CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

CAMI AIGHT IN	ANGE KEI OKT				00	VER SHEET 1 S 1
The C/OH Instruction Guide explains how to complete this form				hics Comm	nission filers)	2 Total pages filed
3 CANDIDATE /	MS/MRS/MR	FIRST	MI		OFF	ICE USE ONLY
OFFICEHOLDER	Mr.	William	M.	Ī	Date Received	I
NAME	NICKNAME	LAST	SUFFIX		10/5/2015	
	Mike	Knox				
4 CANDIDATE /	ADDRESS / PO BOX;	APT/SUITE #; CITY;	STATE; ZIP C	CODE		
OFFICEHOLDER	1433 Freedonia					
MAILING					Date Hand-deliver	ed or Date Postmarked
ADDRESS	Houston Tx 77055					
Change of address 5 CANDIDATE /	AREA CODE	PHONE NUMBER	EXTENSION			
OFFICEHOLDER			2/1/2/10/01/1			
PHONE	(713) 973-6992					
6 CAMPAIGN	MS/MRS/MR	FIRST	MI		Receipt #	Amount
TREASURER	Mrs.	Sheryl		ŀ	Date Processe	ed
NAME	NICKNAME	LAST	SUFFIX		Date Imaged	
		Jackson			J	
7 CAMPAIGN	STREET ADDRESS (No PO Box Pleas	se);	APT/SUITE #;		CITY; STATE;	ZIP CODE
TREASURER	16803 Poplar Hill					
ADDRESS						
(Residence)	Houston Tx 77095					
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	280 856-2273					
	January 15 X 30th day bef	fore election Final	repport (Attach C/OH	1 - FR)	Exceeded \$500 limit	
9 REPORT TYPE		_		_		
	July 15 8th day befo	re election Runo	off		15th day after campaign	treasurer appointment(officeholder only)
10 PERIOD	Month Day	Year			Month	Day Year
COVERED	7/16/2015	;	THROUGH		9/24	4/2015
11 ELECTION	ELECTION DATE	ELECTION	TYPE			
	Month Day Year	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	П в		Canana	□ Conneigl
	11/3/2015	Primary	LI Ru	inoff	X General	Special
12 OFFICE	OFFICE HELD (if any)	<u> </u>	13 OF	FFICE SOUGH	HT (if known)	
			C	ity Cound	cil - At Large P	osition 1

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 FILER NAME Williar	m M. Knox		15 Filer ID (Ethics (Commission Filers)
	expenditures may have	f political contributions accepted or political expendituses been made without the candidate's or officeholder's receive notice of such expenditures.		
16 NOTICE	COMMITTEE TYPE	COMMITTEE NAME		
FROM	_			
POLITICAL	GENERAL	COMMITTEE ADDRESS		
COMMITTEE(S)				
	SPECIFIC			
		COMMITTEE CAMBAIGN TREACURED NAME		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
additional pages				
17 CONTRIBUTION		AL CONTRIBUTIONS OF \$50 OR LES		
TOTALS	PLEDGES, LOA	NS, OR GUARANTEES OF LOANS), U	INLESS HEMIZED	\$0.00
	2 TOTAL POLITIC	CAL CONTRIBUTIONS		\$22,940.00
	(OTHER THAN I	PLEDGES, LOANS, OR GUARANTEES	S OF LOANS)	φ22,940.00
EXPENDITURE	·	AL EXPENDITURES OF \$100 OR LES	·	
TOTALS			-, -	\$0.00
	4 TOTAL POLITION	CAL EXPENDITURES		
	4	<u> </u>		\$11,370.20
CONTRIBUTION	5 TOTAL POLITIC	AL CONTRIBUTIONS MAINTAINED A	S OF THE LAST DAY	
BALANCE	OF REPORTING		0 0	\$9,349.79
OUTSTANDING LOAN	6 TOTAL PRINCIP	PAL AMOUNT OF ALL OUTSTANDING	LOANS AS OF THE	
TOTALS	0	HE REPORTING PERIOD	LOANS AS OF THE	\$0.00
18 AFFIDAVIT				'
		report is tr	r affirm, under penalty of perju rue and correct and includes a ry me under Title 15, Election (Il information required to be
			William M.	Knox
			Signature of Candidat	te or Officeholder
AFFIX NOT STAMP / SE	AL ABOVE			
Sworn to and subscribed	before me, by the said	d	, this the	day
of	, 20	, to certify which, witness n	ny hand and seal of office.	
Signature of officer admi	nistering oath	Print name of officer administeri	ng oath Title of o	fficer administering oath

SUBTOTALS - COH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME William M. Knox 20 Filer ID (Ethics Commission Filers) 21 SCHEDULE SUBTOTALS **SUBTOTAL** NAME OF SCHEDULE **AMOUNT** SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 22940 1 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$0 2 SCHEDULE B: PLEDGED CONTRIBUTIONS \$0 3 SCHEDULE E: LOANS \$0 4 SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 5674 5 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6 \$0 SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTIONS \$0 8 SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 5696 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 9 \$0 SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 10 \$0 SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$ 0

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

FORM C/OH ADDENDUM

C/OH NAME William M. Knox

ACCOUNT # (Ethics Commission filers)

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

M(ONETAR	Y POLITICAL CONT	RIBUTIONS	5	SCHEDULE A1
The	e Instruction (Guide explains how to complet	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME	William M. Knox			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Kathy Rembert	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/12/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77018	\$100.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Helen Knox	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/12/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77055	\$2,500.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Norm Adams	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/17/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77008	\$1,000.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Linda Craig	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/17/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77024	\$1,000.00
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	ONETARY	POLITICAL CONTI	RIBUTION	S	SCHEDULE A	41
Th	e Instruction G	uide explains how to complet	1 Total Pages Schedule A1:			
2 F	TILER NAME W	Villiam M. Knox			3 Filer ID (Ethics Commission filers)	
		Diane Walberg	1		7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	8/21/2015		Houston	Tx 77024	100.00	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)	
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Sheryl Jackson			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	8/26/2015		Houston	Tx 77095	500.00	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	Letions)	
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Peggy Hohenstein			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	8/29/2015		Houston	Tx 77245	100.00	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
	Retired					
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Diana Kelso			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	8/31/2015		Houston	Tx 77091	300.00	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	I utions)	
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Cynthia Wagner			7 Amount of contributions (\$)	

M	ONETAR	Y POLITICAL CONTR	SCHEDULE A1		
The	e Instruction	Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	ILER NAME	William M. Knox			3 Filer ID (Ethics Commission filers)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77079	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor Brenda Butcher	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77080	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor James McSpadden	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/1/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77077	100.00
8	Principal occ	cupation / Job title (See Instructions) Packaging		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor Cynthia Leuchtag	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/1/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77001	50.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	5	SCHEDULE A1
The	Instruction (Guide explains how to complet	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME	William M. Knox			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Louis Macey	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	8/28/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77056	500.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Modesto Rivera	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/1/2015	6 Contributor address;	City; Kingwood	State; Zip Code Tx	25.00
8	Principal occ	Eupation / Job title (See Instructions) Supervisor		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Vergel Cruz	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	9/1/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77018	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Mary Landrum	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	9/1/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77024	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	ONETAR	Y POLITICAL CONTI	RIBUTION	S	SCHEDULE A1
The	e Instruction	Guide explains how to complet	1 Total Pages Schedule A1:		
2 F	ILER NAME	William M. Knox			3 Filer ID (Ethics Commission filers)
		Stephen Coycault			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/1/2015		Pasadena	Tx 77504	25.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	I etions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Sue Caldwell	_		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/1/2015		Houston	Tx 77055	50.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	I otions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Sandy Askin			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	•
	9/1/2015		Katy	Tx 77449	100.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Retired				
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Holly Calbat			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	•
	9/1/2015		Houston	Tx 77064	100.00
8	Principal oc	L cupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
	Acct.				
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Marjorie Forster			7 Amount of contributions (\$)

M	ONETAR	RY POLITICAL CONTR	RIBUTION	S	SCHEDULE A1
The	e Instruction	Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	ILER NAME	William M. Knox			3 Filer ID (Ethics Commission filers)
	9/1/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77080	50.00
8	Principal oc Retired	ccupation / Job title (See Instructions)		9 Employer (See Instruc	I ctions)
4	Date	5 Full name of contributor Ramsey Elder	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/1/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77005	300.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	etions)
4	Date	5 Full name of contributor Frank Gentry	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/3/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77080	100.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	I etions)
4	Date	5 Full name of contributor David Melbourne	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/2/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77025	250.00
8	Principal oc Sales	ccupation / Job title (See Instructions)		9 Employer (See Instruc	etions)

M	ONETARY	Y POLITICAL CONTI	RIBUTIONS	5	SCHEDULE A1
The	e Instruction G	Guide explains how to complet	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME V	Villiam M. Knox			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Carter Breed	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	9/1/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77024	1,000.00
	0, 1,2010		11000.011	17.77021	1,000.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Deborah Varkadoz	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	9/2/2015	6 Contributor address;	City; New Ulm	State; Zip Code Tx 78950	100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Vernon Laywell	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	9/2/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77079	100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	Litions)
4	Date	5 Full name of contributor Ron Sledge	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	9/2/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77008	500.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state I	PAC(ID#)	

M	ONETARY	Y POLITICAL CONTI	RIBUTION	S	SCHEDULE A	İ
The	Instruction G	Guide explains how to complet	1 Total Pages Schedule A1:	-		
2 F	ILER NAME V	Villiam M. Knox			3 Filer ID (Ethics Commission filers)	-
		Holloway Frost			7 Amount of contributions (\$)	-
		6 Contributor address;	City;	State; Zip Code		
	9/6/2015		Houston	Tx 77001	5,000.00	
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	Itions)	_
4	Date	5 Full name of contributor	out of state	PAC(ID#)		-
		Kathaleen Wall	_		7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	9/6/2015		Houston	Tx 77024	5,000.00	
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	I tions)	-
4	Date	5 Full name of contributor	out of state	PAC(ID#)		-
		Tom Pizza			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	9/6/2015		Houston	Tx 77043	50.00	
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	I tions)	-
	Retired					
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Patricia Phillips			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	9/8/2015		Houston	Tx 77018	50.00	
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	I tions)	-
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Nick Noecker			7 Amount of contributions (\$)	

M	ONETAR	Y POLITICAL CONTR	SCHEDULE A		
The	e Instruction (Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	ILER NAME	William M. Knox			3 Filer ID (Ethics Commission filers)
	9/6/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77055	50.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	etions)
4	Date	5 Full name of contributor Arthur D'Albergo	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/3/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77095	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I otions)
4	Date	5 Full name of contributor Don Francisco	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/10/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77055	250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I ctions)
4	Date	5 Full name of contributor Donald Woodard, Jr.	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/14/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77024	500.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	etions)

M(ONETAR'	Y POLITICAL CONTI	RIBUTIONS	5	SCHEDULE A1
The	Instruction C	Guide explains how to complet	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME \	William M. Knox			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Lynn Strang	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/20/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77040	40.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor David Weinstein	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/15/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77024	1,000.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor James Prince	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/23/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77055	500.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	L tions)
4	Date	5 Full name of contributor Ryan McKnight	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/15/2015	6 Contributor address;	City; Houston	State; Zip Code Tx 77008	250.00
8	Principal occi	Lupation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	

MC	ONETAR'	Y POLITICAL CONTI	RIBUTIONS	5		SCHEDULE A	Α1
The	Instruction C	Guide explains how to complet	te this form.		1 Tota	al Pages Schedule A1:	
2 FI	LER NAME	William M. Knox			3 Filer ID ((Ethics Commission filers)	
		Thomas Cotter			7	Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code			
	9/21/2015		Baytown	Tx 77522		100.00	
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)		
4	Date	5 Full name of contributor	out of state F	PAC(ID#)			
		Mark Ihre	_		7	Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code	1		
	9/22/2015		Jacksonville	FL 32224		250.00	
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)		
4	Date	5 Full name of contributor Frank Gullo	out of state F	PAC(ID#)	7	Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code			
	9/8/2015		Jersey Village	Tx 77040		200.00	
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)		
4	Date	5 Full name of contributor Elizabeth Bonafas	out of state F	PAC(ID#)	7	Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code			
	9/3/2015		Houston	Tx 77025		100.00	
8	Principal occi Doctor	upation / Job title (See Instructions)		9 Employer (See Instruc	etions)		
4	Date	5 Full name of contributor Lois Stromberg	out of state F	PAC(ID#)	7	Amount of contributions (\$)	

MONETAR	RY POLITICAL CON	TRIBUTION	IS		SCHEDULE A1
The Instruction	Guide explains how to comp	1 Total Pages Schedule A1:			
2 FILER NAME	William M. Knox				3 Filer ID (Ethics Commission filers)
9/19/2015	6 Contributor address;	City; Houston	State; Tx 77080	Zip Code	250.00
8 Principal oc Retired	s)	9 Employer (See Instructions)			
	ATTACH ADDI	TIONAL COPIES	OF THIS	SCHEDULI	E AS NEEDED
	If contributor is out-of-state	PAC, please see in	struction gui	de for additio	nal reporting requirements

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

THOM TOLITION	001111111111111111111111111111111111111					
	The Instruction Guide	explains how to complete this form.				
1 Total pages Schedule F1:	² FILER NAME William M. Kr	nox 3 Filer ID (Ethics Commission filers)				
4 Date	5 Payee name					
8/25/2015	Just Win Strategies					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
525.00	P.O. Box 2561					
	Alexandria Va. 22301					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Texas, complete Schedule T				
		Check if Austin, TX, officeholder living expense				
	Consulting Expense	Campaign Consulting				
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held				
4 Date	5 Payee name					
9/5/2015	Melaroo					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
500.00	PO Box 99					
	Katy Tx 77492					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Texas, complete Schedule T				
		Check if Austin, TX, officeholder living expense				
	Advertising Expense	Web Design				
O Commission ONII V if disposit	Condidate / Office haden news					
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held				
4 Date	5 Payee name					
9/5/2015	Story Teller Promotions					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
649.50						
043.50	1338 Country Place Circle,	$\pi i \lambda$				
	Houston Tx 77079					
8 PURPOSE OF EXPENDITURE		(b) Description				

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME William M. Knox Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Advertising Expense T-Shirts 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/20/2015 Daughters of Liberty 7 Payee address; 6 Amount (\$) Zip Code City; State; 8706 Adante Dr. 750.00 Houston Tx 77042 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Award Dinner Advertising Expense Candidate / Officehoder name 9 Complete ONLY if direct office sought office held expendituree to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

3			
		plains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME William M. Knox	(3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/20/2015	HCRP		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
250.00	7232 Wynnewood		
	Houston Tx 77008		
8 PURPOSE OF EXPENDITURE		(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeh	
	F F		
	Event Expense	Exec. Meeting food	u
9 Complete ONLY if direct	Candidate / Officehoder name	office sought c	office held
expendituree to benefit C/OH	Candidate / Officeriodel flame	mice sought c	mice field
4 Date			
	5 Payee name		
9/24/2015	Jessica Colon		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
3,000.00	3405 Edloe, #205A		
	houston Tx 77027		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Consulting Expense	Campaign Consult	ting
9 Complete ONLY if direct	Candidate / Officehoder name	office sought c	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
		•	
o DUDDOSE OF EVERNOTUSE	(a) Catagony	(h) Description	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME William M. Knox Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officehoder name office sought office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Total pages Schedule F4: TOTAL OF UNITEMIZED EXPE Date	_		The Instruction Guide explains h		to complete this form.	
TOTAL OF UNITEMIZED EXPE	NE					
	_	ITURES			3 Filer ID (Ethics Commission filers)	
Date	Τ.		S CHARGED TO A CREDIT CARD		\$	
	6	6 Payee name				
8/14/2015		Е	incore Printing			
Amount (\$)	8	Pa	yee address; City;	Sta	te; Zip Code	
389.06		21815 Katy Fwy #C110				
		Ka	ty Tx 77450			
TYPE OF EXPENDITURE		X Po	litical		Non-Political	
PURPOSE OF EXPENDITURE	1,	, .	Ory (See Categories listed at the top of this	(b) D	escription	
	30	nedule)		Г	Check if travel outside of Texas, complete Sched	ule T
				\vdash	Check if Austin, TX, officeholder living expense	
		Pr	inting Expense	L	Push Cards	
			3 1 3 3			
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name			office sought office	e held	
-	389.06 TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	389.06 TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE (a sc	389.06 Z1 Ka TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE (a) Categ schedule) Pr Complete ONLY if direct Candidate	389.06 21815 Katy Fwy #C110 Katy Tx 77450 TYPE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense Complete ONLY if direct Candidate / Officehoder name	389.06 21815 Katy Fwy #C110 Katy Tx 77450 TYPE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE (b) D Printing Expense	389.06 21815 Katy Fwy #C110 Katy Tx 77450 TYPE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, complete Sched Check if Austin, TX, officeholder living expense Push Cards Complete ONLY if direct Candidate / Officehoder name Office sought Onn-Political Non-Political (b) Description Check if travel outside of Texas, complete Sched Check if Austin, TX, officeholder living expense

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission filers) Total pages Schedule F4: FILER NAME William M. Knox TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 6 5 Date Payee name 8/25/2015 **Encore Printing 7** Amount (\$) 8 Payee address; City; State: Zip Code 467.55 21815 Katy Fwy #C110 Katy Tx 77450 9 **TYPE OF EXPENDITURE** Political Non-Political **PURPOSE OF EXPENDITURE** (a) Category (See Categories listed at the top of this (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Contribution cards **Printing Expense** Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH Date 6 Payee name 9/1/2015 Ciro's Restaurant **7** Amount (\$) 8 Payee address; City; State; Zip Code 613.21 9755 Katy Fwy Houston Tx 77024 Χ Political TYPE OF EXPENDITURE Non-Political PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this (b) Description schedule) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Food/Beverage Expense Fund raiser Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 8/29/2015 **Encore Printing** Amount (\$) 8 Payee address; City; State; Zip Code

E	KPENDITURES MA	۱D	E BY CREDIT	CARD			SCHE	DULE	F4
	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2	FILER NAME W	(3 Filer ID (Ethics Commission filers)				
4	TOTAL OF UNITEMIZED EXPE	ND	DITURES CHARGED TO	A CREDIT CARE)	\$			
	269.47		21815 Katy Fwy Katy Tx 77450	#C110					
9	TYPE OF EXPENDITURE		X Political			Non-Political			
10	_	Ш	Category (See Categories I	sted at the top of this	(b) D	escription			
			Printing Expens			Check if travel outside of Te Check if Austin, TX, officeho Push Cards			
11	Complete ONLY if direct expendituree to benefit C/OH	Ca	andidate / Officehoder na	me		office sought	office held		
5	Date	6	Payee name						
	9/5/2015		Lowes						
7	Amount (\$)	8	Payee address;	City;	Sta	te; Zip Code			
	84.76		19935 Katy Fwy						
9	TYPE OF EXPENDITURE		X Political	U94 	II	Non-Political			
	PURPOSE OF EXPENDITURE	Ш		atad at the top of this	(b) D	escription			
	TONI OSE OF EAFENDITORE		Advertising Exp			Check if travel outside of Te Check if Austin, TX, officeho Sign poles			
11	Complete ONLY if direct expendituree to benefit C/OH	Ca	andidate / Officehoder na	me	l	office sought	office held		
5	Date	6	Payee name						
	9/22/2015		Encore Printing)					
7	Amount (\$)	8	Payee address;	City;	Sta	te; Zip Code			
	573.52		21815 Katy Fwy	#C110					
			Katy Tx 77450						

E	EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4							
	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4: 2 FILER NAME William M. Kno					3 Filer ID (Ethics Commission filers)		
4	TOTAL OF UNITEMIZED EXPE	ND	ITU	RES CHARGED TO A CREDIT CARE)	\$		
9	TYPE OF EXPENDITURE		X	Political		Non-Political		
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Push Cards				
11	Complete ONLY if direct expendituree to benefit C/OH	Ca	Candidate / Officehoder name			office sought office held		
5	Date	6	6 Payee name					
	9/14/2015	U.S. Pastor Council						
7	Amount (\$) 25.00	8 Payee address; City; P.O. Box 692207 Houston Tx 77269		Sta	ate; Zip Code			
9	TYPE OF EXPENDITURE		X	Political		Non-Political		
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) C	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Lunch			
11	Complete ONLY if direct expendituree to benefit C/OH	Ca	andi	date / Officehoder name	<u> </u>	office sought office held		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS The Instruction Guide explains how to complete this form. 1 Total Pages Schedule G: 3 FilerID (Ethics Commission filers) 2 FILER NAME William M. Knox 5 Payee name 4 Date 8/9/2015 City of Houston 6 Amount (\$) City; 7 Payee Address; State: Zip Code 500.00 900 Baghby St Houston Tx 77002 X Reimbursement from political contributions intended 8 (a) Category (b) Description **PURPOSE OF** Filing Fee Fees **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office held Office sought expenditure to benefit C/OH City Council - At Mike Knox Large Position 1 4 Date 5 Payee name 8/17/2015 Sprint 2 Print 7 Payee Address; 6 Amount (\$) City; State: Zip Code 77080 1,500.00 8748 Clay Rd, Ste 300 Houston Tx χ Reimbursement from political contributions intended 8 (a) Category (b) Description **PURPOSE OF** Advertising Expense Yard Signs **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 8/26/2015 Sprint 2 Print 6 Amount (\$) 7 Payee Address; City; State: Zip Code 1,219.00 8748 Clay Rd, Ste 300 Houston Τx 77080 χ Reimbursement from political contributions intended 8 (a) Category (b) Description

SCHEDULE G

POLITICAL EXP	ENDITURES	SCHEDULE G					
MADE FROM PE	ERSONAL FUNDS						
	The Instruction Guide explains h	now to complete this form.					
1 Total Pages Schedule G:	² FILER NAME William M. Knox	3 FilerID (Ethics Commission filers)					
PURPOSE OF EXPENDITURE	Advertising Expense	Yard Signs					
		Check if travel outside of Texas, complete Schedule T					
		Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held					
4 Date	5 Payee name						
8/26/2015	Story Teller Promotioins						
6 Amount (\$)	7 Payee Address;	City; State; Zip Code					
54.13	1338 Country Place Cir. #A	Houston Tx 77079					
X Reimbursement from							
political contributions							
intended							
8	(a) Category	(b) Description					
PURPOSE OF EXPENDITURE	Advertising Expense	Name Tags					
		Check if travel outside of Texas, complete Schedule T					
		Check if Austin, TX, 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					