# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	ME/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	MICHAEL NICKNAME LAST	SUFFIX	Date Received
	Kubosh		PMIC
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	1701 Lubbock St.	TOOT	Oly Stop Stop
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (713) 222- 098	EXTENSION 3	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS(MR) FIRST	MI	Receipt # Amount S
NAME	NICKNAME LAST	SUFFIX	Date Processed
	NASH		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL		ZIP CODE
(Residence or Business)	HOUSTON TX TT	1007	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 222-09	83 EXTENSION	
9 REPORT TYPE	January 15 30th day before ele		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	01 01 2015	THROUGH 06	30/2015
11 ELECTION	Month Day Year Primary  11 / 03 / 2015  General	Runoff Clear Description  Special MUNIC	CIPAL
12 OFFICE	HOUSTON CITY COUNC	13 OFFICE SOUGHT (IF KNOWN C)	TY COUNCIL
	AT-LARGE NO. 3	AT-LARO	
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

14 C/OH NAME MICHAEL KU	BOSH AT	-LARGE NO.3 CM	5 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF 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.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS	BANK DELOT TO THE STATE OF THE	
17 CONTRIBUTION	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA	N . A Chal	
TOTALS	1	S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	\$ <b>0.00</b>	
	i	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Ø.ØØ \$63,205.00 \$ Ø.ØØ	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL	POLITICAL EXPENDITURES	\$23,322.68	
CONTRIBUTION BALANCE	1	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	70	
OUTSTANDING LOAN TOTALS	LAST DA	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T NY OF THE REPORTING PERIOD	50	
18 AFFIDAVIT	WHITHIN PARY P	I swear, or affirm, under penalty of potential true and correct and includes all info	erjury that the accompanying report is rmation required to be reported by me	
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 TO THE STAMP / SE				
AFFIX NOTARY STAMP/SEALABOY MANIMINING				
Sworn to and subscribed day of Ouli/	3.5	to certify which, witness my hand and seal of office.	, this the	
day of, zo / >, to certify which, witness my hand and seal of office.				
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 FILER	mmission Filers)		
MICHAEL KUBOSH			
	JLE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$63, 205. <sup>62</sup>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS			\$
5. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			\$23,322.6 <u>8</u> \$25,000.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$ 25,000.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			\$
8.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
9. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$
10.	10. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
11.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	NS	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME MICHAI	EL KUBOSH		3 Filer ID (Ethics Commission Filers)
4 Date 06/30/15	5 Full name of contributor out-of-state PAC  5. L. APPLEWHITE  6 Contributor address; City; State		7 Amount of contribution (\$)  250.
Access .	pation / Job title (See Instructions) ESTATE	9 Employer (See Instruction AYRSHIP	E CORP.
Date	Full name of contributor out-of-state PAC	_	Amount of contribution (\$)
06/30/15	_	; zip Code TON TX 77019	250.00
	PORTATION	Employer (See Instruct	MARINE SERVICES
Date		C (ID#:)	Amount of contribution (\$)
06/30/15	Dallas S. Jones Contributor address; City; State Houston To	: Zip Code ( 17004	500.00
Principal occup	ration / Job title (See Instructions)	Employer (See Instruction SELF	tions)
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
06/30/15		zip Code X 77007	200.00
_ '	ation / Job title (See Instructions) いのらMA-N	Employer (See Instruc	tions)
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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MICHAEL KUBOSH 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: 06/30/15 | DIRK LAUKIEN 6 Contributor address; City; State; Zip Code 1,000. 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) AVIATION SELF Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) 1,000. AUSTINIX1870 Principal occupation / Job title (See Instructions) Employer (See Instructions) TAXI CAB PAC out-of-state PAC (ID#:\_ Amount of contribution (\$) LILLY KNIGHT 06/22/15 City; State; Zip Code HOUSTONTX 77030 Principal occupation / Job title (See Instructions) Employer (See Instructions) SELF ATTORNEY out-of-state PAC (ID#: Amount of contribution (\$) 06/22/15 James Nash HOUSTON TX Employer (See Instructions) GREATER ST. PAUL MISSIONARY Principal occupation / Job title (See Instructions) PASTOR 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			
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME MICHAE	L KUBOSH		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PAI	C (ID#:)	7 Amount of contribution (\$)
06/22/15		N e; Zip Code TX 77008	50.00
	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	, –	C (ID#:)	Amount of contribution (\$)
06/22/15	Contributor address, 1919, State	e; Zip Code TON TX77023	500.00
1 ', '	pation / Job title (See Instructions) のち からい	Employer (See Instruct	ions)
Date 06/22/15	Contributor address; City; State	; Zip Code	Amount of contribution (\$)
Principal occup BAIL BON	nation / Job title (See Instructions) DS MAN	Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
06/22/15		zip Code to NTX 77017	250.00
	ation / Job title (See Instructions)  OURSE MANAGER	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES O		
	If contributor is out-of-state PAC, please see instr	uction guide for additional i	reporting requirements.

### 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) MICHAEL KUBOSH 5 Full name of contributor out-of-state PAC (ID#:\_\_ 7 Amount of contribution (\$) 06/27/15 SUSAN E, LOVELL 6 Contributor address; City; State; Zip Code 100. HOUSTON TX 77098 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) CONSULTANT ut-of-state PAC (ID#: Full name of contributor Amount of contribution (\$) 06/22/15 250.00 Houston IX 77036 Principal occupation / Job title (See Instructions) Employer (See Instructions) ARCHITECTURAL SELF Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) GARY MOSLEY tributor address; City; State; Zip Code 06/22/15 1,500.00 Houston TX 77007 b title (See Instructions) Employer (See Instructions) restaurant/bar owner ut-of-state PAC (ID#: Amount of contribution (\$) JEANETTE RASH Contributor address; City; S 06/22/15 500.00 City; State; Zip Code HOUSTON TX 77020 Employer (See Instructions) Principal occupation / Job title (See Instructions) AUTO TOWING FAST TOW 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			
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME MICHAE	L KUBOSH		3 Filer ID (Ethics Commission Filers)
4 Date 06/22/15			7 Amount of contribution (\$)
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	. ^-	C (ID#:)	Amount of contribution (\$)
06/22/15	C. Richard Pia336 Contributor address; City: State Houston T	e; Zip Code	250.00
1 '	Dation / Job title (See Instructions)  JESS CONSULTANT	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
06/22/15	ANTHONY KOUZOUN Contributor address; City; State		100.00
	HOUSTONTX	77098	-
Principal occup	RED	Employer (See Instruct	tions)
Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)
06/22/15		-1 e; Zip Code NTX 77237	100.00
Principal occup BULLDER	action / Job title (See Instructions)	Employer (See Instruct	ions)
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			
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	EL KUBOSH	. :	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)
06/22/15	SALLY BRADFORD 6 Contributor address; City; State	HOUSTON TX	100.00
	pation / Job title (See Instructions) IVE DIRECTOR	9 Employer (See Instruc	INT DEVELOPMENT
Date	•	C (ID#:)	Amount of contribution (\$)
06/22/15	<b></b>	e; Zip Code ioustore TX 77024	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	
Date 06/22/15	PETER HECKLER	Zip Code TX	Amount of contribution (\$)
	RNEY	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
06/22/15	DEMETRIUS G. Nava Contributor address; City; State	e; Zip Code	500.00
Dringing Lagran	Houston TX 7702 ation / Job title (See Instructions)	Employer (See Instruct	ional
PRESIC	,	1	NSURANCE GRP
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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MICHAEL KUBOSH 5 Full name of contributor 7 Amount of contribution (\$) Houston TX 77002 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) ball bonds man SELF Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 06/22/15 250, HOUSTON TX 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions) SELF ATTORNEY Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) ZEIDMAN ss: City; State; Zip Code Houstow TX 77019 Principal occupation / Job title (See Instructions) Employer (See Instructions) TEXAS HEART INSTITUTION CHAIRMAN Date ut-of-state PAC (ID# Amount of contribution (\$) Locke LORD Contributor address; 06/22/15 DALLAS, TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) CONSULTANTS SELF ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONE	TARY POLITICAL CONTR	IBUTIONS	schedule A1
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME MICHAE	L KUBOSH		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	.C (ID#:)	7 Amount of contribution (\$)
06/22/15	HOUSTON POLICE OFFICER 6 Contributor address; City; State HOUSTON T		5,000.
· .	pation / Job title (See Instructions) ENFORCEMENT	9 Employer (See Instruction ASSOCIA	
Date	Full name of contributor 🔲 out-of-state PA		Amount of contribution (\$)
06/22/15	James G. Rockrige Contributor address: City State HOUSTON TX 17018	163 e; Zip Code	500,00
Principal occup POLITIC	CAL CONSULTANT	Employer (See Instruct	iions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
06/22/15	John E. Mc CLusk Contributor address; City: State	ey b: Zip Code NTX 77002	250.00
	ation / Job title (See Instructions) NGS Man	Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
06/22/15	Randy Croix Contributor addis City: State PEARLAND TX 77581		100.00
	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED
	If contributor is out-of-state PAC, please see insti	ruction guide for additional i	reporting requirements.

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	L KUBOSH		3 Filer ID (Ethics Commission Filers)
4 Date 06/09/15	5 Full name of contributor out-of-state PAC	C (ID#:)  c; Zip Code	7 Amount of contribution (\$)
8 Principal occu	HOUSTON TX 77.057 pation / Job title (See Instructions)	9 Employer (See Instruct	•
l '	A PAC	PAC	
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
(	Contributor address; City; State	:	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 05/27/15	Full name of contributor Out-of-state PAC BURNS BAIL BONDS Contributor address; City; State;	3	Amount of contribution (\$)  500.
	oation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 05/27/15	Full name of contributor  HARTMAN PARTNERS  Contributor address; 0. State:  HOUSTON TX 77057	(ID#:) [HIP] ; Zip Code	Amount of contribution (\$)
	ation / Job title (See Instructions)  2TY MANAGER	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instru		

MONETARY POLITICAL CO	NTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule A1:
2 FILER NAME MICHAEL KUBOSH		3 Filer ID (Ethics Commission Filers)
Comcast Corp. PAC	y; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) UTILITY	9 Employer (See Instruc	tions)
Date  5 andra A. 1  Contributor address: City  Houston TX 7707	y; State Zip Code	Amount of contribution (\$)  50,
Principal occupation / Job title (See Instructions)  BOARD MEMBER	Employer (See Instruc	tions) CDM MUNITY COLLEGE
05/00/15 TEC TEXAS GUL	: State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instruc	tions)
05/08/15 GITI ZARINK Contributor address: City;		Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  ENGINEER	Employer (See Instruction CARINKEL	ions) K ENGINEERING
ATTACH ADDITIONAL CO	DPIES OF THIS SCHEDULE AS NE	

## 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) MICHAEL KUBOSH 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_ 05/08/15 2 INETTA A. BURNEY 6 Contributor address; City; State; Zip Code HOUSTON TX 77001 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) HOUSTON & PARTNER JELF Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 05/08/15 HOUSTON TX 77056 Principal occupation / Job title (See Instructions) Employer (See Instructions) TANGLEWOOD CORP. PRESIDENT Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) NORMAN ADAMS ributor address: City; State; Zip Code 05/08/15 HOUSTON TX 77008 Employer (See Instructions) Principal occupation / Job title (See Instructions) OWNER / SELF INSURANCE SALES Date Full name of contributor Full RIGHT & JAWORSKI PAC Contributor address: State; Zip Amount of contribution (\$) 1,000.00 HOUSTON TX 77010 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTORNEY PAG 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			
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME MICHAE	L KUBOSH		3 Filer ID (Ethics Commission Filers)
4 Date 05/08/15	alala Richard Proceding		7 Amount of contribution (\$)
1	pation / Job title (See Instructions)  IVE DIRECTOR	9 Employer (See Instruc	
Date	Full name of contributor out-of-state PA		Amount of contribution (\$)
	CHRISTOPHER AKI  Contributor address; City; State  NEEDERLAND IX 77		500.00
Principal occupation / Job title (See Instructions)  PRESIDENT  Employer (See Instructions)  ITEX GROUP			,
Date	Full name of contributor		Amount of contribution (\$)
05/08/15	Contributor address: City: State HOUSTON TX 7876C		1,000,00
	eation / Job title (See Instructions)	Employer (See Instruct	ions)
COLLE	CTIONS	PAC	
Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)
05/08/15	CYPRESS, TX 77433	z; Zip Code	1,000.00
	ation / Job title (See Instructions) DENT	Employer (See Instruct	
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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MICHAEL KUBOSH 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: 05/08/15 ALLEN BOONE HUMPHRIES ROBINSON 6 Contributor address: City: State; Zip Code 00 HOUSTON TX 77027 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) LEGAL - ATTORNEY PAC Full name of contributor ut-of-state PAC (ID#: Date Amount of contribution (\$) HAYNES AND BOONE PAG Contributor address: City: State: Zip Code 05/08/15 RICHARDSON TX 75082 Principal occupation / Job title (See Instructions) LEGAL ATTORNEY Employer (See Instructions) PAC ut-of-state PAC (ID#: Amount of contribution (\$) Cobb Fendley PAC Contributor address: City State: Zip Code 05/8/15 HOUSTON TX 77040 Principal occupation / Job title (See Instructions) Employer (See Instructions) ENGINEERING PAC Amount of contribution (\$) HOUSTON TX 77079 Principal occupation / Job title (See Instructions) Employer (See Instructions) ENGINEERING PAC ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONE	TARY POLITICAL CONTRIBUTIONS	schedule A1
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME MICHAEL	KUBOSH	3 Filer ID (Ethics Commission Filers)
4 Date 05/08/15	5 Full name of contributor out-of-state PAC (ID#:	
	pation / Job title (See Instructions)  9 Employer (See Instructions) PAC	structions)
Date	Full name of contributor	Amount of contribution (\$)
04/30/15	Contributor address: City; State; Zip Code HOUSTON TX 77019	500.00
, ,	Dation / Job title (See Instructions)  Employer (See Instructions)  SELF	structions)
Date 04/24/15	Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Inst	structions)
Date 04/20/15	Full name of contributor out-of-state PAC (ID#:	
	HOUSTON TX 77006  pation / Job title (See Instructions)  Employer (See InstruCtions)	structions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	S NEEDED

MONE	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME MICHAE	L KUBOSH		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PA	4	7 Amount of contribution (\$)
04/20/15		e; Zip Code	20.
8 Principal occu	HOUSTON TX 7704	9 Employer (See Instruc	tions\
1 8.	ORNEY	SELF	iona)
Date	Full name of contributor Out-of-state PA		Amount of contribution (\$)
4/16/15	Contributor address; City; Stat	e; Zip Code	5,000.00
Principal occur	AUSTIN TX 78768 pation / Job title (See Instructions)	Employer (See Instruct	inne)
1 _ '	ESTATE PAC	PAC	
Date	Full name of contributor		Amount of contribution (\$)
4/10/15	;	e; Zip Code	2,500.00
	HOUSTON TX TIO	- <del></del>	:-
	NEER	DANNEN BA	lum eng. corp
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
4/7/15	TINA LYLES Contributor address; City; State HOUSTON TX 17002	e; Zip Code	500,00
	nation / Job title (See Instructions)	Employer (See Instruct	ions)
DAIL	BONDSMAN	SELF	
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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MICHAEL KUBOSH 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID# NORMAN JOLLY JR 6 Contributor address; City; State; Zip Code 4/7/15 HOUSTONTX 77007 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) ATTORNEY SELF Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) PETER BROWN Contributor address; City; State; Zip Code 4/6/15 HOUSTON TX 77098 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED Amount of contribution (\$) HOUSTON POLICE OFFICERS UNION PAC City: State: Zip Code 4/1/15 5,000 HOUSTON TX 77007 Principal occupation / Job title (See Instructions) Employer (See Instructions) PAC LAW ENFORCEMENT Amount of contribution (\$) 3/31/15 CONTINENTAL AIRLINES EMPLOYEE PAC 1,000,00 HOUSTON TX 77002 Principal occupation / Job title (See Instructions) Employer (See Instructions) AIRLINES PAC ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONE	TARY POLITICAL CONTR	IBUTIONS	schedule: A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor Out-of-state PAC Richard W. Week 6 Contributor address; City State HOUSTON TX 77055	ley c; Zip Code	7 Amount of contribution (\$)  500,
A # '	pation / Job title (See Instructions) BUILPER	9 Employer (See Instruc	tions)
Date 03/30/15	Full name of contributor	LEROY E Zin Code	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 03/20/15	Thomas G. Smit Contributor address; City; State  HOUSTON TEXAS 17	; Zip Code	Amount of contribution (\$)
	ation / Job title (See Instructions)	Employer (See Instruc	WHOLESALE
Date 3/16/15	Jusan E Love	(ID#:)	Amount of contribution (\$)  250,
Principal occup	ation / Job title (See Instructions)	TX 77098  Employer (See Instruct SELF	tions)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	:EDED
	If contributor is out-of-state PAC, please see instr	uction guide for additional	reporting requirements.

## 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) MICHAEL KUBOSH 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_ 3/16/15 2INETTA A. BURNEY Contributor address: City; State; Zip Code HOUSTON TX 11004 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) HOUSTON & PARTNER SELF Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) 3/10/15 77020 Employer (See Instructions) FAST TOW AUTO TOWING Full name of contributor Date out-of-state PAC (ID#:\_ Amount of contribution (\$) Judy Grandmalson-Warren City; State; Zip Code 3/10/15 HOUSTON IX 77007 Principal occupation / Job title (See Instructions) Employer (See Instructions) bail bondsman Date Amount of contribution (\$) 03/10/15 The Creek Group Contributor address: City State: Zin Code HOUSTON TX 77007 Principal occupation / Job title (See Instructions) Employer (See Instructions) RESTAURANT 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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MICHAEL KUBOSH 4 Date 5 Full name of contributor 7 Amount of contribution (\$) CDM 5MITH PAC 6 Contributor address; City: State; Zip Code HOUSTON TX 77056 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) ENGINEERING CONSULTANTS PAC Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) DUANE KAMIS Contributor address: State; Zip Code 3/9/15 BELLAIRE TX 11401 ation / Job title (See Instructions) R - TAX1 CAB Employer (See Instructions) Principal occupation / Job title (See Instructions) OWNER - TAXI CAB KAMIS INVESTMENT out-of-state PAC (ID#:\_ Amount of contribution (\$) 3/6/15 C Richard Piazza Contributor address: City: State: Zip Code 200.00 Houston TX 77006 Principal occupation / Job title (See Instructions) Employer (See Instructions) SYNVIVO BIOTECHNOLOGY PRESIDENT Date Amount of contribution (\$) 3/8/15 CENTERPOINT ENERGY PAC HOUSTON TX 77210 Employer (See Instructions) Principal occupation / Job title (See Instructions) PAC UTILITY 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
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME MICHAEL KUBOSH	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC (ID#:)  NORMAN E, ADAMS 6 Contributor address; City; State; Zip Code  Houston IX 77008	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 5 SELF	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2/26/15 Allen R. Hartman Contributor address: City: State: Zip Code Houston TX 77057	1,000.00
Principal occupation / Job title (See Instructions)  PROPERTY MANAGEMENT  HARTMAN (	
Date  Full name of contributor  Scott Wizig  Contributor address:  Contributor Address:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  PRESIDENT- PROPERTY MGMT SELF	tions)
Date Full name of contributor out-of-state PAC (ID#:)  TMC PAC  Contributor address: City; State; Zip Code  WACO TX 76708	Amount of contribution (\$)  2,500
Principal occupation / Job title (See Instructions)  MASONRY CONTRACTORS  Employer (See Instruct PAC-TX I	MASONRY (DUNCIL
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:	
2 FILER NAME	EL KUBOSH		3 Filer ID (Ethics Commission Filers)	
4 Date 2/26/15	5 Full name of contributor  JAMES V. Courtla  6 Contributor address:  City: State	and SR. e; Zip Code	7 Amount of contribution (\$)	
8 Principal occu	HOUSTON TX 7703 pation / Job title (See Instructions) NEY	9 Employer (See Instruc	tions)	
Date	Full name of contributor		Amount of contribution (\$)	
2/26/15	PETER HECKLE Contributor address: City: State HOUSTON TX 7105		1,000.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor		Amount of contribution (\$)	
2/26/15	CHRISTOPHER MC Do Contributor address; City; State	ONALD : Zip Code TX 77522	200.	
	ation / Job title (See Instructions)	Employer (See Instruc	tions) N AUTO SALES	
OWNE		CLEAR VIEW	N RUID DACES	
<sup>Date</sup> 2/26/15	Full name of contributor  HOWARD E. RANS  Contributor address;  City: State  HOUSTON TX 7707	OM SR	Amount of contribution (\$)  25, 00	
Principal occup TECHN	ation / Job title (See Instructions)	Employer (See Instruc	ions) . Com	
	ATTACH ADDITIONAL COPIES O		1	
	If contributor is out-of-state PAC, please see instr	uction guide for additional	reporting requirements.	

## 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) MICHAEL KUBOSH out-of-state PAC (ID#: 7 Amount of contribution (\$) 02/26/15 6 Contributor address; City City; State; Zip Code HOUSTON TX 77055 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) KAMIS INVESTMENT GRP OWNER Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) C.M. GARVER Contributor address; City; 2/23/15 City; State; Zip Code HOUSTON TX 77098 Principal occupation / Job title (See Instructions) Employer (See Instructions) ENGINEER -OWNER GARVER CONSTRUCTION out-of-state PAC (ID#:\_ Date Amount of contribution (\$) PEARLAND TEXAS 77581 Principal occupation / Job title (See Instructions) Employer (See Instructions) INSURANCE AGENT SELF Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 2/20/15 Employer (See Instructions) TAILOR INTERNAL SOLUTIONS 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 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MICHAEL KUBOSH 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_\_\_ 2/20/15 ANDREWS & KURTH TEXAS PAC 6 Contributor address; City Tite; Zip Code HOUSTON TX 77002 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) LAW FIRM PAC Amount of contribution (\$) HOOVER SLOVACEK City; State; Zip Code 250,00 2/20/15 HOUSTON TX 77210 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTORNEY - LAW FIRM Full name of contributor Date Amount of contribution (\$) 3/19/15 5. L. APPLE-WHITE itributor address: City State: Zip Code WARNICK TOWERS HOUSTON TX 77004 Principal occupation / Job title (See Instructions) Employer (See Instructions) AYRSHIRE CORP REAL ESTATOR Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) GREATER HOUSTON BUILDERS ASSOC. PAC Ity; State; HOUSTON TX 77064 Principal occupation / Job title (See Instructions) CONSTRUCTION Employer (See Instru 2/19/15 2,500 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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: LOCKE LORD PAC 6 Contributor address; City: State: Zip Code 02/13/15 DALLAS TX 75201 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) POLITICAL CONSULTANTS Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) BRYAN SAMUELSON 02/09/15 Contributor address; HOUSTON TX 77036 Principal occupation / Job title (See Instructions) Employer (See Instructions) SELF ATTORNEY Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Date Amount of contribution (\$) Thomas Naugen Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTORNEY SELF Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID# Contributor address: City; State; Zip Code 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 F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political 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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MICHAEL KUBOSH 4 Date ADP PAYMENTS 6 Amount (\$) City; State; Zip Code NORTHWEST FWY HOUSTON TX 77040 39.95 (a) Category (See categories listed at the top of this schedule) (b) Description 8 \_ Check if travel outside of Texas, complete Schedule T **PURPOSE** ACCOUNTING/BANKING OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH GLOBAL PATMENTS Payee address; City; State; Zip Code 1-5-15 10231 GLENFIELD PARK LANE CYPRESS TX 77433 11,95 Check if travel outside of Texas, complete Schedule T **PURPOSE** ACCOUNTING / BANKING OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name 1-8-15 Amount (\$) Payee address; City; State; Zip Code HOUSTON TX 77004 500 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** ADVERTISING Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:	MICHAEL KUBOSH	3 Filer ID (Ethics Commission Filers)
4 Date 1-14-15	F Payee name KADIO	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
1,000	5011 Almeda Rd H	touston TX 77004
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  ADVERTISING	(b) Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1-20-15	LUBYS CAFE	
Amount (\$)	Payee address; City; State; Zip Code	_
249.45	1414 Waugh Dr Ho	ouston TX 77019
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  FOOD/BEVERAGE	Description  Check if travel outside of Texas, complete Schedule T  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	
1-20-15	KWIK KOPY	
Amount (\$)	Payee address; City; State; Zip Code	
487.67	1405 Waugh Dr. t	touston 1X 11019
	Category (See categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	ADVERTISING	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		

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 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)

Candidate/Oniceriolien/ Onice	The Instruction Guide explains how to co	omplete this form.	Office (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 1-29-15	5 Payee name BURTON LEVINE		
6 Amount (\$) 50,00	7 Payee address; City; State; Zip Code 9600 Glenfield Cour	t Housto	NTX 77506
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Con Sulting		outside of Texas, complete Schedule T n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
1-30-15	CHASE BANK		
Amount (\$)	Payee address; City; State; Zip Code		
15,00	3034 Washington Ave	e Housto	5007 XT w
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  ACCOUNTING		outside of Texas, complete Schedule T , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 2-2-15	Payee name POSTNET	The state of the s	
Amount (\$)	Payee address; City; State; Zip Code		gracingoniu ,
303,10	12320 Barker Cypre	ss Rd C	ypress IX 77429
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  PRINTING		outside of Texas, complete Schedule T I, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF THIS S	CUEDIII E AS NES	-DED

#### SCHEDULE F1

#### Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) MICHAEL BUBOSH 5 Payee name 4 Date FACEBOOK 02/02/15 7 Payee address; City; State; Zip Code 6 Amount (\$) 156 University Ave Palo Alto CA 94301 (b) Description 8 (a) Category (See categories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense ADVERTISING EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name ADP PAYMENTS Northwest Fwy Houston TX 77040 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense ACCOUNTING EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name

EXPENDITURE CATEGORIES FOR BOX 8(a)

FACE BOOK 02/03/15 PALO ALTO CA 94301 UNIVERSITY AVE Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** ADVERTISING EXPENSE \_\_ Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct 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 Gfft/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:	MICHAEL KUBOSH	3	Filer ID (Ethics Commission Filers)
4 Date 02/03/15	GLOBAL PAYMENTS		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
11. 93	10231 GLENFIELD F	PARK LANE	CYPRESS TX 17429
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ACCOUNTING		ide of Texas, complete Schedule T
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		ann - Maurice - Museum - Mercenon - Marie - Ma
02/05/15	FACEBOOK		
Amount (\$)	Payee address; City; State; Zip Code	A	
49. 40 xx	156 University Ave Palo	Alto CA C	4301
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF	AGIATIONTICIALC		ide of Texas, complete Schedule T , officeholder living expense
EXPENDITURE	ADVERITISING		, , , , , , , , , , , , , , , , , , ,
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/06/15	FACE BOOK		
Amount (\$)	Payee address; City; State; Zip Code		
50.65	156 University Ave P	alo Alto (	'A 94301
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF	Antonomia		ide of Texas, complete Schedule T , officeholder living expense
EXPENDITURE	ADVERTISING	Chook is Additify TA	- Supplied
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/W.  The Instruction Guide explains how to co	ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	, , , , , , , , , , , , , , , , , , ,	3 Filer ID (Ethics Commission Filers)
• Total pages Schedule 11.	MICHAEL KUBOSH	C FIGH ID (Ethics Commission File(s)
4 Date 02/10/15	5 Payee name BURT LEVINE	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
600	9600 Glenfield Crt 1	LOUSTON TX 77506
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	CONSULTING	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
02/11/15	USPS	
Amount (\$)	Payee address; City; State; Zip Code	
49.98	700 Smith St. House	STON TX 77002
	Category (See categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas, complete Schedule T
OF EXPENDITURE		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	
02/12/15	STAPLES	
Amount (\$)	Payee address; City; State; Zip Code	
88,06	1919 TAYLOR ST H	duston TX 77007
	Category (See categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas, complete Schedule T
OF EXPENDITURE	PRINTING	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 S	SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Travel In District Consulting Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee 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) MICHAEL KUBOSH 5 Payee name 4 Date POSTNET 02/12/15 7 Payee address; City; State; Zip Code 12320 Barker Cypress Rd Ste 600 Cypress TX 77429 (b) Description 8 (a) Category (See categories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule T PURPOSE Check if Austin, TX, officeholder living expense OF PRINTING **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name CRIME STOPPERS Main St. Houston TX 77002 Category (See categories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule T **PURPOSE** ONTRIBUTIONS Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name HOUSTON LIVESTOCK SHOW Amount (\$) Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense OTHER **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political 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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) KUBOSH MICHAEL 'S RESTAURANT 02/11/ 7 Payee address; 6 Amount (\$) Tuam Houston TX 77006 (b) Description 8 (a) Category (See categories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense FOOD **EXPENDITURE** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH ALFREDA'S SOUL FOOD City; State; Zip Code 5101 Almeda Rd Houston TX 77004 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T PURPOSE FOOD Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date OFFICE DEPOT Payee address; City; State; Zip Code KIRBY DR HOUSTON TX 77098 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense PRINTING **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct 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 Gft/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 MICHAEL KUBOSH	3 Filer ID (Ethics Commission Filers)	
02/24/15	POSTNET		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
990.	12320 Barker Cypress	Dr. Cypress TX 77429	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas, complete Schedule T	
PURPOSE OF EXPENDITURE	PRINTING	Check If Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
02/25/15	JPBE CONSULTIN	1 <u>G</u>	
Amount (\$)	Payee address; City; State; Zip Code	7 77 001	
1,000	P.O. Box 14226 Ho	uston IX 17221	
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	CONSULTING	Check if travel outside of Texas, complete Schedule T  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		
02/26/15	STAPLES		
Amount (\$)	Payee address; City; State; Zip Code	1	
25.	1919 TAYLOR ST. t	fouston TX 77007	
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	PRINTING	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		

### 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 Gft/Awards/Memonals 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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/A The Instruction Guide explains how to c		enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME MICHAEL KUBOSH	3 File	r ID (Ethics Commission Filers)
<sup>4 Date</sup> 02/26/15	5 Payee name POSTNET		
378, 88	7 Payee address; City; State; Zip Code 12320 Barker Cypress Re	d Ste 600 Cyl	press TX 77429
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  PRINTING	(b) Description	f Texas, complete Schedule T
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/27/15	CHASE BANK		
Amount (\$)	Payee address; City; State; Zip Code		
15:00	3034 Washington Ave 1	toustow TX 7	7007
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description  Check if travel outside of  Check if Austin, TX, office	Texas, complete Schedule T eholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/02/15	FACEBOOK		
Amount (\$) 223. 32	Payee address; City; State; Zip Code 156 University Ave Pa	lo Alto CA	94301
PURPOSE OF	Category (See categories listed at the top of this schedule)		f Texas, complete Schedule T
EXPENDITURE	ADVERTISING	Check if Austin, TX, offic	eholder 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			

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 Gft/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/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 co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME MICHAEL KUBOSH		3 Filer ID (Ethics Commission Filers)
4 Date 03/02/15	SUNNYSIDE PLACE	COC	
125.	7 Payee address; City; State; Zip Code 2504 Almeda Genoa P	2d Houste	77407 XT 40
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)		outside of Texas, complete Schedule T n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 63/03/15	ADP PAYMENTS		
39, 95	Payee address; City; State; Zip Code 13141 Northwest Fwg	Houston	Tx 77040
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  ACCOUNTING	l —	outside of Texas, complete Schedule T , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
03/03/15	GLOBAL PAYMEN	TS	
Amount (\$) 95	Payee address; City; State; Zip Code  10231 Glenfield Park	Lane Cypro	ess TX 77429
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  ACCOUNTING	l r	outside of Texas, complete Schedule T , 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 NEE	EDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Consulting Expense Polling Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee 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) MICHAEL KUBOSH 4 Date 5 Payee name 03/06/15 KB06ER Studement St. Houston TX 77007 (b) Description (a) Category (See categories listed at the top of this schedule) 8 Check if travel outside of Texas, complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense FEOD EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name DELTA SIGMA THETA 03/09/15 Pavee address: City; State; Zip Code Jackson Hill St. Houston TX 77007 Category (See categories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense CONTRIBUTION **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name CAFE GINGER City: State: Zip Code 1952 W. GRAY ST HOUSTON TX 77019 Category (See categories listed at the top of this schedule) \_\_\_ Check if travel outside of Texas, complete Schedule T PURPOSE Check if Austin, TX, officeholder living expense FOOD **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct 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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Carididate/Officeholder/Political Committee Legal Services 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) MICHAEL KUBOSH 4 Date 5 Payee name 03/10/15 RADIO KCOH 7 Pavee address: 6 Amount (\$) City; State; Zip Code 5011 Almeda Rd Houston TX 77004 (b) Description (a) Category (See categories listed at the top of this schedule) 8 Check if travel outside of Texas, complete Schedule T **PURPOSE** ADVERTISING Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name LUBY'S CAFE Pavee address: City; State; Zip Code Houston TX 77019 Waugh Dr. Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense FOOD **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 03/16/15 LEVINE Amount (\$) City; State; Zip Code Glenfield Crt Houston TX 77506 600 Category (See categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas, complete Schedule T OF Check if Austin, TX, officeholder living expense MONSULTING **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee 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) MICHAEL KUBOSH 5 Payee name 4 Date 03/17/15 STAPLES 7 Payee address; City; State; Zip Code 6 Amount (\$) Taylor St. Houston TX 77007 (b) Description 8 (a) Category (See categories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense PRINTING **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH RANDALLS STORE City; State; Zip Code 2225 LOUISIANA ST HOUSTON TX 77002 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense OTHER EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH FACEBOOK 04/01/15 Amount (\$) 156 University Ave Palo Alto CA 94301 Category (See categories listed at the top of this schedule) Description \_ Check if travel outside of Texas, complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense ADVERTISING **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) MICHAEL KUBOSH 5 Payee name 4 Date 04/02/15 7 Payee address; 6 Amount (\$) City; State; Zip Code P.O. BOX 14226 HOUSTON TX 77221 (b) Description 8 (a) Category (See categories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule T PURPOSE Check if Austin, TX, officeholder living expense CONSULTING **EXPENDITURE** Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Pavee name ADP PAYMENTS 13141 Northwest Fwy Houston TX 77040 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense ACCOUNTING **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name GLOBAL PAYMENTS 10231 Glenfield Park In Cypress TX 77429 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check If Austin, TX, officeholder living expense **EXPENDITURE** ACCOUNTING Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Solicitation/Fundraising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee 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) MICHAEL KUBOSH 4 Date 5 Payee name 04/07 ARTISTA 7 Payee address; 6 Amount (\$) City; State; Zip Code St. Houston Tx 77002 (b) Description 8 (a) Category (See categories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense FOOD **EXPENDITURE** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name ARAMARK Preston St. Houston TX 77002 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense FOOD EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name ALVARY MISSIONARY BAPTIST City; State; Zip Code Payee address; Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Donation Check If Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee 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) MICHAEL KUBOSH 4 Date 5 Payee name RED LOBSTER 04/13 7 Payee address; 6 Amount (\$) City; State; Zip Code FWY HOUSTON TX 77040 (b) Description 8 (a) Category (See categories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense FOOD EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name JPBE CONSULTING P.O. BOX 14226 HOUSTON TX 77221 Category (See categories listed at the top of this schedule) \_ Check if travel outside of Texas, complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense CONSULTING **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH PHARMS HELPING ARMS FOUNDATION City: State: Zip Code Pavee address: Amount (\$) 4700 Wenda St. Houston TX 77033 Category (See categories listed at the top of this schedule) Description **PURPOSE** ☐ Check if travel outside of Texas, complete Schedule T OF Check if Austin, TX, officeholder living expense CONTRIBUTION **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political 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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MICHAEL KUBOSH 5 Payee name SUNRISE SUPER STOP 04/17/15 6 Amount (\$) 7 Payee address; City; State; Zip Code (a) Category (See categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas, complete Schedule T **PURPOSE** TRAVEL IN DISTRICT Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH DAVID FURLOW 04/20/15 City; State; Zip Code 4126 RICE BLVD HOUSTON TX 77005 Description Check if travel outside of Texas, complete Schedule T **PURPOSE** LEGAL SERVICES OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH City; State; Zip Code Amount (\$) 9600 Glenfield Court Houston TX 77506 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** OF CONSULTING Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political 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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MICHAEL KUBOSH 5 Payee name 04/23/ POSTNET 7 Payee address; City; State; Zip Code 12320 Barker Cypress Rd Cypress TX 77429 (b) Description 8 (a) Category (See categories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense PRINTING EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH CAFE GINGER City; State; Zip Code 1952 W. GRAY ST HOUSTON TX 77019 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense FOOD **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH HOUSTON LIVESTOCK SHOW Payee address; City; State; Zip Code PARK HOUSTON TX 77054 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense CONTRIBUTION **EXPENDITURE** Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Fees Office Food/Beverage Expense Pollin  Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense nes/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:	MICHAEL KUBOSH		3 Filer ID (Ethics Commission Filers)
4 Date 05/04 /15	5 Payee name KIM SON RESTAUR	ANT	
6 Amount (\$) 13	7 Payee address; City; State; Zip Cool SEFFERSON		ON TX 77003
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	Check if travel of	outside of Texas, complete Schedule T TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
05/04/15	LUBYS CAFE		
Amount (\$) 116.41	Payee address; City; State; Zip Cod		TX 77019
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Check if travel o	utside of Texas, complete Schedule T TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 05/04/15	ADP PAYMENT	5	
39, 95	Payee address; City; State; Zip Cod	<b>\ 1</b>	TX 77040
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  ACCOUNTING	Check if travel o	utside of Texas, complete Schedule T 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			DED

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica	Fees Office Ov Food/Beverage Expense Polling Ex By Gift/Awards/Memorials Expense Printing E	
	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME MICHAEL KUBOSH	3 Filer ID (Ethics Commission Filers)
4 Date 05/04/15	5 Payee name GLOBAL PAYME	NTS
6 Amount (\$)	7 Payee address; City; State; Zip Code 10231 Glenfield Park	.Ln Cypress TX 77433
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  ACCOUNTING	(b) Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, 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	
05/13/15	ESTHERS CAJUN	VCAFE
Amount (\$) Payee address; City; State; Zip Code  34. 27 5204 Yale St. Houston TX 77022		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description  Check if travel outside of Texas, complete Schedule T  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	
05/13/15 ESTHERS CAJUN CAFE		
Amount (\$)	Payee address; City; State; Zip Code 5204 Yale St. Ha	ouston TX 77022
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description  Check if travel outside of Texas, complete Schedule T  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 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 Gitt/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 o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME MICHAEL KUBOSH	3 Filer ID (Ethics Commission Filers)
4 Date 05/13/15	5 Payee name POSTNET	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
250,00	12320 Barker Cypress	Rd Cypress TX 77429
8	(a) Category (See categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	PRINTING	Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
05/13/15	KCOH RADIO	
Amount (\$)	Payee address; City; State; Zip Code	1
1,000,	5011 Almeda Rd Ho	uston TX 77004
	Category (See categories listed at the top of this schedule)	Description
PURPOSE OF		Check if Applie TX efficiencies living avecage
EXPENDITURE	ADVERTISING	L_J 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	
05/15/15	STAPLES	
Amount (\$)	Payee address; City; State; Zip Code	
16.24	1919 TAYLOR ST HO	DUSTON TX 77007
	Category (See categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas, complete Schedule T
EXPENDITURE	PRINTING	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 CODIES OF THE	COLEDIN E AS NEEDED
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political 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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MICHAEL KUBOSH 4 Date CONSULTING 05/29/15 7 Payee address; 6 Amount (\$) 1BOX 14226 HOUSTON TX 77221 8 (a) Category (See categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** Check If Austin, TX, officeholder living expense CONSULTING **EXPENDITURE** Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name LEVINE 06/01/15 City; State; Zip Code Amount (\$) Glenfield Court Houston TX 77506 6000 Category (See categories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense CONSULTING EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 06/02/15 LEGAMCY COMMUNITY City; State; Zip Code Amount (\$) Payee address; formia St. Houston TX 77006 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check If Austin, TX, officeholder living expense OTHER **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica	Fees Food/Beverage Expense By Gitt/Awards/Memorials Expense	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 MICHAEL KUBOSH		3 Filer ID (Ethics Commission Filers)
4 Date 06/02/15	5 Payee name ADP PAYMENT	5	
39. 45	7 Payee address; City; State; Zip		TX 77040
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch	Check if travel	outside of Texas, complete Schedule T n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
06/02/15	GLOBAL PAYM	ENTS	
Amount (\$) <b>95</b>	Payee address; City: State: Zip 10231 Glenfield Pay	klave Cypres	ss TX 77433
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this school ACCOUNTING	edule) Description Check if travel	outside of Texas, complete Schedule T TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 06/05/15	Payee name HARRYS REST	AURANT	
Amount (\$) 48,76		touston TX	77006
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scho	Check if travel	outside of Texas, complete Schedule T . 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			

,	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Fees Food/Beverage Expense By Git/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/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:	MICHAEL KUBOSH		3 Filer ID (Ethics Commission Filers)
4 Date 06/08/15	5 Payee name POSTNET		
6 Amount (\$) 180. 18	7 Payee address; City; State; Zip 12320 Barker Cyp		sTX 77429
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this school PRINTING	Check if travel	outside of Texas, complete Schedule T n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	ad Construction of The Construction of Theory and the Construction of the Construction	
06/15/15	ACADEMY AWA	rds trop	HIES
734. 4 HOG Fannin St. Houston TX 77004			x 77004
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche	Check if travel	outside of Texas, complete Schedule T . 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	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	
06/16/15	ARAMARK MII	NUTE MAIC	
Amount (\$)		Code	
280.00	501 CRAWFOR	D St. Houst	on TX 77002
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche	Check if travel	outside of Texas, complete Schedule T 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 NEE	:DED
orms provided by Texas Ethi	cs Commission www.ethics.s	tate.tx.us	A = 27 Revised 02/27/2015

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Fees Office Ov Food/Beverage Expense Polling Ex By Gift/Awards/Memorials Expense Printing E		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 MICHAEL KUBOSH		3 Filer ID (Ethics Commission Filers)
4 Date 06/19/15	5 Payee name LA GRIGLIA	Art ( <u>aureum</u> thin tive <u>a propagation of the propa</u>	
6 Amount (\$)	7 Payee address; City; State; Zip Code	. 1	
1,114.	2002 W. GRAY S	r. Housto	M 1X 11019
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	outside of Texas, complete Schedule T
PURPOSE OF EXPENDITURE	FOOD		, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/19/15	JPBE CONSUL	TING	
Amount (\$)	Payee address; City; State; Zip Code		and the same of th
350.00	P.O. Box 14226	Houston	1X 71221
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	CONSULTING		outside of Texas, complete Schedule T  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	· · · · · · · · · · · · · · · · · · ·	
06/22/15	LUBYS CAFE		
Amount (\$)	Payee address; City; State; Zip Code		
248.04	1414 Waugh Dr.	Houston	77019
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	FOOD		outside of Texas, complete Schedule T  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 NEE	DED

·	EXPENDITURE CATEGORIES F	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica	Fees Office Ove Food/Beverage Expense Polling Exp y Gft/Awards/Memonals Expense Printing Ex	pense Travel Out Of District ages/Contract Labor Other (enter a category not listed above)
	The institution duide explains now to co	ompiete this form.
1 Total pages Schedule F1:	2 FILER NAME MICHAEL KUBOSH	3 Filer ID (Ethics Commission Filers)
4 Date 06/25/15	5 Payee name FACEBOOK	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
250.03		Palo Alto CA 94301
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  ADVERTISING	(b) Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
D-4	Payee name	
06/30/15	BURT LEVINE	
Amount (\$)	Payee address; City; State; Zip Code  9600 GLENFIELD COU	RT HOUSTON TX 77506
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  CONSULTING	Description  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
Date	Рауее пате	
Amount (\$)	Payee address; City; State; Zip Code	
		Description
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Check If travel outside of Texas, complete Schedule T  Check If Austin, TX, officeholder living expense
OF	Category (See categories listed at the top of this schedule)  Candidate / Officeholder name	Check if travel outside of Texas, complete Schedule T