name of contributor	out of state I	PAC(ID#)	
		Stephen L. Goldberg			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/22/2015		Houston	TX 77025	500.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	
		Britt J. Kornmann			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/22/2015		Houston	TX 77009	1000.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	L tions)
	Financial Advi	isor			
4	Date	5 Full name of contributor	out of state I	PAC(ID#)	
		Brian Buzby			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/24/2015		Houston	TX 77019	250.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor	out of state I	PAC(ID#)	
		Ky L. Fiser			7 Amount of contributions (\$)

M	ONETAR	RY POLITICAL CONTR	RIBUTION	IS	SCHEDULE A1
Th	e Instruction	Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	FILER NAME				3 Filer ID (Ethics Commission filers)
		6 Contributor address;	City;	State; Zip Code	
	9/24/2015		Dallas	TX 75209	250.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		William S. Harrison			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/24/2015		Dallas	TX 75219	250.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	I etions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Robert A. Jacobson			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/24/2015		Phoenix	AZ 85018	250.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Ryan Levy			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/24/2015		Houston	TX 77006	250.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
	Owner				

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
2 FILER NAME	3 Filer ID (Ethics Commission filers)
4 Date 5 Full name of contributor out of state PAC(ID#) Steven Sorenson	7 Amount of contributions (\$)
6 Contributor address; City; State; Zip Code 9/24/2015 Mission Viejo CA 92691	1000.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct Physician	ions)
4 Date 5 Full name of contributor out of state PAC(ID#) Mike C. Holloman	7 Amount of contributions (\$)
6 Contributor address; City; State; Zip Code 9/24/2015 Houston TX 77005	5000.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct Broker	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see instruction guide for addition	

MONETARY CONTRIBUTIONS FROM SCHEDULE C1 **CORPORATION OR LABOR ORGANIZATION** Total Pages Schedule C1: The Instruction Guide explains how to complete this form. Filer ID (Ethics Commission filers) 2 FILER NAME 3 5 Corporation/Labor Organization name Date Human Rights Campaign Amount of contribution (\$) 6 Corporation/Labor Organization address; 100000.00 City; State Zip Code 8/12/2015 Washington DC 20036 Date 5 Corporation/Labor Organization name Human Rights Campaign Amount of contribution (\$) 6 Corporation/Labor Organization address; City; State Zip Code 100000.00 8/17/2015 Washington DC 20036 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

		ETARY (IN-KIND) CONTRI			SCHEDULE C2			
CC		TION OR LABOR ORGAN						
	Th	ne Instruction Guide explains how to co	mplete this for	m.		1	Total Pages Sc	hedule C2:
2 FI	LER NAME					3	Filer ID (Ethics	s Commission filers)
4	Date	5 Corporation/Labor Organization name						
		Human Rights Campaign				7	Amount of	8. In-kind contribution description
							contribution (\$)	(if applicable)
		6 Corporation/Labor Organization address;	City;	State	Zip Code	1		! ! !
	9/24/2015		Washington	DC	20036		1150.16	Staff Time
							Check if travel outside Schedule T	of Texas, complete
4	Date	5 Corporation/Labor Organization name						
		Human Rights Campaign				7	Amount of	In-kind contribution description
							contribution (\$)	(if applicable)
		6 Corporation/Labor Organization address;	City;	State	Zip Code			! ! !
	9/1/1931		Washington	DC	20036		17.21	Printing
							Check if travel outside Schedule T	of Texas, complete
		ATTACH ADDITIONAL CO	OPIES OF TH	וופ פרו	IEDIII E	Δς	NEEDED	
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	² FILER NAME	3	Filer ID (Ethics Commission filers)			
4 Date	5 Payee name					
8/12/2015	Texans for All					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
100,000.00	1500 McGowen St Ste 130					
	Houston TX 77004					
8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Politi cal Committee	(b) Description Check if travel outside of Texas Check if Austin, TX, officeholds Contribution				
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office	e held			
4 Date	5 Payee name					
9/18/2015	Texans for All					
6 Amount (\$) 100,000.00	7 Payee address; City; 1500 McGowen St Ste 130	State; Zip Code				
	Houston TX 77004					
8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Politi cal Committee	(b) Description Check if travel outside of Texas Check if Austin, TX, officeholds Contribution				
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office	e held			
4 Date	5 Payee name					
9/24/2015	Texans for All					
6 Amount (\$) 5,810.00	7 Payee address; City;1500 McGowen St Ste 130	State; Zip Code				
	Houston TX 77004	I				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				SCHEDULE F1			
	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	² FILER NAME		3 Filer ID (Ethics Commission filers)			
		Contributions/Donations Made By Candidate/Officeholder/Politi cal Committee	Check if travel outside of T Check if Austin, TX, officel Contribution	exas, complete Schedule T			
9	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED