CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

CAMPAIGN FIN	ANCE REPORT			•	JOVER SHEET PG T
The C/OH Instruction	n Guide explains how to cor	nplete this form	1 Filer ID(Etl	nics Commission filers)	2 Total pages filed
3 CANDIDATE /	MS/MRS/MR	FIRST	MI	(OFFICE USE ONLY
OFFICEHOLDER	Hon.	Marty	L.	Date Rece	eived
NAME	NICKNAME	LAST	SUFFIX	10/5/20)15
		McVey			
4 CANDIDATE /	ADDRESS / PO BOX;	APT/SUITE #; CIT	Y; STATE; ZIP C	ODE	
4 CANDIDATE /	·	A 1/0011E #, 011	i, STATE, Zii G	ODE	
OFFICEHOLDER	PO Box 27338			<u> </u>	
MAILING				Date Hand-d	elivered or Date Postmarked
ADDRESS	Houston TX 77227				
Change of address 5 CANDIDATE /	AREA CODE	PHONE NUMBER	EXTENSION		
OFFICEHOLDER	(713) 334-0800				
PHONE	(113) 334-0000				
6 CAMPAIGN	MS/MRS/MR	FIRST	MI	Receipt #	Amount
TREASURER	Mr.	Jason		Date Proce	l essed
NAME	NICKNAME	LAST	SUFFIX	Date Imag	 ued
		Luong			
Z OAMBAION	STREET ADDRESS (No PO Box Plea		APT/SUITE #;	CITY; ST	ATE; ZIP CODE
7 CAMPAIGN	·	ase),	AF 1/3011L # ,	6111, 317	ATE, ZIF GODE
TREASURER	3019 Stoney Brook Dr				
ADDRESS					
(Home)	Houston TX 77063				
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE	(713) 256-8650				
	January 15 X 30th day b	efore election Fir	nal repport (Attach C/OH	- FR) Exceeded \$500 li	imit
9 REPORT TYPE				_	
	July 15 8th day be	fore election Ru	noff	15th day after car	mpaign treasurer appointment(officeholder only)
10 PERIOD	Month Day	Year		Month	Day Year
COVERED	7/1/2015	5	THROUGH		9/24/2015
11 ELECTION	ELECTION DATE	ELECTIO	N TYPE		
	Month Day Year				
	11/3/2015	Primary	Ru	noff X Ger	neral Special
12 OFFICE	OFFICE HELD (if any)		13 OF	FFICE SOUGHT (if known)	
			М	ayor	
12 OFFICE	11/3/2015	Primary	13 ^{OF}		neral Special

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 FILER NAME Marty	L. McVey		15 Filer ID (Ethics Com	mission Filers)
	expenditures may have	f political contributions accepted or political expenditures ma been made without the candidate's or officeholder's knowle receive notice of such expenditures.	ade by political committees to support the edge or consent. Candidates and officer	e candidate / officeholder. These nolders are required to report this
16 NOTICE FROM	COMMITTEE TYPE	COMMITTEE NAME		
POLITICAL	GENERAL	COMMITTEE ADDRESS		
COMMITTEE(S)				
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION		AL CONTRIBUTIONS OF \$50 OR LESS (OT NS, OR GUARANTEES OF LOANS), UNLES		\$45.00
TOTALS	; ; ; ; ; ; ; _			φ 4 5.00
	2 TOTAL POLITIC	CAL CONTRIBUTIONS		\$
	(OTHER THAN F	PLEDGES, LOANS, OR GUARANTEES OF I	LOANS)	Ψ
EXPENDITURE	3 TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UN	NLESS ITEMIZED	
TOTALS				\$4,100.43
	4 TOTAL POLITIC	CAL EXPENDITURES		
				\$
CONTRIBUTION		AL CONTRIBUTIONS MAINTAINED AS OF		_
BALANCE	OF REPORTING	PERIOD		\$
OUTSTANDING LOAN	0	PAL AMOUNT OF ALL OUTSTANDING LOAI HE REPORTING PERIOD		0.4 0.75 0.00 0.0
TOTALS	LAST DAT OF T	TIE REFORTING FERIOD		\$1,075,000.00
18 AFFIDAVIT				
1074111274411		I swear or affire	m, under penalty of perjury, tha	at the accompanying
		report is true an	nd correct and includes all inforunder Title 15, Election Code.	mation required to be
		reported by me	under Title 15, Election Code.	
			Marty McVey	
			Signature of Candidate or C	Officeholder
AFFIX NOT STAMP / SE	AL ABOVE			
Sworn to and subscribed	before me, by the said	d	, this the	day
of	, 20	, to certify which, witness my har	nd and seal of office.	
Signature of officer admir	nistering oath	Print name of officer administering oa	th Title of officer	administering oath

SL	JB	TOTALS - COH	FORM C/OH		
			COVER SHEET PG 3		
19 F	FIL	ER NAME Marty L. McVey	20 Filer ID (Ethics Commission Filers)		
21	S	CHEDULE SUBTOTALS	SUBTOTAL		
	N	AME OF SCHEDULE	AMOUNT		
1		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3		SCHEDULE B: PLEDGED CONTRIBUTIONS			
4		SCHEDULE E: LOANS			
5	П	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			
6	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTION	IS		
8		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS			
9	П	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	F C/OH		
10		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BUTIONS		
11		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RI	ETURNED TO FILER		

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

FORM C/OH ADDENDUM

C/OH NAME Marty L. McVey

ACCOUNT # (Ethics Commission filers)

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

M	ONETAR	Y POLITICAL CONTI	RIBUTIONS	5	SCHEDULE A1
The	he Instruction Guide explains how to complete this form.				1 Total Pages Schedule A1:
2 F	ILER NAME N	Marty L. McVey			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Jessica Chen	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/9/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77036	\$2,500.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	
4	Date	5 Full name of contributor Cheng Wan	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/9/2015	6 Contributor address;	City; Sugar Land	State; Zip Code TX 77479	\$500.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct NuVision Products	I tions)
4	Date	5 Full name of contributor Helen Tai Overturf	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/9/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77083	\$200.00
8	Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instruct Homemaker	I tions)	
4	Date	5 Full name of contributor Wai Yee Overturf	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/9/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77083	\$100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct A Asian Massage Co	I tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	3	SCHEDULE A1
The	he Instruction Guide explains how to complete this form.				1 Total Pages Schedule A1:
2 F	ILER NAME	Marty L. McVey			3 Filer ID (Ethics Commission filers)
		Kevin Overturf	-		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/9/2015		Houston	TX 77083	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	tions)
	Principal			AZ Body Foot Massage	
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	
		Eufeng Xu	_		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/9/2015		Houston	TX 77038	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	tions)
	ED			Chinese Civic Ctr	
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	
		Shui Wah Wo			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/9/2015		Sugar Land	TX 77479	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	tions)
	Principal			MKJW, Inc.	
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	
		Xui Lan Li			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/9/2015		Houston	TX 77036	100.00
8	Principal occ			9 Employer (See Instruc	I tions)
	Principal			SAC Store Fixtures	
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	
		Kwong Wing Fung			7 Amount of contributions (\$)

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
Th	e Instruction	Guide explains how to comple	1 Total Pages Schedule A1:			
2 F	FILER NAME	Marty L. McVey			3 Filer ID (Ethics Commission filers)	_
	8/9/2015	6 Contributor address;	City; Sugar Land	State; Zip Code TX 77478	100.00	
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instru	ctions)	_
	Retired			Retired		
4	Date	5 Full name of contributor Wei Min Mei	out of state	PAC(ID#)	7 Amount of contributions (\$)	
	8/9/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77072	100.00	
8		ccupation / Job title (See Instructions)		9 Employer (See Instru	ctions)	
	Principal			ECK Bakery		
4	Date	5 Full name of contributor Donna Greer	out of state	PAC(ID#)	7 Amount of contributions (\$)	
	8/23/2015	6 Contributor address;	City; Raleigh	State; Zip Code NC 27616	100.00	
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instru	ctions)	_
	Recruiter			Cross Country Healthca	are	
		ATTACH ADDITION	ONAL COPIES	OF THIS SCHEDUL	LE AS NEEDED	_
		If contributor is out-of-state PA	AC, please see ins	truction guide for addition	onal reporting requirements	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS						SCHEDULE A		
	The Instruction Guide explains how to complete this form.					Total Pages Sc	hedule A2:	
2 F	TILER NAME M	larty L. McVey			3 Fi	ler ID (Ethics Commi	ssion filers)	
4 T	OTAL OF UNI	TEMIZED IN-KIND POLITION	CAL CONTRIBU	JTIONS	\$			
5	Date	6 Full name of contributor	out of state	PAC(ID#)				
		He Gao	Ш		8	Amount of contributions (\$)	9 In-Kind contribution description	
		7 Contributor address;	City;	State; Zip Code	-			
	8/9/2015		Katy	TX 77450		70.00	Event F & B	
						Check if travel outs	ide of Texas, complete	
10	Principal occu	pation / Job title (See Instructions)		11 Employer (See Insti	ruction	s)		
	Supply Chain	Analyst		Sysco Co				
5	Date	6 Full name of contributor	out of state	PAC(ID#)				
		He Gao			8	Amount of contributions (\$)	9 In-Kind contribution description	
		7 Contributor address;	City;	State; Zip Code	-			
	9/17/2015		Katy	TX 77450		243.56	Event Flyers	
						Check if travel outsi Schedule T	ide of Texas, complete	
10	Principal occu	pation / Job title (See Instructions)		11 Employer (See Insti	ruction	s)		
	Supply Chain	Analyst		Sysco Co				
5	Date	6 Full name of contributor	out of state	PAC(ID#)				
		TDP	Ц		8	Amount of contributions (\$)	9 In-Kind contribution description	
		7 Contributor address;	City;	State; Zip Code	-			
	8/12/2015		Austin	TX 77841		5000.00	Voter File Access	
						Check if travel outs Schedule T	ide of Texas, complete	
10	Principal occu	pation / Job title (See Instructions)		11 Employer (See Insti	ruction	s)		

CONTRIBUTIONS The Instruction Guide explains how to complete this form.				1	1 Total Pages Schedule A2:	
				ľ	. J.a agoo oo	
2 FILER NAME	Marty L. McVey			3 Fi	ler ID (Ethics Commi	ssion filers)
4 TOTAL OF U	NITEMIZED IN-KIND POLITION	CAL CONTRIB	BUTIONS	\$		
5 Date	6 Full name of contributor	out of sta	ite PAC(ID#)			
	He Gao	Ш		8	Amount of contributions (\$)	9 In-Kind contribution description
	7 Contributor address;	City;	State; Zip Code			
8/16/2015		Katy	TX 77450		40.00	Event Tickets
					Check if travel outsi Schedule T	de of Texas, complete
10 Principal oc	ccupation / Job title (See Instructions)		11 Employer (See Inst	truction	s)	
5 Date	6 Full name of contributor	out of sta	ite PAC(ID#)			
	He Gao	Ц		8	Amount of contributions (\$)	9 In-Kind contribution description
	7 Contributor address;	City;	State; Zip Code			
8/16/2015		Katy	TX 77450		200.00	Event Sponsorship
					Check if travel outsi Schedule T	de of Texas, complete
10 Principal oc	cupation / Job title (See Instructions)		11 Employer (See Inst	truction	s)	
5 Date	6 Full name of contributor	out of sta	ite PAC(ID#)	<u> </u>		
	He Gao	Ш		8	Amount of contributions (\$)	9 In-Kind contribution description
	7 Contributor address;	City;	State; Zip Code			
9/12/2015		Katy	TX 77450		300.00	Event Space Rental
					Check if travel outsi Schedule T	de of Texas, complete
10 Principal oc	ccupation / Job title (See Instructions)		11 Employer (See Inst	truction	s)	
			1			

	The Instruction Guide ex	plains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME Marty L. McVey	,	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/3/2015	Uber Technologies, Inc.		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
131.00	800 Market St		
	San Francisco CA 94102		
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
	Travel in District	Team Transportation	on
9 Complete ONLY if direct	Candidate / Officehoder name	office sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/31/2015	Café Express		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
153.95	6570 Woodway St		
	Houston TX 77057		
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
	Food/Beverage Expense	Staff Lunch	
	T odd/Bovorago Expondo		
9 Complete ONLY if direct	Candidate / Officehoder name	l office sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/30/2015	Z & ZZ Intl, Inc.		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1,000.00	4503 Crescent Lakes Cir		
·			
	Sugar Land TX 77479		
8 PURPOSE OF EXPENDITURE		(b) Description	
	T. Control of the Con	į.	

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 Marty L. McVey Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Ad Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/25/2015 Lebanon Times Magazine 7 Payee address; 6 Amount (\$) City; State; Zip Code 8989 Westheimer Rd 1,500.00 Ste 126 Houston TX 77063 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Magazine Ad Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Marty L. McVey		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/15/2015	Lincoln Park Strategies		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
14,842.50	611 Pennsylvania Ave SE		
	Ste 112		
	Washington DC 20003		
8 PURPOSE OF EXPENDITURE	(a) Category Polling Expense	(b) Description Check if travel outside of Text Check if Austin, TX, officehold Poll 1/2	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	L office sought off	fice held
4 Date	5 Payee name		
8/21/2015	Lincoln Park Strategies		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
14,842.50	611 Pennsylvania Ave SE		
	Ste 112		
	Washington DC 20003		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Polling Expense	Check if travel outside of Tex Check if Austin, TX, officehol Poll 2/2	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought off	fice held
4 Date	5 Payee name		
8/3/2015	Twitter, Inc.		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
745.44	795 Folsom St		
	Ste 600		
	San Francisco CA 94103		
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 Marty L. McVey Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Advertising Expense Post Boost 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/15/2015 AT&T 6 Amount (\$) 7 Payee address; City; Zip Code State; 208 S Akard St 139.36 Dallas TX 75202 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Internet Svc Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Marty L. McVey		3 Filer ID (Ethics Commission filers)		
4 Date	5 Payee name				
7/1/2015	Twitter, Inc.				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
663.80	795 Folsom St	,			
000.00	Ste 600				
	San Francisco CA 94103				
8 PURPOSE OF EXPENDITURE		(b) Description			
	Advertising Expense	Check if travel outside of Texa Check if Austin, TX, officehold Post Boost			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	Diffice sought offi	ce held		
4 Date	5 Payee name				
7/7/2015	Twitter, Inc.				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
115.37	795 Folsom St				
	Ste 600				
	San Francisco CA 94103				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
	Advertising Expense	Check if travel outside of Texa Check if Austin, TX, officehold Post Boost	•		
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought offi	ce held		
4 Date	5 Payee name				
7/9/2015	JW Player				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
149.00	8 W 38th St				
	6th FL				
	NY NY 10018				
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 Marty L. McVey Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Software Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/13/2015 Twitter, Inc. 7 Payee address; 6 Amount (\$) Zip Code City; State; 795 Folsom St 230.83 Ste 600 San Francisco CA 94103 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Post Boost Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form	-
1 Total pages Schedule F1:	² FILER NAME Marty L. McVey		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/20/2015	Twitter, Inc.		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
410.53	795 Folsom St		
	Ste 600		
	San Francisco CA 94103		
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description Check if travel outside of Te Check if Austin, TX, officeho	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	l ffice sought of	ffice held
4 Date	5 Payee name		
7/27/2015	Twitter, Inc.		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
387.55	795 Folsom St		
	Ste 600		
	San Francisco CA 94103		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Advertising Expense	Check if travel outside of Te Check if Austin, TX, officeho Post Boost	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	iffice sought of	ffice held
4 Date	5 Payee name		
7/23/2015	FaceBook		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
750.26	1601 S California Ave		
	Palo Alto CA 94304		
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 Marty L. McVey Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Post Boost Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/31/2105 FaceBook 6 Amount (\$) 7 Payee address; Zip Code City; State; 1601 S California Ave 750.20 Palo Alto CA 94304 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Post Boost Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	² FILER NAME Marty L. McVe	y	3 Filer ID (Ethics Commission filers)	
4 Date	5 Payee name			
7/31/2015	Harris County Democratic F	Party		
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
120.00	1445 N Loop W			
	Ste 110			
	Houston TX 77008			
8 PURPOSE OF EXPENDITURE	(a) Category Event Expense	(b) Description Check if travel outside of Telegraphic Check if Austin, TX, officeh Tickets		
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held	
4 Date	5 Payee name			
7/21/2015	FaceBook			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
750.25	1601 S California Ave			
	Palo Alto CA 94304			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
	Advertising Expense	Check if travel outside of Te Check if Austin, TX, officeh Post Boost		
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held	
4 Date	5 Payee name			
7/24/2015	NationBuilder			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
199.00	520 S Grand Ave			
	2nd FL			
	Los Angeles CA 90071			
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 Marty L. McVey Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Data Mgmt Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/29/2015 Underbelly 7 Payee address; 6 Amount (\$) City; Zip Code State; 1100 Westheimer Rd 139.07 Houston TX 77006 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff Debrief Food/Beverage Expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Marty L. McVey	<u> </u>	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/28/2015	Accurate Append		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
465.18	1511 3rd Ave	μ	
403.10	Ste 621		
	Seattle WA 98101		
8 PURPOSE OF EXPENDITURE		(b) Description	
O TONI OSE OF EXPENDITORE	Advertising Expense	Check if travel outside of Tex Check if Austin, TX, officehol Email Mgmt	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	l fflice sought off	iice held
4 Date	5 Payee name		
7/28/2015	Accurate Append		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
153.04	1511 3rd Ave		
	Ste 621		
	Seattle WA 98101		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Advertising Expense	Check if travel outside of Tex Check if Austin, TX, officehol Email Mgmt	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought off	fice held
4 Date	5 Payee name		
7/31/2015	Dina Montalbo		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
200.00	3510 1/2 Ruth St		
	Houston TX 77004		
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 Marty L. McVey Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Tickets Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/8/2195 Rick Garfinkel **6** Amount (\$) 7 Payee address; City; Zip Code State; 1,000.00 6060 Richmond Ave Ste 315 Houston TX 77057 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Interview Prep **Legal Services** Candidate / Officehoder name 9 Complete ONLY if direct office held office sought expendituree to benefit C/OH

	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Marty L. McVey			
4 Date	5 Payee name	,		
7/1/2015	Houston GLBT Political Cau	IOLIC		
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
250.00	PO Box 66664			
	Houston TX 77266			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel outside of Texas, complete Schedule T		
		Check if Austin, TX, officeholder living expense		
	Event Expense	F&B		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held		
·				
4 Date	5 Payee name			
7/15/2015	Domestic Mgmt Svcs			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
3,500.00	3510 Ruth St			
	Houston TX 77004			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel outside of Texas, complete Schedule T		
		Check if Austin, TX, officeholder living expense		
	Salaries/Wages/Contract	Staff		
	Labor			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held		
experiordine to benefit 6/011				
4 Date	5 Payee name			
7/15/2015	Michelle Smith			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
1,000.00	14 Alpine Ct			
	Bellaire TX 77401			
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 Marty L. McVey Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/15/2015 Kenneth Olive 7 Payee address; 6 Amount (\$) Zip Code City; State; 5,000.00 5522 Sylmar Houston TX 77081 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

	The Instruction Guide ev	plains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Marty L. McVey	· ·	Filer ID (Ethics Commission filers)
4 Date	5 Payee name		,
9/2/2015	AT&T		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
		State, Zip Code	
754.73	208 S Akard St		
	Dallas TX 75202	Γ	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texa	as, complete Schedule T
		Check if Austin, TX, officehold	der living expense
	Office Overhead/Rental	Phones	
	Expense		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office	ce held
4 Date	5 Payee name		
8/3/2015	AT&T		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
327.56	208 S Akard St		
	Dallas TX 75202		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texa	as, complete Schedule T
		Check if Austin, TX, officehold	der living expense
	Office Overhead/Rental	Phones	
	Expense		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office	ce held
oxportations to portain 6, 611			
4 Date	5 Payee name		
9/16/2015	OutSmart Magazine		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
435.00	3406 Aududon Pl		
	Houston TX 77006		
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 Marty L. McVey Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Magazine Ad Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/3/2015 Twitter, Inc. **6** Amount (\$) 7 Payee address; Zip Code City; State; 795 Folsom St 246.50 Ste 600 San Francisco CA 94103 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Post Boost Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME Marty L. McVey	<u> </u>	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/4/2015	Twitter, Inc.		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
131.90	795 Folsom St		
	Ste 600		
	San Francisco CA 94103		
8 PURPOSE OF EXPENDITURE		(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Advertising Expense	Post Boost	
	g = · · · · · · · · · · · · · · · · · ·		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held
experialitiee to benefit C/OH			
4 Date	5 Payee name		
9/8/2015	FaceBook		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
335.55	1601 S California Ave		
	Palo Alto CA 94304		
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
	Advertising Expense	Post Boost	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held
A Data	F Davis 2000		
4 Date	5 Payee name		
9/24/2015	NationBuilder		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
399.00	520 S Grand Ave		
	2nd Fl		
	Los Angeles CA 90071	_	
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 Marty L. McVey Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Data Mgmt Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/4/2015 Twitter, Inc. **6** Amount (\$) 7 Payee address; State; Zip Code City; 795 Folsom St 141.01 Ste 600 San Francisco CA 94103 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Post Boost Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

TROM TOLITIOAL	<u> </u>		
	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Marty L. McVey	3 Filer	ID (Ethics Commission filers)
4 Date	5 Payee name		
8/11/2015	Twitter, Inc.		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
228.09	795 Folsom St		
	Ste 600		
	San Francisco CA 94103		
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description Check if travel outside of Texas, cor Check if Austin, TX, officeholder livin Post Boost	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	ffice sought office held	d
4 Date	5 Payee name		
8/18/2015	Twitter, Inc.		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
140.10	795 Folsom St		
	Ste 600		
	San Francisco CA 94103		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Advertising Expense	Check if travel outside of Texas, cor Check if Austin, TX, officeholder livin Post Boost	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	ffice sought office held	1
4 Date	5 Payee name		
8/25/2015	Twitter, Inc.		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
356.42	795 Folsom St		
	Ste 600		
	San Francisco CA 94103		
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 Marty L. McVey Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Post Boost Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/24/2015 FaceBook 7 Payee address; 6 Amount (\$) Zip Code City; State; 1601 S California Ave 500.08 Palo Alto CA 94304 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Post Boost Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

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	The Instruction Guide exp	plains how to complete this form	-
1 Total pages Schedule F1:	² FILER NAME Marty L. McVey		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/19/2015	FaceBook		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
250.09	1601 S California Ave		
	Palo Alto CA 94304		
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
	Advertising Expense	Post Boost	
	Advertising Expense		
9 Complete ONLY if direct	Candidate / Officehoder name o	l iffice sought of	ffice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/12/2015	FaceBook		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
750.02	1601 S California Ave	·	
700.02	1001 C Camorria 7.00		
	Palo Alto CA 94304		
8 PURPOSE OF EXPENDITURE		(b) Description	
o roki ode or exi enditoke	(a) Calegory	Check if travel outside of Te	year complete Schodule T
		Check if Austin, TX, officeho	nder living expense
	Advertising Expense	Post Boost	
9 Complete ONLY if direct	Candidate / Officehoder name o	ffice sought of	ffice held
expendituree to benefit C/OH	Candidate / Officerioder frame	mice sought of	nice neid
4 Date	5 Payee name		
8/3/2015	FaceBook	Chata: Zin Cada	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
114.36	1601 S California Ave		
	Palo Alto CA 94304		
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 Marty L. McVey Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Post Boost Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/24/2015 NationBuilder 7 Payee address; 6 Amount (\$) Zip Code City; State; 399.00 520 S Grand Ave 2nd FL Los Angeles CA 90071 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Overhead/Rental Data Mgmt Expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

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	The Instruction Guide exp	plains how to complete this form	•
1 Total pages Schedule F1:	² FILER NAME Marty L. McVey		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/3/2015	VistaPrint		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
298.99	Hudsonweg 8		
	Venlo LW NE 5928		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	
	Drinting Evange	Cards	and any oxposite
	Printing Expense	Calus	
9 Complete ONLY if direct	Candidate / Officehoder name o	ffice sought of	fice held
expendituree to benefit C/OH	oundidate, chiosilousi namo	oo ooug	
4 Date	5 Payee name		
8/15/2015	Melissa Noriega		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
		Cidio, Lip Code	
8,000.00	4430 Pease St		
A DUDDOOF OF EVDENDITUDE	Houston TX 77023	(h) December (in a	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te.	•
		Check if Austin, TX, officeho	older living expense
	Consulting Expense	Consultant	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	office sought of	fice held
	L		
4 Date	5 Payee name		
8/15/2015	Michelle Smith		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1,000.00	14 Alpine Ct		
	Bellaire TX 77401		
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 Marty L. McVey Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/15/2015 Jamail's Sales 7 Payee address; 6 Amount (\$) City; Zip Code State; 10710 Flaxman St 297.62 Houston TX 77029 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense T-Shirts **Printing Expense** 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	² FILER NAME Marty L. McVey	•	3 Filer ID (Ethics Commission filers)	
4 Date	5 Payee name			
8/15/2015	Meyerland Area Democrats (Club		
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
250.00	PO Box 310061			
	Houston TX 77231			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel outside of Tex	as, complete Schedule T	
		Check if Austin, TX, officehol	der living expense	
	Event Expense	Sponsorship		
	'			
9 Complete ONLY if direct	Candidate / Officehoder name	ffice sought off	ice held	
expendituree to benefit C/OH				
4 Date	5 Payee name			
8/15/2015	Kenneth Olive			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
5,000.00	5522 Sylmar			
	Houston TX 77081			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel outside of Tex	as, complete Schedule T	
		Check if Austin, TX, officehol	der living expense	
	Salaries/Wages/Contract	Staff		
	Labor			
9 Complete ONLY if direct	Candidate / Officehoder name	l ffice sought off	ice held	
expendituree to benefit C/OH				
4 Date	5 Payee name			
8/15/2015	Michael Moreno			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
1,500.00	7636 Ave J			
,				
	Houston TX 77012			
8 PURPOSE OF EXPENDITURE		(b) Description		
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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 Marty L. McVey Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/15/2015 **VAN TV** 7 Payee address; 6 Amount (\$) Zip Code City; State; 9938 Bellaire Blvd 1,000.00 Ste B Houston TX 77036 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Ad Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME Marty L. McVey		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/5/2015	GreenGo 2020		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
550.00	111 N Cesar Chavez Blvd		
	Houston TX 77001		
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
	Salaries/Wages/Contract	Sign Placement	
	Labor		
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
experientative to benefit 0/011			
4 Date	5 Payee name		
9/5/2015	Fiestas Patrias Parade		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
270.00	10331 Sage Plum Dr		
	Houston TX 77089		
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
	Event Expense	Parade Entry	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
4 Date	5 Payee name		
8/24/2015	SSG City	State: Zin Code	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1,000.00	9928 Bellaire Blvd		
	Ste B		
A DUDDOCE OF EVERYDITUES	Houston TX 77036	(h) Danarintina	
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 Marty L. McVey Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Event Expense** Sponsorship 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/20/2015 Kenneth Olive 7 Payee address; 6 Amount (\$) City; Zip Code State; 5,000.00 5522 Sylmar Houston TX 77081 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	The Instruction Guide ex	plains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME Marty L. McVey	,	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/20/2015	Michael Moreno		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
3,000.00	7636 Ave J		
	Houston TX 77012		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Salaries/Wages/Contract	Staff	
	Labor		
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held
experience to benefit e/e/1			
4 Date	5 Payee name		
9/20/2015	Melissa Noriega		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
4,000.00	4430 Pease St		
	Houston TX 77023		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Consulting Expense	Consultant	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held
A Data	F. D		
4 Date	5 Payee name		
9/15/2015	Chloe Tram	Otata 7'n Oada	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
500.00	11315 Valley Stream		
a pupped of Types	Houston TX 77043	Ia. 5	
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 Marty L. McVey Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Event Expense** Sponsorship 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/15/2015 Teresa Charities, Inc. 7 Payee address; 6 Amount (\$) Zip Code City; State; PO Box 13237 300.00 Portland OR 92713 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Sponsorship **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Marty L. McVey	,	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/20/2015	VAN TV		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1,012.00	9928 Bellaire Blvd		
	Ste B		
	Houston TX 77036		
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description Check if travel outside of Text Check if Austin, TX, officeho Ad	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	I office sought of	fice held
4 Date	5 Payee name		
9/20/2015	Michelle Smith		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1,000.00	14 Alpine Ct		
	Bellaire TX 77401		
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Text Check if Austin, TX, officeho Staff	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	I ffice sought of	fice held
4 Date	5 Payee name		
8/15/2015	Z & ZZ Intl, Inc.		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1,000.00	4503 Crescent Lakes Cir		
	Sugar Land TX 77479		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

ı	POLITICAL EXPEN			SCHEDULE F1				
	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	² FILER NAME Marty L. McVey	3	Filer ID (Ethics Commission filers)				
		Advertising Expense	Check if travel outside of Texas Check if Austin, TX, officehold Online Ad	•				
9	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	office sought office	ce held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission filers) FILER NAME Marty L. McVey TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 6/1/2015 **Domestic Mgmt Svcs 7** Amount (\$) 8 Payee address; City: State: Zip Code 3,500.00 3510 Ruth St Houston TX 77004 Political TYPE OF EXPENDITURE Non-Political 9 (a) Category PURPOSE OF EXPENDITURE (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Staff Labor Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 6 5 Date Payee name 7/1/2015 Domestic Mgmt Svcs 8 Payee address; Zip Code **7** Amount (\$) City; State; 3510 Ruth St 3,500.00 Houston TX 77004 9 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff Salaries/Wages/Contract Labor Candidate / Officehoder name Complete ONLY if direct office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 8/1/2015 **Domestic Mgmt Svcs** Amount (\$) 8 Payee address; City; State; Zip Code 3,500.00 3510 Ruth St

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission filers) FILER NAME Marty L. McVey TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ Houston TX 77004 9 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff Salaries/Wages/Contract Labor Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 9/1/2015 **Domestic Mgmt Svcs 7** Amount (\$) 8 Payee address; City; State; Zip Code 3,500.00 3510 Ruth St Houston TX 77004 Political Non-Political TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff Salaries/Wages/Contract Labor Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 6 Payee name Date 7/15/2015 **Domestic Mgmt Svcs 7** Amount (\$) Payee address; City; Zip Code State; 500.00 3510 Ruth St Houston TX 77004 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description

UI	NPAID INCURRED	OE	BLIGATIONS			SCHEDULE F2		
	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F2:	2	FILER NAME Marty L. McVey	,	3 Filer ID (Ethics Commission file	rs)		
4	TOTAL OF UNITEMIZED UNPA	NID IN	CURRED OBLIGATIONS		\$			
			Fees		Check if travel outside of Texas, compliance Audit			
11	Complete ONLY if direct expendituree to benefit C/OH	Cano	didate / Officehoder name		office sought	office held		
5	Date	6	Payee name					
	9/24/2015		Domestic Mgmt Svcs					
7	Amount (\$)	8	Payee address; City;	Sta	te; Zip Code			
	500.00		3510 Ruth St Houston TX 77004					
9	TYPE OF EXPENDITURE	x	Political		Non-Political			
10	PURPOSE OF EXPENDITURE	(a) C	Pategory	(b) D	Description Check if travel outside of Texas, compl Check if Austin, TX, officeholder living Compliance Audit			
11	Complete ONLY if direct expendituree to benefit C/OH	Cano	didate / Officehoder name		office sought	office held		

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission filers) FILER NAME Marty L. McVey TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 9/1/2014 Melissa Noriega **7** Amount (\$) 8 Payee address; City; State: Zip Code 1,000.00 4430 Pease St Houston TX 77023 Political TYPE OF EXPENDITURE Non-Political 9 (a) Category PURPOSE OF EXPENDITURE (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Consultant Labor Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 6 5 Date Payee name 4/1/2015 Domestic Mgmt Svcs 8 Payee address; **7** Amount (\$) City; State; Zip Code 2,500.00 3510 Ruth St Houston TX 77004 9 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Gtd Commissions** Salaries/Wages/Contract Labor Candidate / Officehoder name Complete ONLY if direct office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 5/1/2015 **Domestic Mgmt Svcs** City; Amount (\$) 8 Payee address; State; Zip Code 2,500.00 3510 Ruth St

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission filers) FILER NAME Marty L. McVey TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ Houston TX 77004 9 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Gtd Commissions** Salaries/Wages/Contract Labor Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 6/1/2015 **Domestic Mgmt Svcs 7** Amount (\$) 8 Payee address; City; State; Zip Code 2,500.00 3510 Ruth St Houston TX 77004 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Gtd Commissions** Salaries/Wages/Contract Labor Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 6 Payee name Date 7/1/2015 **Domestic Mgmt Svcs 7** Amount (\$) Payee address; City; Zip Code State; 2,500.00 3510 Ruth St Houston TX 77004 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description

UI	NPAID INCURRED	OE	BLIGATIONS			SCHEDULE F2		
	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F2:	2	FILER NAME Marty L. McVey	,	3 Filer ID (Ethics Commission fi	lers)		
4	TOTAL OF UNITEMIZED UNPA	ID IN	CURRED OBLIGATIONS		\$			
			Salaries/Wages/Contract Labor		Check if travel outside of Texas, com Check if Austin, TX, officeholder living Gtd Commissions			
11	Complete ONLY if direct expendituree to benefit C/OH	Can	didate / Officehoder name		office sought	office held		
5	Date 8/1/2015	6	Payee name Domestic Mgmt Svcs					
7	Amount (\$) 2,500.00	8	Payee address; City; 3510 Ruth St Houston TX 77004	Sta	te; Zip Code			
9	TYPE OF EXPENDITURE	X	Political		Non-Political			
10	PURPOSE OF EXPENDITURE	(a) C	Salaries/Wages/Contract Labor	(b) D	escription Check if travel outside of Texas, com Check if Austin, TX, officeholder living Gtd Commissions	•		
11	Complete ONLY if direct expendituree to benefit C/OH	Can	didate / Officehoder name		office sought	office held		

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission filers) FILER NAME Marty L. McVey TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 9/1/2015 **Domestic Mgmt Svcs 7** Amount (\$) 8 Payee address; City: State: Zip Code 2,500.00 3510 Ruth St Houston TX 77004 Political TYPE OF EXPENDITURE Non-Political 9 (a) Category PURPOSE OF EXPENDITURE (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salaries/Wages/Contract **Gtd Commissions** Labor Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 6 5 Date Payee name 2/1/2015 Melissa Noriega Payee address; **7** Amount (\$) City; State; Zip Code 4430 Pease St 1,000.00 Houston TX 770223 9 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Consultant Consulting Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 3/1/2015 Melissa Noriega Amount (\$) 8 Payee address; City; State; Zip Code 2,000.00 4430 Pease St

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission filers) FILER NAME Marty L. McVey TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ Houston TX 770223 9 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Consultant Consulting Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 4/1/2015 Melissa Noriega **7** Amount (\$) 8 Payee address; City; State; Zip Code 4430 Pease St 3,000.00 Houston TX 770223 Political Non-Political TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Consultant Consulting Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH Date 6 Payee name 6/1/2015 Fletcher Rowley **7** Amount (\$) City; Payee address; Zip Code State; 5,000.00 1720 West End Ave Ste 630 Nashville TN 32703 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description

U	NPAID INCURRED	OBLIGATIONS			SCHEDULE F2			
	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F2:	2 FILER NAME Marty L. McV	ey	3 Filer ID (Ethics Commission filers)				
4	4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS			\$				
		Consulting Expense		Check if travel outside of Texas, complete Sche Check if Austin, TX, officeholder living expense Retainer				
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	1	office sought off	fice held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS The Instruction Guide explains how to complete this form. 1 Total Pages Schedule G: 3 FilerID (Ethics Commission filers) 2 FILER NAME Marty L. McVey 4 Date 5 Payee name 7/1/2015 6363 Richmond LP 6 Amount (\$) 7 Payee Address: City; State: Zip Code 3,500.00 6060 Richmond Ave Houston TX 77057 X Reimbursement from Ste 380 political contributions intended 8 (a) Category (b) Description Office Space **PURPOSE OF** Office Overhead/Rental Expense **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 8/1/2015 6363 Richmond LP 7 Payee Address; 6 Amount (\$) City; State: Zip Code 3,500.00 6060 Richmond Ave Houston TX 77057 X Reimbursement from Ste 380 political contributions intended 8 (a) Category (b) Description **PURPOSE OF** Office Overhead/Rental Expense Office Space **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 9/1/2015 6363 Richmond LP 6 Amount (\$) 7 Payee Address; City; State; Zip Code 3,500.00 6060 Richmond Ave Houston TX 77057 X Reimbursement from Ste 380 political contributions intended 8 (b) Description (a) Category

POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS The Instruction Guide explains how to complete this form. 1 Total Pages Schedule G: 3 FilerID (Ethics Commission filers) 2 FILER NAME Marty L. McVey **PURPOSE OF** Office Overhead/Rental Expense Office Space **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH 4 Date 5 Payee name 9/10/2015 Artista Restaurant 6 Amount (\$) 7 Payee Address; Zip Code City; State; 221.97 800 Bagby St TX 77002 Houston X Reimbursement from Ste 400 political contributions intended 8 (b) Description (a) Category **PURPOSE OF** Staff Debrief Food/Beverage Expense **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office held Office sought expenditure to benefit C/OH 4 Date 5 Payee name 9/16/2015 Cognitive Campaigns 6 Amount (\$) 7 Payee Address; City; State; Zip Code 9,235.75 77047 2902 Fuqua Houston TX Reimbursement from political contributions intended 8 (b) Description (a) Category **PURPOSE OF** Printing Expense Mailer **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date 5 Payee name 9/14/2015 Jamail's Sales

POLITICAL EXI	SCHEDUL	E G							
MADE FROM P	ERSONAL FUNDS								
	The Instruction Guide explains how to complete this form.								
1 Total Pages Schedule G:	² FILER NAME Marty L. McVey	3 FilerID (Ethics Commission filers)							
6 Amount (\$)	7 Payee Address;	City; State; Zip Code							
6,425.17	10710 Flaxman St	Houston TX 77029							
X Reimbursement from									
political contributions									
intended									
8	(a) Category	(b) Description							
PURPOSE OF EXPENDITURE	Printing Expense	Push Cards & Signs							
		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/OH	Candidate / Officeholder name	Office sought Office held							
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED							