CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

CAMIL AIGHT HARIOL KEI OKT							
The C/OH Instruction Guide explains how to complete this form			1 Filer ID(Et	hics Comm	nission filers)	2 Total pages filed	
3 CANDIDATE /	MS/MRS/MR	FIRST	MI		OFF	ICE USE ONLY	
OFFICEHOLDER	Mr.	Greg			Date Received	1	
NAME	NICKNAME I	LAST	SUFFIX		10/5/2015		
		Travis					
4 CANDIDATE /	ADDRESS / PO BOX;	APT/SUITE #; CITY;	; STATE; ZIP C	CODE			
OFFICEHOLDER	800 Wilcrest, #350						
MAILING					Date Hand-deliver	red or Date Postmarked	
ADDRESS	Houston TX 77042						
Change of address	ADEA CODE	DUONE NUMBER	EVTENCION				
5 CANDIDATE /		PHONE NUMBER	EXTENSION				
OFFICEHOLDER	(713) 626-0001						
PHONE	MS/MRS/MR	FIRST	MI		.	1	
6 CAMPAIGN			IVII		Receipt #	Amount	
TREASURER	(Chase			Date Processed		
NAME	NAME LAST SUFFIX				Date Imaged		
	;	Zalman					
7 CAMPAIGN	STREET ADDRESS (No PO Box Please	9);	APT/SUITE #;		CITY; STATE;	ZIP CODE	
TREASURER	4715 Abingdon Ct						
ADDRESS							
(Residence)	Sugar Land TX 77479						
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION				
TREASURER PHONE	(713) 892-4732						
	January 15 X 30th day before	re election Fina	I repport (Attach C/OH	I - FR)	Exceeded \$500 limit		
9 REPORT TYPE		_		_			
	July 15 8th day before	e election Runo	off		15th day after campaign	treasurer appointment(officeholder only)	
10 PERIOD	Month Day	Year			Month	Day Year	
COVERED	7/1/2015		THROUGH		9/24	4/2015	
11 ELECTION	ELECTION DATE	ELECTION	TYPE				
	Month Day Year			#		□ oial	
	11/3/2015	Primary	L Ru	inoff	X General	Special	
12 OFFICE	OFFICE HELD (if any)		13 ^{OI}	FFICE SOUGI	HT (if known)		
					ncil - District G		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 FILER NAME Greg	Travis		15 Filer ID (Ethics Con	nmission Filers)			
	expenditures may have	political contributions accepted or political expenditure been made without the candidate's or officeholder's kneevive notice of such expenditures.					
16 NOTICE	COMMITTEE TYPE	COMMITTEE NAME					
FROM	_						
POLITICAL	GENERAL	ENERAL COMMITTEE ADDRESS					
COMMITTEE(S)							
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS					
additional pages							
17 CONTRIBUTION	1 TOTAL POLITIC	AL CONTRIBUTIONS OF \$50 OR LESS	(OTHER THAN				
TOTALS	PLEDGES, LOAI	NS, OR GUARANTEES OF LOANS), UN	LESS HEMIZED	\$0.00			
	2 TOTAL POLITIC	AL CONTRIBUTIONS		Ф00 075 00			
	(OTHER THAN F	PLEDGES, LOANS, OR GUARANTEES (OF LOANS)	\$28,675.00			
	·	AL EXPENDITURES OF \$100 OR LESS	,				
EXPENDITURE TOTALS	3 TOTAL POLITIC	AL EXI ENDITORES OF \$100 OR LEGS	, ONLLOO IT LIVIIZED	\$0.00			
	4 TOTAL BOLLTIC	AL EXPENDITURES					
	4 TOTAL POLITIC	AL EXPENDITORES		\$42,851.83			
	5 TOTAL BOLITIC	AL CONTRIBUTIONS MAINTAINED AS	OF THE LACT DAY				
CONTRIBUTION BALANCE	5 TOTAL POLITICATION OF REPORTING	AL CONTRIBUTIONS MAINTAINED AS PERIOD	OF THE LAST DAY	\$47,094.68			
	- TOTAL BRINGIN	AL AMOUNT OF ALL OUTOTANDING	0.410.40.05.71.5				
OUTSTANDING LOAN TOTALS	6 LAST DAY OF T	AL AMOUNT OF ALL OUTSTANDING L HE REPORTING PERIOD	OANS AS OF THE	\$66,000.00			
18 AFFIDAVIT				1			
		report is true	affirm, under penalty of perjury, the and correct and includes all informe under Title 15, Election Code	ormation required to be			
		Topolica by	me under this to, Election cod	o.			
			Greg Travis				
			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, witness my	hand and seal of office.				
Signature of officer admir	nistering oath	Print name of officer administering	noath Title of office	r administering oath			
Signature of officer admit	motering valli	Finit name of officer auministering	Juani Tille of Office	i auministenny vatri			

SUBTOTALS - COH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME Greg Travis 20 Filer ID (Ethics Commission Filers) 21 SCHEDULE SUBTOTALS **SUBTOTAL** NAME OF SCHEDULE **AMOUNT** SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 28675 1 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 0 2 SCHEDULE B: PLEDGED CONTRIBUTIONS 3 SCHEDULE E: LOANS 4 25000 SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 5 40731 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6 SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTIONS 0 8 SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 2121 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 Greg Travis

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	3	SCHEDULE A1
The	e Instruction G	Guide explains how to complet	e this form.		1 Total Pages Schedule A1:
2 F	ILER NAME (Greg Travis	3 Filer ID (Ethics Commission filers)		
4 Date		5 Full name of contributor out of state PAC(ID#)		7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code	
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Ramsay Elder	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	7/1/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005	\$100.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Al Davis	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	7/24/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77079	\$250.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct	L tions)
4	Date	5 Full name of contributor Joanne Hook	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	7/24/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77007	\$500.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	8		SCHEDULE	A1	
Th	e Instruction (Guide explains how to comple	ete this form.		1 Total	1 Total Pages Schedule A1:		
2 F	ILER NAME	Greg Travis		,	3 Filer ID (E	Ethics Commission filers)		
		Brad Elward	1		7	Amount of contributions (\$)		
	7/24/2015	6 Contributor address;	City; Washington	State; Zip Code IL 61571		125.00		
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	etions)			
4	Date	5 Full name of contributor James Jones	out of state F	PAC(ID#)	7	Amount of contributions (\$)		
	8/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77057		500.00		
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)			
4	Date	5 Full name of contributor Lew Fenton	out of state F	PAC(ID#)	7	Amount of contributions (\$)		
	7/24/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77077		100.00		
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)			
4	Date	5 Full name of contributor Bob Jones	out of state F	I PAC(ID#)	7	Amount of contributions (\$)		
	8/12/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77079		2,500.00		
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)			
4	Date	5 Full name of contributor IDS Engineering Group PAC	out of state F	PAC(ID#)	7	Amount of contributions (\$)		

MONETAR	RY POLITICAL CONTR	BUTIONS	3	SCHEDULE A1
The Instruction	Guide explains how to complete	1 Total Pages Schedule A1:		
2 FILER NAME	Greg Travis			3 Filer ID (Ethics Commission filers)
	6 Contributor address;	City;	State; Zip Code	
8/14/2015		Houston	TX 77040	1,000.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	etions)
4 Date	5 Full name of contributor	out of state I	PAC(ID#)	
	Hartman Partnership			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	•
8/16/2015		Houston	TX 77057	5,000.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor	out of state I	PAC(ID#)	
	Al Davis			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
8/19/2015		Houston	TX 77079	250.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	etions)
retired				
4 Date	5 Full name of contributor	out of state I	PAC(ID#)	
	Chase Zalman	_		7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	•
8/24/2015		Sugar Land	TX 77479	200.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	S	SCHEDULE A1
The	e Instruction (Guide explains how to comple	1 Total Pages Schedule A1:		
2 F	ILER NAME	Greg Travis			3 Filer ID (Ethics Commission filers)
4 Date		5 Full name of contributor out of state P Steve Finkelman		PAC(ID#)	7 Amount of contributions (\$)
	8/28/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77096	250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
o	i moipai ooc	repution / dob title (dee interdections)		2 Employer (Ode manue)	
4	Date	5 Full name of contributor Rea Berry	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/9/2015	6 Contributor address;	City; Bellaire	State; Zip Code TX 77401	200.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor HOME-PAC	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/10/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77064	250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor HOME-PAC	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/10/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77064	3,000.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	

M	ONETAR	Y POLITICAL CONTI	RIBUTION	S	SCHEDULE A1	
Th	e Instruction	Guide explains how to complet	1 Total Pages Schedule A1:			
2 F	ILER NAME	Greg Travis			3 Filer ID (Ethics Commission filers)	
		Barry Hufford			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	9/10/2015		Houston	TX 77218	1,000.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	etions)	
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		HOME-PAC			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	9/11/2015		Houston	TX 77064	100.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)	
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Dan Clinton	_		7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	9/11/2015		Houston	TX 77024	250.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)	
4	Date	5 Full name of contributor	out of state	PAC/ID# \	T	
4	Date	Walter Sass	out of state	FACID#)	7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	9/24/2015		Katy	TX 77450	1,000.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)	
4	Date	5 Full name of contributor Jones & Carter PAC	out of state	PAC(ID#)	7 Amount of contributions (\$)	

M	ONETAR	Y POLITICAL CONTE	RIBUTION	S	SCHEDULE A1
Th	e Instruction (Guide explains how to complet	1 Total Pages Schedule A1:		
2 F	FILER NAME (Greg Travis			3 Filer ID (Ethics Commission filers)
		6 Contributor address;	City;	State; Zip Code	
	9/24/2015		Houston	TX 77081	1,000.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instru	uctions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Edwin Friedrichs			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/24/2015		Bellaire	TX 77401	500.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instru	uctions)
	engineer				
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		ACEC Houston PAC			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/24/2015		Houston	TX 77018	3,000.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instru	uctions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Tom Staudt			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/24/2015		Richmond	TX 77406	500.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instru	uctions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Texas Association of Realtors/TREPAC			7 Amount of contributions (\$)

M	ONETAR	Y POLITICAL CONTR	RIBUTION	S	SCHEDULE A1	
Th	e Instruction	Guide explains how to complete	1 Total Pages Schedule A1:			
2 F	TILER NAME	Greg Travis	3 Filer ID (Ethics Commission filers)			
	9/24/2015	6 Contributor address;	City; Austin	State; Zip Code TX 78768	5,000.00	
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	I trions)	
4	Date	5 Full name of contributor Costello Inc. PAC	out of state	PAC(ID#)	7 Amount of contributions (\$)	
	9/24/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77042	500.00	
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	I trions)	
4	Date	5 Full name of contributor Jeff Collins	out of state	PAC(ID#)	7 Amount of contributions (\$)	
	9/24/2015	6 Contributor address;	City; Cypress	State; Zip Code TX 77429	500.00	
8	Principal occ	cupation / Job title (See Instructions) er		9 Employer (See Instruc	etions)	
4	Date	5 Full name of contributor Lee Lennard	out of state	PAC(ID#)	7 Amount of contributions (\$)	
	9/24/2015	6 Contributor address;	City; Katy	State; Zip Code TX 77450	500.00	
8	Principal occ President &	cupation / Job title (See Instructions) CEO		9 Employer (See Instruc	etions)	

М	ONETAR	Y POLITICAL CONT	SCHEDULE A1		
Th	e Instruction	Guide explains how to compl	1 Total Pages Schedule A1:		
2 F	FILER NAME	Greg Travis			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor LAN-PAC	out of state	PAC(ID#)	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/24/2015		Houston	TX 77042	250.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor Ravi YANAMANDALA	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/18/2015	6 Contributor address;	City; Pearland	State; Zip Code TX 77584	250.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	Itions)
4	Date	5 Full name of contributor Bett Sundermeyer	out of state	PAC(ID#)	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/23/2015		Houston	TX 77071	100.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
		ATTACH ADDIT	IONAL COPIES	OF THIS SCHEDUL	E AS NEEDED
		If contributor is out-of-state F	PAC, please see ins	struction guide for addition	nal reporting requirements

LOANS							SCHEDULE E		
	The	Instruction Guide explains how	to complete this	form.		1	Total Pages Schedule E:		
2 FI	LER NAME Gre	eg Travis				3	Filer ID (Ethics Commission filers)		
4	TOTAL (OF UNITEMIZED LOANS:	=> => => =	=> => =	>				
5	Date of loan	7 Name of lender	out of state PAC(I	D#)					
		Greg Travis				9	Loan Amount (\$)		
	9/3/2015						5,000.00		
6	Is Lender a	8 Lender Address;	City;	State;	Zip Code	10	Interest rate		
	Financial		Houston	TX	77077		0.00%		
	Institution?					11	Maturity date		
	No						9/3/2099		
12	Principal occi	upation / Job title (See Instruct	ions)	13 Empl	oyer (See Instr	uctions	s)		
	Attorney			Travis La	w Firm				
14	Description o	f collateral		15	Check if perso (See instruction		nds were deposited into political account		
l	\neg nono			X	(Coo mondon	3110)			
	none			^_		i			
16	GUARANTOR	17 Name of guarantor				19	Amount Guaranteed (\$)		
	INFORMATION								
		18 Guarantor address;	City;	State;	Zip Code	•			
	not applicable								
20	Principal Occu	pation		21 Emp	loyer				

LC	LOANS						SCHEDULE E		
	The	Instruction Guide explains ho	w to complete this	form.		1	Total Pages Schedule E:		
2 F	ILER NAME Gre	eg Travis				3	Filer ID (Ethics Commission filers)		
4	TOTAL (OF UNITEMIZED LOANS:	=> => => =	=> => =	>				
5	Date of loan	7 Name of lender	out of state PAC(II	D#)					
		Greg Travis				9	Loan Amount (\$)		
	9/22/2015						20,000.00		
6	Is Lender a	8 Lender Address;	City;	State;	Zip Code	10	Interest rate		
	Financial		Houston	TX	77077		0.00%		
	Institution?					11	Maturity date		
	No						9/22/2099		
12	Principal occi	upation / Job title (See Instruc	ctions)	13 Empl	oyer (See Instr	uction	is)		
	Attorney			Travis La	w Firm				
14	Description o	f collateral		15	Check if perso (See instruction		unds were deposited into political account		
	none			X		,,,,			
16	GUARANTOR	17 Name of guarantor		•		19	Amount Guaranteed (\$)		
	INFORMATION								
		18 Guarantor address;	City;	State;	Zip Code				
	not applicable								
20	Principal Occu	pation		21 Emp	loyer				
		ATTACH ADDITION	IAL COPIES OF	THIS SC	HEDULE AS	S NE	EDED		
		If lender is out-of-state PAC, pl	ease see instruction	guide for	additional rep	orting	g requirements		

	The Instruction Guide ex	plains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME Greg Travis		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/8/2015	Whitney Allen		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
4,100.00	7731 Skyline Drive		
	Houston TX 77063		
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
	Consulting Expense	Strategy, grass roo	ts
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	ffice sought of	ffice held
experientales to belieff 6/011			
4 Date	5 Payee name		
8/3/2015	Whitney Allen		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
5,050.00	7731 Skyline Drive		
	Houston TX 77063		
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
	Consulting Expense	Strategy, grass root	ts
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	ffice sought of	ffice held
4 Date	5 Payee name		
9/2/2015	Whitney Allen		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
399.64	7731 Skyline Drive		
	Houston TX 77063		
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 Greg Travis Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Consulting Expense Strategy, grass roots 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/2/2015 Barrage 7 Payee address; City; 6 Amount (\$) Zip Code State; 5,696.78 823 Congress Avenue, #1300 Austin TX 78701 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Grassroots work Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name

office sought

expendituree to benefit C/OH

office held

	The Instruction Guide ev	plains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME Greg Travis	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	<u>_</u>
9/10/2015	Central Market	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
323.68	3815 Westheimer	
	Houston TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category Event Expense	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Food for event
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
4 Date	5 Payee name	
7/27/2015	City of Houston	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
500.00	901 Bagby	
	Houston TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense ballot filing fee
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	 office sought office held
4 Date	5 Payee name	
9/10/2015	Consulting Associates	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
155.00	1805 Taft	
	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 Greg Travis Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense wait staff for event **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/1/2015 **Democracy Engine 6** Amount (\$) 7 Payee address; Zip Code City; State; 2125 14th St NW 3.95 Washington DC 20009 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online contribution fees Accounting/Banking 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 Greg Travis	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	
9/2/2015	Democracy Engine	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
17.27	2125 14th St NW	
	Washington DC 20009	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Accounting/Banking	Online contribution fees
9 Complete ONLY if direct	Candidate / Officehoder name	Office sought office held
expendituree to benefit C/OH		
4 Date	5 Payee name	
9/16/2015	Democracy Engine	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
7.70	2125 14th St NW	
	Washington DC 20009	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Accounting/Banking	Online contribution fees
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held
expendituree to benefit C/OH		
4 Date	5 Payee name	
7/3/2015	Google	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
4.66	1600 Amphitheatre Parkway	
	Mountain View CA 94043	
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 Greg Travis Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Overhead/Rental email service Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/2/2015 Griffin & Associates 7 Payee address; 6 Amount (\$) Zip Code City; State; 1,193.55 815-A Brazos Street #691 Austin TX 78701 (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 services Consulting 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 Greg Travis	3	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/9/2015	Kim Jessup		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
500.00	5221A Inker St		
	Houston TX 77007		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	as, complete Schedule T
		Check if Austin, TX, officehole	der living expense
	Consulting Expense	Grassroots work	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought offi	ice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/3/2015	Kim Jessup		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
500.00	5221A Inker St		
	Houston TX 77007		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	as, complete Schedule T
		Check if Austin, TX, officehole	der living expense
	Consulting Expense	Grassroots work	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought offi	ice held
experioraries to benefit C/On			
4 Date	5 Payee name		
9/10/2015	Kim Jessup		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
500.00	5221A Inker St		
	Houston TX 77007		
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 Greg Travis Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Grassroots work Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/8/2015 Jennifer Naedler 7 Payee address; 6 Amount (\$) Zip Code City; State; PO Box 41964 3,000.00 Houston TX 77241 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Fundraising, compliance, strategy Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	xplains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME Greg Travis	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	,
8/3/2015	Jennifer Naedler	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
		State, Zip Code
3,000.00	PO Box 41964	
	Houston TX 77241	Tay 2
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Consulting Expense	Fundraising, compliance, strategy
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held
expendituree to benefit C/OH	Candidate / Officerioder name	office sought office held
4 Date	5 Payee name	
9/3/2015	Jennifer Naedler	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
3,000.00	PO Box 41964	Oldio, 2p oode
3,000.00	FO BOX 41904	
	Houston TX 77241	
8 PURPOSE OF EXPENDITURE		(b) Description
TORTOGE OF EXPENDITORE	(a) Category	Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Consulting Funance	Fundraising, compliance, strategy
	Consulting Expense	Fundraising, compliance, strategy
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held
expendituree to benefit C/OH		
4 Date	5 Payee name	
7/9/2015	Neumann & Assoc	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
3,315.61	1002 Pauline	
·		
	Bellaire TX 77401	
8 PURPOSE OF EXPENDITURE		(b) Description

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Greg Travis Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Printing Expense** printing 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/2/2015 Neumann & Assoc 7 Payee address; 6 Amount (\$) Zip Code City; State; 2,294.51 1002 Pauline Bellaire TX 77401 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense printing **Printing Expense** 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

I Itolii i OLIIIOAL	<u> </u>		
	The Instruction Guide exp	plains how to complete this form	-
1 Total pages Schedule F1:	² FILER NAME Greg Travis		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/1/2015	Kathleen Osbourne		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
500.00	201 Vanderpool, #25		
	Houston TX 77024		
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	Campaign work	
	Labor		
9 Complete ONLY if direct	Candidate / Officehoder name o	office sought of	ffice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/8/2015	Phil Owens		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
2,000.00	10231 Glenfield Park Ln		
	Houston TX 77070		
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
	Consulting Expense	Grassroots work	
	Conduing Expense		
9 Complete ONLY if direct	Candidate / Officehoder name	ffice sought of	ffice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/3/2015	Phil Owens		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1,000.00	10231 Glenfield Park Ln		
, , ,			
	Houston TX 77070		
8 PURPOSE OF EXPENDITURE		(b) Description	
	1	1	

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 Greg Travis Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Grassroots work Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/27/2015 Prosperity Bank 7 Payee address; 6 Amount (\$) City; Zip Code State; 5.00 12602 Memorial Dr Houston TX 77024 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense cashier's check fee Accounting/Banking 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 Greg Travis	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	
7/27/2015	Prosperity Bank	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
5.95	12602 Memorial Dr	5.0.0, Z.p 5000
5.95	12002 Memorial Di	
	11	
a DUDDOSE OF EVDENDITUDE	Houston TX 77024	(h) Danagistica
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Accounting/Banking	fee
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held
expendituree to benefit C/OH		
4 Date	5 Payee name	
9/10/2015	Spec's	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
144.96	14315 Cypress Rosehill	
	Cypress TX 77429	
8 PURPOSE OF EXPENDITURE	• •	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Event Expense	bevs for event
	,	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held
expendituree to benefit C/OH		
4 Date	5 Payee name	
7/8/2015	Sprint 2 Print	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
811.88	8748 Clay Rd, #300	
	Houston TX 77080	
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 Greg Travis Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Printing Expense** printing 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/11/2015 Sprint 2 Print 7 Payee address; 6 Amount (\$) Zip Code City; State; 1,368.28 8748 Clay Rd, #300 Houston TX 77080 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense printing **Printing 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 Greg Travis	3	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/25/2015	Sprint 2 Print		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1,110.21	8748 Clay Rd, #300		
	Houston TX 77080		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	as, complete Schedule T
		Check if Austin, TX, officehole	der living expense
	Printing Expense	printing	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought offi	ice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/9/2015	Bo Whitelaw		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
202.50	2111 Bartlett Street		
	Houston TX 77098		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	as, complete Schedule T
		Check if Austin, TX, officehole	der living expense
	Advertising Expense	photography	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought offi	ice held
experidituree to benefit 6/011			
4 Date	5 Payee name		
9/23/2015	Democracy Engine		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
9.57	2125 14th St NW		
	Washington DC 20009		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission filers) 1 Total pages Schedule F1: ² FILER NAME Greg Travis Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online contribution fees Accounting/Banking 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/24/2015 **Democracy Engine** 7 Payee address; 6 Amount (\$) Zip Code City; State; 3.95 2125 14th St NW Washington DC 20009 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online contribution fees Accounting/Banking 9 Complete ONLY if direct Candidate / Officehoder name office sought office held

expendituree to benefit C/OH

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 Greg Travis 4 Date 5 Payee name 8/27/2015 **Prosperity Bank 6** Amount (\$) 7 Payee address; City; State; Zip Code 12602 Memorial Dr 5.95 Houston TX 77024 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Accounting/Banking 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

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 Greg Travis 4 Date 5 Payee name 9/24/2015 Kingwood TEA Party 6 Amount (\$) 7 Payee Address; City; State: Zip Code 500.00 PO Box 5478 Kingwood TX 77325 X Reimbursement from political contributions intended 8 (a) Category (b) Description Contributions/Donations Made By **PURPOSE OF** sponsorship of event **EXPENDITURE** Candidate/Officeholder/Political Committee 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 9/19/2015 Reginellis Pizza 6 Amount (\$) 7 Payee Address; City; State: Zip Code 52.00 12389 Kingsride Ln Houston TX 77024 X Reimbursement from political contributions intended 8 (a) Category (b) Description **PURPOSE OF** lunch for volunteers 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 sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 9/17/2015 **Texas Young Republicans** 6 Amount (\$) 7 Payee Address; City; State; Zip Code 250.00 PO Box 131091 Houston TX 77219 X Reimbursement from political contributions intended 8 (b) Description (a) Category

The Instruction Guide explains how to complete this form. 1 Total Pages Schedule G: 2 FILER NAME Greg Travis 3 FilerID (Ethics Commission filers) PURPOSE OF EXPENDITURE Candidate/Officeholder/Political Committee Check if travel outside of Texas, complete Schedule G: Check if Justin, TX, officeholder living expense General Check if Austin, TX, officeholder Invine General Check if Austin, TX, officeholder Invine General Check if Austin, TX, officeholder Invine General Check if Austin, TX, officeholder living expense General Check if Austin, TX, officeholder	SCHEDULE G		
1 Total Pages Schedule G: PURPOSE OF EXPENDITURE Contributions/Donations Made By Candidate/Officeholder/Political Committee PURPOSE OF EXPENDITURE Contributions/Donations Made By Candidate/Officeholder/Political Committee PURPOSE OF EXPENDITURE S Payee name 9/16/2015 Amount (\$) PURPOSE OF EXPENDITURE (a) Category Contributions/Donations Made By Candidate/Officeholder name PURPOSE OF EXPENDITURE (a) Category Contributions/Donations Made By Candidate/Officeholder name PURPOSE OF EXPENDITURE (a) Category Contributions/Donations Made By Candidate/Officeholder name PURPOSE OF EXPENDITURE (a) Category Contributions/Donations Made By Candidate/Officeholder name PURPOSE OF EXPENDITURE (b) Description event ticket Check if travel outside of Texas, complete Schedu Check if Austin, TX, officeholder living expense PURPOSE OF EXPENDITURE (b) Description event ticket Check if Austin, TX, officeholder living expense PURPOSE OF Expenditure to benefit C/OH Ann's Fine Gifts Ann's Fine Gifts Ann's Fine Gifts Ann's Fine Gifts Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Office held Office held Check if Austin, TX, officeholder living expense PURPOSE OF EXPENDITURE Check if Intavel outside of Texas, complete Schedu Check if Austin, TX, officeholder living expense Office sought Office held Check if Austin, TX, officeholder living expense Office sought Office held Type Address; City: State: Zip Code Houston TX 77079			
PURPOSE OF EXPENDITURE Contributions/Donations Made By Candidate/Officeholder/Political Committee			
### Candidate/Officeholder/Political Committee Candidate Officeholder Check if travel outside of Texas, complete Schedt			
expenditure to benefit C/OH 4 Date 9/16/2015 5 Payee name Harris County Republican Party 6 Amount (\$) 7 Payee Address; City; State; Zip Code 7232 Wynnwood Ln Houston TX 77008 7 Payee Address; City; State; Zip Code 7232 Wynnwood Ln Houston TX 77008 8 PURPOSE OF EXPENDITURE Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held 4 Date 9/10/2015 5 Payee name 9/10/2015 Ann's Fine Gifts 7 Payee Address; City; State; Zip Code 4 Date 9/10/2015 7 Payee Address; City; State; Zip Code 7 Payee Address; City; State; Zip Code 4 Houston TX 77079 7 Reimbursement from 7 Political contributions 8 Intended Intended Intended 8 Political contributions 9 Complete ONLY if direct 9 Candidate / Officeholder name 1	ıle T		
9/16/2015 Harris County Republican Party 6 Amount (\$) 7 Payee Address; City; State; Zip Code 90.00 7232 Wynnwood Ln Houston TX 77008 X Reimbursement from political contributions intended 8 PURPOSE OF EXPENDITURE (a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas, complete Schedu Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name 9 Candidate / Officeholder name Office sought Office held City; State; Zip Code T5.23 T7 Payee Address; City; State; Zip Code Houston TX 77079 X Reimbursement from political contributions intended			
6 Amount (\$) 90.00 7 Payee Address; 7232 Wynnwood Ln Houston TX 77008 X Reimbursement from political contributions intended 8 PURPOSE OF EXPENDITURE (a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH Ann's Fine Gifts 6 Amount (\$) 7 Payee Address; City; State; Zip Code Houston TX 77008 (b) Description event ticket Check if Austin, TX, officeholder living expense Office sought Office held Check if Austin, TX, officeholder living expense Office sought Office held Ann's Fine Gifts 6 Amount (\$) 7 Payee Address; City; State; Zip Code T5.23 X Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE Candidate / Officeholder name Septenditure to benefit C/OH			
Reimbursement from political contributions intended 8			
political contributions intended 8			
PURPOSE OF EXPENDITURE Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas, complete Schedul Check if Austin, TX, officeholder living expense			
Reimbursement from political contributions intended (a) Category (b) Description event ticket Check if travel outside of Texas, complete Schedul Check if Austin, TX, officeholder living expense (b) Description event ticket Check if travel outside of Texas, complete Schedul Check if Austin, TX, officeholder living expense Office sought Office held Office held The political contributions intended (b) Description (b) Description (c) Description (event ticket) Check if travel outside of Texas, complete Schedul Check if Austin, TX, officeholder living expense Office sought Office held Office held Office held The political contributions intended			
PURPOSE OF EXPENDITURE Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas, complete Scheducher (Check if Austin, TX, officeholder living expense) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Ann's Fine Gifts Amount (\$) 7 Payee Address; City; State; Zip Code Houston TX 77079 Reimbursement from political contributions intended			
Candidate/Officeholder/Political Committee Check if travel outside of Texas, complete Scheducheck if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Office sought Office held Date 9/10/2015 Ann's Fine Gifts Ann's Fine Gifts City; State; Zip Code 14054 Memorial Dr Reimbursement from political contributions intended			
Check if travel outside of Texas, complete Scheduch Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office held 4 Date 9/10/2015 Ann's Fine Gifts 6 Amount (\$) 7 Payee Address; City; State; Zip Code 14054 Memorial Dr X Reimbursement from political contributions intended			
9 Complete ONLY if direct expenditure to benefit C/OH 5 Payee name 9/10/2015 6 Amount (\$) 7 Payee Address; 7 Payee Address; City; State; Zip Code 14054 Memorial Dr 7 Reimbursement from political contributions intended	ıle T		
9 Complete ONLY if direct expenditure to benefit C/OH 5 Payee name 9/10/2015 Ann's Fine Gifts 6 Amount (\$) 7 Payee Address; 7 Payee Address; City; State; Zip Code 14054 Memorial Dr Reimbursement from political contributions intended			
4 Date 9/10/2015 5 Payee name Ann's Fine Gifts 6 Amount (\$) 7 Payee Address; City; State; Zip Code 75.23 14054 Memorial Dr Houston TX 77079 X Reimbursement from political contributions intended			
9/10/2015 Ann's Fine Gifts 7 Payee Address; City; State; Zip Code 75.23 14054 Memorial Dr Houston TX 77079 X Reimbursement from political contributions intended			
6 Amount (\$) 7 Payee Address; City; State; Zip Code 75.23 14054 Memorial Dr Houston TX 77079 X Reimbursement from political contributions intended			
75.23 14054 Memorial Dr Houston TX 77079 X Reimbursement from political contributions intended			
Reimbursement from political contributions intended			
political contributions intended			
intended			
8 (a) Category (b) Description			
PURPOSE OF Event Expense Host gift			
EXPENDITURE Check if travel outside of Texas, complete Schedu	ıle T		
Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct			
4 Date 5 Payee name			
9/10/2015 Vision America			

POLITICA	AL EXPENDITURES				SCHEDULE G
MADE F	ROM PERSONAL FUNDS				
	The Instruction Guid	de explains how to complete	e this form.		
1 Total Pages Sch	edule G: 2 FILER NAME Greg Travis	3 File	erID (Ethics C	commissio	n filers)
6 Amount (\$)	7 Payee Address;	City	y;	State;	Zip Code
250.	00 PO Box 10	Luf	fkin	TX	75902
χ Reimbursement	from				
political contribut	tions				
intended					
8	(a) Category	(b) De	escription		
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political C	spons	orship of eve	ent	
EXPENDITURE	Candidate/Officerroider/Political C	—	eck if travel o	utside of	Гехаs, complete Schedule Т
		Che	eck if Austin,	TX, office	holder living expense
9 Complete ONLY expenditure to be		I_I_Offi	ce sought		Office held
•					
4 Date	5 Payee name				
9/3/2015	NationBuilder				
6 Amount (\$)	7 Payee Address;	City	y;	State;	Zip Code
213.	00 520 S. Grand Ave., 2nd Flo		s geles	CA	90071
X Reimbursement	from				
political contribut	tions				
intended					
8	(a) Category	(b) De	escription		
PURPOSE OF EXPENDITURE	Advertising Expense	websit	te service		
		Che	eck if travel o	utside of	Γexas, complete Schedule T
		Che	eck if Austin,	TX, office	holder living expense
9 Complete ONLY expenditure to be		Offi	ce sought		Office held
1					

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 Greg Travis 4 Date 5 Payee name 8/23/2015 Goode's Armadillo Palace **6** Amount (\$) 7 Payee Address: City; State: Zip Code 65.00 5015 Kirby Dr, Houston TX 77098 X Reimbursement from political contributions intended 8 (a) Category (b) Description **PURPOSE OF** Food/Beverage Expense drinks for volunteers **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 8/3/2015 NationBuilder 7 Payee Address; 6 Amount (\$) City; State: Zip Code 213.00 CA 520 S. Grand Ave., 2nd Floor Los 90071 **Angeles** X Reimbursement from political contributions intended 8 (a) Category (b) Description **PURPOSE OF** Advertising Expense website service **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 held Office sought expenditure to benefit C/OH 4 Date 5 Payee name 7/30/2015 PP watch street consulting 6 Amount (\$) 7 Payee Address; City; State: Zip Code 200.00 1033 Charlela Lane #414 Elk Grove 60007 χ Reimbursement from political contributions intended 8 (b) Description (a) Category

POLITICAL EXPENDITURES		SCHEDULE G		
MADE FROM P	ERSONAL FUNDS			
	The Instruction Guide explains	how to complete this form.		
1 Total Pages Schedule G:	² FILER NAME Greg Travis	3 FilerID (Ethics Commission filers)		
PURPOSE OF EXPENDITURE	Advertising Expense	website design		
		Check if travel outside of Texas, complete Schedule T		
		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
4 Date	5 Payee name			
7/3/2015	NationBuilder			
6 Amount (\$)	7 Payee Address;	City; State; Zip Code		
213.00	520 S. Grand Ave., 2nd Floor	Los CA 90071 Angeles		
X Reimbursement from		•		
political contributions				
intended				
8	(a) Category	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	website service		
		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		