CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

CAMI AIGHT IN	ANOL ILLI OILI				CO	VER OHEEH 1 O 1
The C/OH Instruction	Guide explains how to com	plete this form	1 Filer ID(Et	hics Comm	ission filers)	2 Total pages filed
3 CANDIDATE /	MS/MRS/MR	FIRST	MI		OFF	ICE USE ONLY
OFFICEHOLDER	Mr.	John	C.B.	Ī	Date Received	d
NAME	NICKNAME	LAST	SUFFIX		10/5/2015	
		LaRue				
4 CANDIDATE /	ADDRESS / PO BOX;	APT/SUITE #; CITY;	; STATE; ZIP C	CODE		
OFFICEHOLDER	3314 Branard					
MAILING	#16			Ī	Date Hand-deliver	red or Date Postmarked
ADDRESS	Houston Texas 77098					
Change of address		,				
5 CANDIDATE /	AREA CODE	PHONE NUMBER	EXTENSION			
OFFICEHOLDER	(202) 487-9269					
PHONE						
6 CAMPAIGN	MS/MRS/MR	FIRST	MI	ŀ	Receipt #	Amount
TREASURER	Ms.	Angela		Ī	Date Processe	ed
NAME	NICKNAME	LAST	SUFFIX		Date Imaged	
		Gutierrez				
7 CAMPAIGN	STREET ADDRESS (No PO Box Pleas	se);	APT/SUITE #;	(CITY; STATE;	ZIP CODE
TREASURER	6617 Avenue J					
ADDRESS						
(Residence)	Houston Texas 77011					
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	(713) 380-0182					
	January 15 X 30th day bef	fore election Fina	l repport (Attach C/OH	H - FR)	Exceeded \$500 limit	
9 REPORT TYPE						
	July 15 8th day befo	ore election Run	off		15th day after campaign	treasurer appointment(officeholder only)
10 PERIOD	Month Day	Year			Month	Day Year
COVERED	7/1/2015		THROUGH		9/28	8/2015
11 ELECTION	ELECTION DATE	ELECTION	I TYPE			
	Month Day Year					
	11/3/2015	Primary	Ru	ınoff	X General	Special
12 OFFICE	OFFICE HELD (if any)		13 ^{OI}	FFICE SOUGH	IT (if known)	
			С	ity Counc	cil - At Large P	osition 3

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 FILER NAME John (C.B. LaRue		15	Filer ID (Ethics Com	mission Filers)
	expenditures may have	political contributions accepted or political been made without the candidate's or off receive notice of such expenditures.	al expenditures made b ficeholder's knowledge	by political committees to support the or consent. Candidates and office	e candidate / officeholder. These holders are required to report this
16 NOTICE	COMMITTEE TYPE	COMMITTEE NAME			
FROM					
POLITICAL	GENERAL	COMMITTEE ADDRESS			
COMMITTEE(S)					
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER	R NAME		
		OSMINITIEE OAMI AIGH TREAGNE	(TV WIL		
additional pages		COMMITTEE CAMPAIGN TREASURER	R ADDRESS		
17 CONTRIBUTION		AL CONTRIBUTIONS OF \$50 NS, OR GUARANTEES OF LO			\$0.00
TOTALS	1 223020, 2071	10, 011 00/11/11/12/20 01 20	, 110), 01122001		\$8.00
	2 TOTAL POLITIC	AL CONTRIBUTIONS			\$13,250.00
	(OTHER THAN F	PLEDGES, LOANS, OR GUAR	ANTEES OF LOA	ANS)	Ψ.0,200.00
EXPENDITURE	3 TOTAL POLITIC	AL EXPENDITURES OF \$100	OR LESS, UNLE	SS ITEMIZED	
TOTALS					\$424.52
	4 TOTAL POLITIC	AL EXPENDITURES			
					\$4,524.31
CONTRIBUTION		AL CONTRIBUTIONS MAINTA	INED AS OF TH	E LAST DAY	.
BALANCE	OF REPORTING	PERIOD			\$8,725.69
OUTSTANDING LOAN	6 TOTAL PRINCIP	AL AMOUNT OF ALL OUTSTA	ANDING LOANS	AS OF THE	^
TOTALS	LAST DAT OF T	HE REPORTING PERIOD			\$0.00
40 AEEIDAV/IT					
18 AFFIDAVIT			"		
		re	port is true and c	under penalty of perjury, the correct and includes all info	rmation required to be
		re	ported by me und	der Title 15, Election Code	
				John C.B. LaRu	e
		_		Signature of Candidate or (Officeholder
AFFIX NOT STAMP / SE	AL ABOVE				
Sworn to and subscribed	before me, by the said	I		, this the	day
of	, 20	, to certify which, w	vitness my hand a	and seal of office.	
					
Signature of officer admir	nistering oath	Print name of officer add	ministering oath	Title of officer	administering oath

SUBTOTALS - COH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME John C.B. LaRue 20 Filer ID (Ethics Commission Filers) 21 SCHEDULE SUBTOTALS **SUBTOTAL** NAME OF SCHEDULE **AMOUNT** SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 12875 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 \$ 4100 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 \$0 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 John C.B. LaRue

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.

The Instruc	ction Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 FILER N	AME John C.B. LaRue	3 Filer ID (Ethics Commission filers)		
4 Date	5 Full name of contributor	out of state	e PAC(ID#)	
	John P Ramirez			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
7/16/20	15	Corpus Christi	TX 78411	\$500.00
8 Princi	pal occupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Archite	ect			
4 Date	5 Full name of contributor	out of state	e PAC(ID#)	
	Leo J Welder	Ц		7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
7/16/20	15	Corpus Christi	TX 78411	\$1,000.00
8 Princi	pal occupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Attorn	ey			
4 Date	5 Full name of contributor	out of state	e PAC(ID#)	
	Douglas A Allison			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
7/16/20	15	Corpus Christi	TX 78401	\$300.00
8 Princi	pal occupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Attorn	ey			
4 Date	5 Full name of contributor	out of state	e PAC(ID#)	
	Thomas S Moore			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
7/16/20	15	Corpus Christi	TX 78404	\$100.00
8 Princip	pal occupation / Job title (See Instructions)		9 Employer (See Instruc	
			1	

The Instruction	Guide explains how to complet	1 Total Pages Schedule A1:		
2 FILER NAME	John C.B. LaRue	3 Filer ID (Ethics Commission filers)		
4 Date	5 Full name of contributor	out of stat	e PAC(ID#)	
	Jack R Turner			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
7/16/2015		Corpus Christi	TX 78411	100.00
3 Principal o	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Architect				
4 Date	5 Full name of contributor	out of stat	e PAC(ID#)	1
	Francis I Gandy	Ш		7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
7/16/2015		Corpus Christi	TX 78403	500.00
3 Principal o	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Attorney				
4 Date	5 Full name of contributor	out of stat	e PAC(ID#)	
	Hugo Berlanga			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
7/16/2015		Corpus Christi	TX 78404	500.00
3 Principal o	ccupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
Consultant				
1 Date	5 Full name of contributor	out of stat	e PAC(ID#)	
	David Michaelsen			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
7/16/2015		Corpus Christi	TX 78411	300.00
3 Principal o	ccupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
Chief Engi	neer			

The Instruction	Guide explains how to comple	1 Total Pages Schedule A1:		
2 FILER NAMI	E John C.B. LaRue	3 Filer ID (Ethics Commission filers)		
1 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Noela Garcia	Ц		7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
7/16/2015		Corpus Christi	TX 78414	100.00
Principal o	occupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
1 Date	5 Full name of contributor	out of state	PAC(ID#)	T
	Tony Canales	Ш		7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
7/16/2015		Corpus Christi	TX 78465	250.00
Principal o	ccupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Attorney				
, Date	5 Full name of contributor	out of state	PAC(ID#)	
	Omar Garcia	_		7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
7/16/2015		La Vernia	TX 78121	225.00
Principal o	ccupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
President	& CEO			
, Date	5 Full name of contributor	out of state	PAC(ID#)	
	Kym Bolado	_		7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
7/16/2015		San Antonio	TX 78209	250.00
3 Principal o	occupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Publisher a	& CEO			

	on Guide explains how to complet	1 Total Pages Schedule A1:			
2 FILER NAM	ME John C.B. LaRue	3 Filer ID (Ethics Commission filers)			
4 Date	5 Full name of contributor	out of state	e PAC(ID#)		
	Gabriel Guerra			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-	
7/16/2015		Corpus Christi	TX 78414	1,000.00	
3 Principa	l occupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)	
Presider	ıt				
4 Date	5 Full name of contributor	out of state	e PAC(ID#)		
	Horacio Olveira	Ш		7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code		
7/16/2015		Corpus Christi	TX 78410	100.00	
3 Principa	l occupation / Job title (See Instructions)		9 Employer (See Instruc	I ctions)	
				,	
4 Date	5 Full name of contributor	out of state	e PAC(ID#)		۵۱
	Jarl Pedersen			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code		
7/16/2015		Corpus Christi	ТХ	100.00	
	l occupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)	
3 Principa	recoupation, cos title (cos metrodiche)				
	ommercial Officer				
Chief Co	·	out of state	e PAC(ID#)		
Chief Co	ommercial Officer	out of state	e PAC(ID#)	7 Amount of contributions (\$)
Chief Co	5 Full name of contributor	out of state City;	e PAC(ID#) State; Zip Code	7 Amount of contributions (\$)
Chief Co	5 Full name of contributor John D Alvey 6 Contributor address;			7 Amount of contributions (\$)

M	ONETAR	Y POLITICAL CONTR	RIBUTION	S		SCHEDULE A1
Th	The Instruction Guide explains how to complete this form. 2 FILER NAME John C.B. LaRue					tal Pages Schedule A1:
2 F						(Ethics Commission filers)
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Lillian Riojas		` ,	7	Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code		
	7/16/2015		Corpus Christi	TX 78466		100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instru	uctions)	
	Senior Mana	ager of Public Affairs				
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Jorge Rodriguez	Ц		7	Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code		
	7/16/2015		Corpus Christi	TX 78413		150.00
8	Principal occ			9 Employer (See Instru	I uctions)	
	MD					
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Berta Garcia	Ш		7	Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code		
	7/16/2015		Corpus Christi	TX 78413		100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instru	uctions)	
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		David Krams			7	Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code		
	7/16/2015		Corpus Christi	TX 78413		100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instru	uctions)	
	Director of E	Engineering Services				

MONETAF	RY POLITICAL CONTI	RIBUTION	IS	SCHEDULE A1
The Instruction	Guide explains how to complet	1 Total Pages Schedule A1:		
2 FILER NAME	John C.B. LaRue	3 Filer ID (Ethics Commission filers)		
4 Date	5 Full name of contributor Louise Dean	out of state	e PAC(ID#)	7 Amount of contributions (\$)
7/16/2015	6 Contributor address;	City; Corpus Christi	State; Zip Code TX 78404	250.00
8 Principal of	ccupation / Job title (See Instructions)		9 Employer (See Instruc	etions)
4 Date	5 Full name of contributor Pete Anaya	out of state	e PAC(ID#)	7 Amount of contributions (\$)
7/16/2015	6 Contributor address;	City; Corpus Christi	State; Zip Code Tx 78411	1,000.00
	ccupation / Job title (See Instructions) nd Environmental Services Director		9 Employer (See Instruc	I ctions)
4 Date	5 Full name of contributor Oscar Martinez	out of state	e PAC(ID#)	7 Amount of contributions (\$)
7/16/2015	6 Contributor address;	City; Corpus Christi	State; Zip Code TX 78413	500.00
8 Principal of Consultant	ccupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
4 Date	5 Full name of contributor Gloria Hicks	out of state	PAC(ID#)	7 Amount of contributions (\$)
7/16/2015	6 Contributor address;	City; Corpus Christi	State; Zip Code TX 78415	1,000.00
8 Principal of Owner	ccupation / Job title (See Instructions)		9 Employer (See Instruc	I ctions)

The Instruction	n Guide explains how to comple	1 Total Pages Schedule A1:		
2 FILER NAMI	E John C.B. LaRue	3 Filer ID (Ethics Commission filers)		
1 Date	5 Full name of contributor	out of stat	e PAC(ID#)	
	Rachel Canales			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
7/16/2015		Corpus Christi	TX 78412	300.00
3 Principal o	occupation / Job title (See Instructions)		9 Employer (See Instr	uctions)
p Date	5 Full name of contributor	out of stat	e PAC(ID#)	
	Robert Gonzalez	Ш		7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
7/16/2015		Corpus Christi	TX 78414	500.00
Principal o	ccupation / Job title (See Instructions)		9 Employer (See Instr	uctions)
Attorney				
1 Date	5 Full name of contributor	out of stat	e PAC(ID#)	
	BJ Kershaw			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
7/16/2015		Corpus Christi	TX 78411	300.00
Principal o	occupation / Job title (See Instructions)		9 Employer (See Instr	uctions)
1 Date	5 Full name of contributor	out of stat	e PAC(ID#)	
	Leah P Olivarri	Ц		7 Amount of contributions (\$)
		City;	State; Zip Code	
	6 Contributor address;			
7/16/2015	6 Contributor address;	Corpus Christi	TX 78412	250.00

M(ONETAR	Y POLITICAL CONT	RIBUTIONS	3	SCHEDULE A1
The	e Instruction (Guide explains how to comple	1 Total Pages Schedule A1:		
2 F	ILER NAME	John C.B. LaRue			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Charles W Zahn	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	7/15/2015	6 Contributor address;	City; Port Aransas	State; Zip Code TX 78373	200.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor Judith Hawley	out of state F	L PAC(ID#)	7 Amount of contributions (\$)
	7/6/2015	6 Contributor address;	City; Portland	State; Zip Code TX 78374	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor Marie L Leonetti	out of state F	I PAC(ID#)	7 Amount of contributions (\$)
	7/7/2015	6 Contributor address;	City; Absecon	State; Zip Code NJ 8201	100.00
8	Principal occ	supation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor Douglas Davis	out of state F	L PAC(ID#)	7 Amount of contributions (\$)
	8/29/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77063	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	

MONETAI	RY POLITICAL CONT	TRIBUTION	IS	SCHEDULE A	۱1
The Instruction	n Guide explains how to compl	1 Total Pages Schedule A1:			
2 FILER NAMI	E John C.B. LaRue			3 Filer ID (Ethics Commission filers)	
	Ashley Hodgini	_		7 Amount of contributions (\$)	
	6 Contributor address;	City;	State; Zip Code	-	
7/20/2015		Austin	TX 78702	250.00	
8 Principal o	occupation / Job title (See Instructions))	9 Employer (See Instru	Lactions)	
Governme	ent Relations				
4 Date	5 Full name of contributor	out of state	PAC(ID#)		
	Bonilla Investments	_		7 Amount of contributions (\$)	
	6 Contributor address;	City;	State; Zip Code		
8/4/2015		Corpus Christi	TX 78465	250.00	
8 Principal o	Decupation / Job title (See Instructions))	9 Employer (See Instru	Inctions)	
4 Date	5 Full name of contributor	out of state	PAC(ID#)		
	Richard M. Borchard			7 Amount of contributions (\$)	
	6 Contributor address;	City;	State; Zip Code		
8/6/2015		Corpus Christi	TX 78412	500.00	
8 Principal o	occupation / Job title (See Instructions))	9 Employer (See Instru	Lictions)	
Commission	oner				
4 Date	5 Full name of contributor	out of state	PAC(ID#)		
	Rick Maldonado	_		7 Amount of contributions (\$)	
	6 Contributor address;	City;	State; Zip Code	-	
7/26/2015		Washington	DC 20009	500.00	
8 Principal o	occupation / Job title (See Instructions))	9 Employer (See Instru	Inctions)	
Consultan	ıt				
4 Date	5 Full name of contributor	out of state	PAC(ID#)		

M	ONETAR	Y POLITICAL CON	TRIBUTION	IS		SCHEDULE A1
Th	e Instruction	Guide explains how to compl	1 To	otal Pages Schedule A1:		
2 F	FILER NAME	John C.B. LaRue	, ,		3 Filer II	D (Ethics Commission filers)
		Arthur Haas			7	Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code		
	8/2/2015		Corpus Christi	TX 78411		100.00
8	Principal oc	cupation / Job title (See Instructions))	9 Employer (See Instru	uctions)	
4	Date	5 Full name of contributor	out of state	e PAC(ID#)		
		Bonilla Investments	Ш		7	Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code		
	7/30/2015		Corpus Christi	TX 78465		500.00
8	Principal oc	L cupation / Job title (See Instructions))	9 Employer (See Instru	Luctions)	
4	Date	5 Full name of contributor Debbie Rohlack	out of state	PAC(ID#)	7	Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code		
	7/12/2015		Corpus Christi	TX 78411		200.00
8	Principal oc	cupation / Job title (See Instructions))	9 Employer (See Instru	uctions)	
4	Date	5 Full name of contributor Bradley Lenz	out of state	e PAC(ID#)	7	Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code		Amount of contributions (4)
	7/19/2015		Corpus Christi	TX 78414		100.00
8	Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instru	uctions)	

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
2 FILER NAME John C.B. LaRue	3 Filer ID (Ethics Commission filers)
ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guid	e for additional reporting requirements

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	² FILER NAME John C.B. LaRu	e	3 Filer ID (Ethics Commission filers)			
4 Date	5 Payee name					
7/22/2015	Meyerland Area Democrats (Club				
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
500.00	P.O. Box 310061					
	Houston TX 77231-0061					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Te	xas, complete Schedule T			
		Check if Austin, TX, officeho	older living expense			
	Contributions/Donations	Sponsorship of Rec	ception			
	Made By					
	Candidate/Officeholder/Political Committee					
9 Complete ONLY if direct	Candidate / Officehoder name	office sought of	fice held			
expendituree to benefit C/OH						
4 Date	5 Payee name					
7/22/2015	Sprint 2 Print					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
1,515.50	8748 Clay Rd					
	#300					
	Houston TX 77080					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Te	xas, complete Schedule T			
		Check if Austin, TX, officeho	older living expense			
	Printing Expense	Yard Signs				
9 Complete ONLY if direct	Candidate / Officehoder name o	office sought of	fice held			
expendituree to benefit C/OH						
4 Date	5 Payee name					
7/30/2015	Carroll Printing					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
405.94	2907 Canal St					
	Houston TX 77003					
8 PURPOSE OF EXPENDITURE	(a) Category	(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 John C.B. LaRue Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Bumper Stickers Printing Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/3/2015 Harris County Young Democrats 6 Amount (\$) 7 Payee address; City; Zip Code State; P.O. Box 131672 100.00 Houston TX 77219 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Candidate Membership Contributions/Donations Made By Candidate/Officeholder/Politi cal Committee office held 9 Complete ONLY if direct Candidate / Officehoder name office sought expendituree to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	² FILER NAME John C.B. LaRu	е	3 Filer ID (Ethics Commission filers)			
4 Date	5 Payee name					
8/3/2015	Carroll Printing					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
237.44	2907 Canal St					
	Houston TX 77003					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Te	xas, complete Schedule T			
		Check if Austin, TX, officeho	older living expense			
	Printing Expense	Buttons				
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	ffice sought of	fice held			
experientative to benefit 0/011						
4 Date	5 Payee name					
8/3/2015	Carroll Printing					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
690.91	2907 Canal St					
	Houston TX 77003					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Te	xas, complete Schedule T			
		Check if Austin, TX, officeho	older living expense			
	Printing Expense	T-Shirts				
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	ffice sought of	ffice held			
A Data	F. D					
4 Date	5 Payee name					
8/6/2015	City of Houston					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
500.00	901 Bagby					
	TV					
a pupped of Types	Houston TX 77002	[a.s. : ::				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				

POLITICAL EXPEN			SCHEDULE F1		
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME John C.B. LaRu	ne	3 Filer ID (Ethics Commission filers)		
	Fees	Check if travel outside of Te Check if Austin, TX, officeho Ballot Filing			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held		
4 Date	5 Payee name				
8/31/2015	AbOUT Publications				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
150.00	PO Box 667626				
	Houston TX 77266				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
	Advertising Expense	Check if travel outside of Te Check if Austin, TX, officeho Advertising			
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ifice held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED