

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM SPAC
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form		1 Filer ID (Ethics Commission filers)	2 Total pages filed:	
3 COMMITTEE NAME	Service Employees International Union Committee on Political Education (SEIU COPE)			OFFICE USE ONLY
4 COMMITTEE ADDRESS	ADDRESS / PO BOX	APT/SUITE #	CITY	STATE ZIP CODE
<input type="checkbox"/> Change of address	1800 Massachusetts Ave., NW Washington DC 20036			Date Received 12/4/2015
5 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	RECEIPT #
	Mr.	Michael	P.	Amount
	NICKNAME	LAST	SUFFIX	Date Processed
		Fishman		Date Imaged
6 CAMPAIGN TREASURER'S STREET ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);		APT/SUITE #;	CITY; STATE; ZIP CODE
Business	1800 Massachusetts Ave., NW Washington DC 20036			
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX;	APT/SUITE #;	CITY;	STATE; ZIP CODE
<input type="checkbox"/> Change of Address	1800 Massachusetts Ave., NW		Washington DC	20036
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE #	EXTENSION	
	(202)	730-7000		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	
	11/19/2015		12/2/2015	
11 ELECTION	ELECTION DATE			
	Month Day Year	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> General <input type="checkbox"/> Special
	12/12/2015			

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**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Service Employees International Union Committee on Political Education (SEIU COPE)	13 Filer ID (Ethics Commission filers)
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14 COMMITTEE PURPOSE <small>(Attached lists on plain paper to complete this report if necessary)</small> <input checked="" type="checkbox"/> SUPPORT <small>(Candidate or Measure)</small> <input type="checkbox"/> OPPOSE <small>(Candidate or Measure)</small> <input type="checkbox"/> ASSIST <small>(Officeholder)</small>	<input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER <input type="checkbox"/> MEASURE	CANDIDATE / OFFICEHOLDER NAME Sylvester Turner OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Mayor / BALLOT IDENTIFICATION / # ELECTION DATE DESCRIPTION
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15 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$82000.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$82000.00
	4	TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$0.00
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Michael Fishman

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - SPAC**FORM SPAC
COVER SHEET PG 3**

17 COMMITTEE NAME Service Employees International Union Committee on Political Education (SEIU COPE)		18 Filer ID (Ethics Commission filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 82000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ \$-
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ \$-
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ \$-
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ \$-
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATIONS OR LABOR ORGANIZATION	\$ \$-
7.	SCHEDULE E: LOANS	\$ \$-
8.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 82000.00
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ \$-
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ \$-
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ \$-
12.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ \$-
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \$-
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ \$-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
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2 FILER NAME Sylvester Turner	3 Filer ID (Ethics Commission filers)
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4 Date	5 Full name of contributor <input checked="" type="checkbox"/> out of state PAC(ID# C00004036)	7 Amount of contributions (\$)
	Service Employees International Union Committee on Political Education (SEIU COPE)	
11/19/2015	6 Contributor address; City; State; Zip Code Washington DC 20036	82000.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide 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 Sylvester Turner	3 Filer ID (Ethics Commission filers)
4 Date 11/24/2015	5 Payee name David W. Robinson Campaign	
6 Amount (\$) 2,500.00	7 Payee address; City; State; Zip Code P.O. Box 56386 Houston TX 77256	
8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 11/24/2015	5 Payee name Jason Cisneroz Campaign	
6 Amount (\$) 2,500.00	7 Payee address; City; State; Zip Code 226 Cavalcade Houston TX 77009	
8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 11/24/2015	5 Payee name Chris Brown for Controller Campaign	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 3139 W. Holcombe Blvd. #410 Houston TX 77025	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sylvester Turner		3 Filer ID (Ethics Commission filers)
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 11/24/2015	5 Payee name Amanda Edwards Campaign		
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code PO Box 56386 Houston TX 77526		

8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sylvester Turner	3 Filer ID (Ethics Commission filers)
4 Date 11/24/2015	5 Payee name SEIU Texas	
6 Amount (\$) 22,500.00	7 Payee address; City; State; Zip Code 4299 San Felipe St. Ste 200 Houston TX 77027	
8 PURPOSE OF EXPENDITURE	(a) Category OTHER (enter a category not listed above)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary and Canvass Expenses
	9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held Sylvester Turner Mayor

4 Date 11/24/2015	5 Payee name SEIU Texas	
6 Amount (\$) 21,383.50	7 Payee address; City; State; Zip Code 4299 San Felipe St. Ste 200 Houston TX 77027	
8 PURPOSE OF EXPENDITURE	(a) Category OTHER (enter a category not listed above)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary and Canvass Expenses
	9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held Sylvester Turner Mayor

4 Date 11/24/2015	5 Payee name SEIU Texas	
6 Amount (\$) 7,500.00	7 Payee address; City; State; Zip Code 4299 San Felipe St. Ste 200 Houston TX 77027	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sylvester Turner		3 Filer ID (Ethics Commission filers)
	OTHER (enter a category not listed above)	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	Salary and Canvass Expenses
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Robert Gallegos	office sought	office held City Council - District I
4 Date 11/24/2015	5 Payee name SEIU Texas		
6 Amount (\$) 21,383.49	7 Payee address; City; State; Zip Code 4299 San Felipe St. Ste 200 Houston TX 77027		
8 PURPOSE OF EXPENDITURE	(a) Category OTHER (enter a category not listed above)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary and Canvass Expenses	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Jason Cisneroz	office sought	office held City Council - District H

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sylvester Turner	3 Filer ID (Ethics Commission filers)
4 Date 11/24/2015	5 Payee name SEIU Texas	
6 Amount (\$) 446.60	7 Payee address; City; State; Zip Code 4299 San Felipe St. Ste 200 Houston TX 77027	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct Mail
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held Amanda Edwards City Council - At Large Position 4	

4 Date 11/24/2015	5 Payee name SEIU Texas	
6 Amount (\$) 446.60	7 Payee address; City; State; Zip Code 4299 San Felipe St. Ste 200 Houston TX 77027	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct Mail
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held Sylvester Turner Mayor	

4 Date 11/24/2015	5 Payee name SEIU Texas	
6 Amount (\$) 446.60	7 Payee address; City; State; Zip Code 4299 San Felipe St. Ste 200 Houston TX 77027	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sylvester Turner		3 Filer ID (Ethics Commission filers)
	Advertising Expense	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	Direct Mail
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Jason Cisneroz	office sought	office held City Council - District H
4 Date 11/24/2015	5 Payee name SEIU Texas		
6 Amount (\$) 446.60	7 Payee address; City; State; Zip Code 4299 San Felipe St. Ste 200 Houston TX 77027		
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct Mail	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Chris Brown	office sought Controller	office held

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sylvester Turner		3 Filer ID (Ethics Commission filers)
4 Date 11/24/2015	5 Payee name SEIU Texas		
6 Amount (\$) 446.61	7 Payee address; City; State; Zip Code 4299 San Felipe St. Ste 200 Houston TX 77027		
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct Mail	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held David Robinson City Council - At Large Position 2		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL COMMITTEE
AFFIDAVIT OF DISSOLUTION**

FORM PAC-DR

The instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Dissolution" ****

1 COMMITTEE NAME

2 ACCOUNT #

(Ethics Commission filers)

3

Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Signature of campaign treasurer

**DO NOT SIGN UNLESS
POLITICAL COMMITTEE IS TO BE DISSOLVED**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath