CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction | Guide explains how to c | omplete this form. | 1 Filer ID (Ethics Commissi 00020872 | | 2 Total pages filed: 229 |
|-------------------------------|-----------------------------|--------------------|--|---------------------|--|
| 3 CANDIDATE / | MS/MRS/MR | FIRST | | MI | OFFICE USE ONLY |
| OFFICEHOLDER NAME | The Honorable | Sylvester | | | |
| | | | | | Date Received |
| | | | | | 10 11 is really |
| | NICKNAME | LAST | | SUFFIX | |
| | | Turner | | | NozK |
| | | | | | 10 1 2 10 - 10 |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX; | APT / SUITE #; CIT | Υ; | ZIP CODE | Date Hand-delivered or Date Restmarked |
| MAILING | 440 Louisiana | | | | |
| ADDRESS | Suite 1880 | | | | necebot # |
| X Change of Address | Houston, TX 77002 | | | | |
| | | | | | Date Processed |
| | | | | | MJELTISEN |
| | | | | | Date Imaged |
| | | | | | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | |
| TREASURER NAME | Mr. | David | | | |
| | | | | | |
| | NICKNAME | LAST | | SUFFIX | |
| | | Mincberg | | JUFFIX | |
| | | Millebelg | | | |
| | | | | | |
| 6 CAMPAIGN TREASURER | STREET ADDRESS (N | O PO BOX PLEASE); | APT / | SUITE #; CITY; | STATE; ZIP CODE |
| ADDRESS | 1 Greenway Plaza | | | | |
| (Desidence er Businese) | Suite 750 | | | | |
| (Residence or Business) | Houston, TX 77046 | | | | |
| | | | | | |
| | | | | | |
| 7 CAMPAIGN | AREA CODE | HONE NUMBER E | XTENSION | | |
| TREASURER | (713) 623-6000 | | | | |
| PHONE | () | | | | |
| 8 REPORT | | | | | |
| TYPE | January 15 | 30th day before | | unoff | 15th day after campaign treasurer |
| | | | | | appointment (officeholder only) |
| | X July 15 | 8th day before e | election E | xceeded \$500 limit | Final Report (Attach C/OH-FR) |
| | | | Laurand | | |
| 9 PERIOD | Month Day Y | ear | | Month Day | Year |
| COVERED | 01/01/2015 | | ROUGH | 06/30/2015 | |
| | 01/01/2010 | | | 00/30/2013 | |
| 10 ELECTION | | - 1 | | | |
| 10 ELECTION | ELECTION DAT Month Dav Y | | | | _ |
| | , | | imary | Runoff | Other |
| | 11/03/2015 | XG | eneral | Special | |
| | | | | | |
| 11 OFFICE | OFFICE HELD (if any) | l | Т. | | (f l mourn) |
| | State Representative | District 100 | - | 12 OFFICE SOUGHT (| |
| | State Representative | District 139 | | Mayor of Houston | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | 00 T | | | |
| | | | O PAGE 2 | | |
| Forms provided by Te | xas Ethics Commissior | www.eth | ics.state.tx.us | | Version V1.0.28282 |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH **COVER SHEET PG 2** 2 of 229

| 13 C / OH NAME | Turner, Sylvester (Th | e Honorable) | 14 Filer ID 00020872 | (Ethics Commission Filers) | |
|--|---|---|---|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political exp These expenditures may have been made w d officeholders are required to report this infor | ithout the candidate's or office | eholder's knowledge or | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | | COMMITTEE ADDRESS | | | |
| | SPECIFIC | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NA | AME | | |
| | | COMMITTEE CAMPAIGN TREASURER AD | DDRESS | | |
| 16 CONTRIBUTION TOTALS | | AL CONTRIBUTIONS OF \$50 OR LESS (OT ARANTEES OF LOANS), UNLESS ITEMIZEI | | \$ 3,949.46 | |
| 1Y | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | | |
| , EXPENDITURE TOTALS | 3. TOTAL POLITIC | AL EXPENDITURES OF \$100 OR LESS, UN | ILESS ITEMIZED | \$ 1,610.95 | |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ 601,853.08 | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF | THE LAST DAY OF THE | \$ 1,160,813.23 | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | PAL AMOUNT OF ALL OUTSTANDING LOAN TING PERIOD | NS AS OF THE LAST DAY | \$ 0.00 | |
| 17 AFFADAVIT | NEIL THOMAS Notary Public, State of Te Commission Expires SEPTEMBER 20, 2017 | true and correct and includer Title 15, Election C | penalty of perjury, that the ac udes all information required Code. | companying report is to be reported by me | |
| | | Signa | ture of Candidate or Officeho | lder | |

AFFIX NOTARY STAMP / SEAL ABOVE

Sylvester lusuer, this the day Sworn to and subscribed before me, by the said , to certify which, witness my hand and seal of office. of__ 20 1 July Printed name of officer administering Title of officer administering oath Signature of officer administering

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V1.0.28282

| SUBTOTALS - C/OH | | C | FOR OVER SHE | ET PG 3 3 of 229 | | | | | | | |
|--|--|----------|-----------------|----------------------------|--|--|--|--|--|--|--|
| 18 FILER NAME Turner, Sylvester (The Honorable) | | | | | | | | | | | |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOT | AL AMOUNT | | | | | | | |
| 1. X SCHEDULE A1: MONETARY POLIT | ICAL CONTRIBUTIONS | | \$ | 747,793.00 | | | | | | | |
| 2. X SCHEDULE A2: NON-MONETARY (| IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 15,298.74 | | | | | | | |
| 3. SCHEDULE B: PLEDGED CONTRIE | BUTIONS | | \$ | | | | | | | | |
| 4. SCHEDULE E: LOANS | | | \$ | | | | | | | | |
| 5. X SCHEDULE F1: POLITICAL EXPEN | DITURES FROM POLITICAL CONTRIBUTIONS | 5 | \$ | 591,126.53 | | | | | | | |
| 6. X SCHEDULE F2: UNPAID INCURREI | O OBLIGATIONS | | \$ | 10,369.65 | | | | | | | |
| 7. SCHEDULE F3: PURCHASE OF INV | ESTMENTS FROM POLITICAL CONTRIBUTIO | DNS | \$ | | | | | | | | |
| 8. X SCHEDULE G: POLITICAL EXPEND | DITURES FROM PERSONAL FUNDS | | \$ | 356.90 | | | | | | | |
| 9. SCHEDULE H: PAYMENT FROM PO | DLITICAL CONTRIBUTIONS TO A BUSINESS (| DF C/OH | \$ | | | | | | | | |
| 10. SCHEDULE I: NON-POLITICAL EXP | ENDITURES FROM POLITICAL CONTRIBUTIC | DNS | \$ | | | | | | | | |
| 11. SCHEDULE K: INTEREST, CREDITS | S, GAINS, REFUNDS, AND CONTRIBUTIONS F | RETURNED | \$ | | | | | | | | |
| | | | | | | | | | | | |

| | The Instruc | ction Guide explains how to complete this fo | orm. | | Total pages Schedule A1: Sch: 1/104 Rpt: 4/229 | |
|---|-----------------|--|------------------------------|-------------|---|--|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | 00020872 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/24/2015 | AT&T Texas PAC | | | | \$5,000.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78701-2471 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | is) | | |
| | | | | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | T | Amount of Contribution (\$) | |
| | 06/30/2015 | Abraham, Robbie | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Manvel, TX 77578-4896 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ls) | | |
| | Manager | | Occidental Petroleum C | Corpo | oration | |
| ⊨ | Date | Full name of contributor Out-of-state PAC (ID#: |) | T. | Amount of Contribution (\$) | |
| | 06/30/2015 | Ace, Lloyd | , | | | \$1,000.00 |
| | 00,00, | Contributor address; City; State; Zip Code | | ··· | | Ψ=,στοτο |
| | | Contributor address, City, State, Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77041 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | I IS) | | |
| | General Man | | The Men's Club | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: | | T | Amount of Contribution (\$) | |
| | 06/30/2015 | Adams, Fredtrena | ' | | | \$100.00 |
| | 00/00/2010 | | | · | | Ψ100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77049-2531 | | | | |
| ┝ | Principal occur | pation / Job title (See Instructions) | Employer (See Instructions | (2) | | |
| | Finopa ooo | | | 3) | | |
| ╞ | Date | Full name of contributor Out-of-state PAC (ID#: | | | Amount of Contribution (\$) | |
| | 06/23/2015 | Full name of contributor out-of-state PAC (ID#: Alexander, Willie |) | ' | | \$2,500.00 |
| | 00/20/2013 | | | | | Ψ2,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77027-9300 | | | | |
| ┝ | Drincinal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Owner | | W.J. Alexander & Assoc | | | |
| | Owner | | W.J. AIEXAIIUEI & ASSUE | lac | S, P.C. | |
| | | I | | | | |

| | The Instru | ction Guide explains how to complete th | is fo | rm. | 1 | Total pages Schedule A1: Sch: 2/104 Rpt: 5/229 | |
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| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | - | 00020872 | , |
| 4 | Date | 5 Full name of contributor Out-of-state PAC (I | ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/30/2015 | Allen II, Errol | | | | | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77021-5911 | | | | | |
| 8 | | pation / Job title (See Instructions) | 9 | Employer (See Instructions | 5) | | |
| | Finance | | | NASA | | | |
| | Date | Full name of contributor 🔲 out-of-state PAC (I | ID#: |) | | Amount of Contribution (\$) | |
| | 06/23/2015 | Alsowayel, Dina | | | | | \$5,000.00 |
| | Contributor address; City; State; Zip Code | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77098 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Associate Di | rector | | University of Houston W | 'orr | en's, Gender & Sexuality | Studies |
| | Date | Full name of contributor out-of-state PAC (I | ID#: |) | | Amount of Contribution (\$) | |
| | 06/23/2015 | Anderson, Darron | | | | | \$5,000.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77024-2856 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | CEO | | | Express Energy Service | s | | |
| | Date | | ID#: |) | | Amount of Contribution (\$) | |
| | 06/22/2015 | Anderson, Ray and Buffie | | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Tempe, AZ 85281-6467 | | | - | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Attorney | | | ASU | - | | |
| | Date | Full name of contributor Out-of-state PAC (I | ID#: |) | | Amount of Contribution (\$) | |
| | 06/23/2015 | Anderson, Ricky | | | | | \$2,500.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Magnolia, TX 77355-5521 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Attorney | | | Self | | | |
| | | | | | | | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 3/104 Rpt: 6/229 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | n Filers) |
| - | | rester (The Honorable) | | - | 00020872 | , , , , , , , , , , , , , , , , , , , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/26/2015 | Anderson, Sylvester | | | | \$250.00 |
| | 1 | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | Houston, TX 77036-3320 | | | | |
| 8 | Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Attorney | | Self | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/29/2015 | Anderson, Sylvester | | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77036-3320 | | | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Attorney | | Self | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Ī | Amount of Contribution (\$) | |
| | 06/30/2015 | Andrews & Kurth Texas PAC | | | | \$2,500.00 |
| | I | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77002-2929 | 1 | Ļ | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | S) | | |
| | | | | - | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ÷100.00 |
| | 06/26/2015 | Asakura, Keiji | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77006-5214 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Landscape A | | Asakura Robinson | -, | | |
| | Date | Full name of contributor out-of-state PAC (ID#: | | Т | Amount of Contribution (\$) | |
| | 06/29/2015 | Austin, Linda | / | | | \$250.00 |
| | 00/20/2020 | Contributor address; City; State; Zip Code | | - | | Ψ=00.00 |
| | | Culturbulor address, City, State, Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77088-6961 | | | | |
| | Principal occu | I upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Retired | | Retired | | | |
| | | | | | | |
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| | The Instru | ction Guide explains how to co | m. | 1 | Total pages Schedule A1: Sch: 4/104 Rpt: 7/229 | | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | n Filers) |
| - | | ester (The Honorable) | | | | 00020872 | |
| 4 | Date | 5 Full name of contributor 🗌 out- | -of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/29/2015 | Austin, M.S. | | | | | \$100.00 |
| | I | 6 Contributor address; City; State; Zip |) Code | | | | |
| | | 1 | | | | | |
| | | | | | | | |
| Ļ | = : : : : : : : : : | Sugar Land, TX 77478-4325 | | | Ĺ | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions | 5) | | |
| | Date | Full name of contributor | of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/22/2015 | Bacon, Mary E | | | | | \$500.00 |
| | ł | Contributor address; City; State; Zip | o Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | Houston, TX 77027-9311 | | | | Ļ | | |
| | Principal occupation / Job title (See Instructions) Employer (See Instructions | | | 5) | | | |
| L | Retired State Judge Retired | | | - | | | |
| | Date | | -of-state PAC (ID#: |) | | Amount of Contribution (\$) | <u>مح ممم مم</u> |
| | 06/26/2015 | Baker, Debra | | | | | \$5,000.00 |
| | | Contributor address; City; State; Zip | Code | | | | |
| | | | | | | | |
| | | Bellaire, TX 77401-5511 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Attorney | | | Connelly Baker Wotring Maston & Jackson | | | |
| | Date | Full name of contributor out- | of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/23/2015 | Baldwin, Bill | | | | | \$5,000.00 |
| | I | Contributor address; City; State; Zip |) Code | | | | |
| | | | | | | | |
| | | 110 010 TX 77000 4040 | | | | | |
| ┡ | Detectional energy | Houston, TX 77008-4218 | | | Ĺ | | |
| | Principal occu Realtor | pation / Job title (See Instructions) | | Employer (See Instructions Baldwin Realty / Self Em | | wod | |
| ╘ | | | <u> </u> | | i I I | | |
| | Date | | -of-state PAC (ID#: |) | | Amount of Contribution (\$) | <u> </u> |
| | 06/23/2015 | Baldwin, Ginger | | | | | \$5,000.00 |
| | | Contributor address; City; State; Zip | Code | | | | |
| | | | | | | | |
| | | Houston, TX 77009 | | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Realtor Assis | stant | | Boulevard Realty | | | |
| ⊢ | | | | | | | |
| | | | | | | | |

| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: Sch: 5/104 Rpt: 8/229 |
|---|---|
| 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Turner, Sylvester (The Honorable) | 00020872 |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#: |) 7 Amount of Contribution (\$) |
| 06/24/2015 Baldwin, Jeffrey and Rosalind | \$200.00 |
| 6 Contributor address; City; State; Zip Code | |
| | |
| | |
| Sugar Land, TX 77479-6968 | |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru- | ructions) |
| N/A Retired | |
| Date Full name of contributor out-of-state PAC (ID#: |) Amount of Contribution (\$) |
| 06/23/2015 Baldwin, Richard | \$5,000.00 |
| Contributor address; City; State; Zip Code | |
| | |
| | |
| Houston, TX 77009-6714 | |
| Principal occupation / Job title (See Instructions) Employer (See Instru- | uctions) |
| Student None | I |
| Date Full name of contributor out-of-state PAC (ID#: |) Amount of Contribution (\$) |
| 06/29/2015 Ballard, Charles | \$100.00 |
| Contributor address; City; State; Zip Code | |
| | |
| Missouri City, TX 77459 | |
| Principal occupation / Job title (See Instructions) Employer (See Instru | |
| Retired Retired | |
| |) Amount of Contribution (\$) |
| Date Full name of contributor out-of-state PAC (ID#: 06/29/2015 Ballard, Hoyt |) Amount of Contribution (\$) \$100.00 |
| | |
| Contributor address; City; State; Zip Code | |
| | |
| Houston, TX 77043-2907 | |
| Principal occupation / Job title (See Instructions) Employer (See Instru | ructions) |
| none retired | |
| Date Full name of contributor Out-of-state PAC (ID#: |) Amount of Contribution (\$) |
| 06/24/2015 Barksdale, Anita | \$100.00 |
| Contributor address; City; State; Zip Code | |
| | |
| | |
| Houston, TX 77021-7501 | |
| Principal occupation / Job title (See Instructions) Employer (See Instru | ructions) |
| President Anita Barksdale Lu | anal Canaulting Camilana |
| | egal & Consulting Services |

| | The Instruc | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 6/104 Rpt: 9/229 | |
|----------|--|--|---|----------------|---|------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/25/2015 | Barthelemy, Maryann | | | | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77047-1401 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> יו | | |
| ľ | Investigation | | City of Houston | <i>י</i> י | | |
| ┝ | | | | <u> </u> | Amount of Contribution (\$) | |
| | Date 06/28/2015 | Full name of contributor out-of-state PAC (ID#: Bates & Coleman, PC |) | | Amount of Contribution (\$) | \$1,000.00 |
| | 00/20/2013 | | | | | φ1,000.00 |
| | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | |
| | | Houston, TX 77004-3910 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> ;) | | |
| | - | | · - · | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Baumann, G. Marc | | | | \$1,500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Northbrook, IL 60062-5513 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | CEO | | SP+ | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Bell, Oliver | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | United TV 77042 4240 | | | | |
| \vdash | Dringinal occu | Houston, TX 77042-4249 | Employer (Soo Instructions | <u> </u> | | |
| | Managemen | pation / Job title (See Instructions) t Consulting | Employer (See Instructions Oliver Bell, Inc. | 5) | | |
| ╞ | _ | | | - | | |
| | Date 06/27/2015 | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | 00/2/12015 | Benjamin, Arielle | | | | Φ100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77006-5577 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 1 5) | | |
| | Engineer | · · · · · · · · · | The Dow Chemical Com | | ny | |
| ⊢ | | | | | | |
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| | The Instru | ction Guide explains how to cor | nplete this fo | rm. | 1 | Total pages Schedule A1: Sch: 7/104 Rpt: 10/229 | |
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| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor 🗌 out-o | f-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/28/2015 | Bennett, Robert | | | | | \$100.00 |
| | | 6 Contributor address; City; State; Zip C | Code | | 1 | | |
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| | | Houston, TX 77002-1641 | | | | | |
| 8 | Principal occu Owner | pation / Job title (See Instructions) | 9 | 9 Employer (See Instructions Bennett Licensing | 5) | | |
| | Date | Full name of contributor | of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/26/2015 | Berry, Sr., Walter | | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip (| | | 1 | | |
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| | | Houston, TX 77088 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Pastor | | | McGee Chapel Baptist C | Chu | rch | |
| | Date | Full name of contributor 🛛 out-o | of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Bertani, Charles | | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip (| Code | | | | |
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| | | Cypress, TX 77429-5895 | r | | Ļ | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | President | | | Bertani and Associates, | | | |
| | Date | | f-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/25/2015 | Black, David | | | | | \$500.00 |
| | | Contributor address; City; State; Zip (| Code | | | | |
| | | | | | | | |
| | | Liqueton TX 77056 7020 | | | | | |
| ⊢ | Dringing age | Houston, TX 77056-7220 | | Employer (See Instructions | | | |
| | Homebuilde | pation / Job title (See Instructions) | | Urban Craft Custom Bui | | re | |
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| | Date | | of-state PAC (ID#: |) | | Amount of Contribution (\$) | #F 000 00 |
| | 06/24/2015 | | | | | | \$5,000.00 |
| | | Contributor address; City; State; Zip (| Code | | | | |
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| | | Austin, TX 78701-2161 | | | | | |
| - | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u>ا</u> | | |
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| The Ir | nstruc | ction Guide explains how to c | omplete this fo | orm. | 1 | Total pages Schedule A1: Sch: 8/104 Rpt: 11/229 | |
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| 2 FILER | NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| Turner | r, Sylve | ester (The Honorable) | | | | 00020872 | |
| 4 Date | | 5 Full name of contributor ou | ut-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| 06/28/2 | /2015 | Blades, Theresa | | | | | \$2,500.00 |
| | | 6 Contributor address; City; State; Zi | ip Code | | | | |
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| | | Houston, TX 77042-1554 | T | | | | |
| | | pation / Job title (See Instructions) | | 9 Employer (See Instructions) |) | | |
| Сарпа | I Marke | et Associate | | The Hanover Company | _ | | |
| Date | | | ut-of-state PAC (ID#: |) | | Amount of Contribution (\$) | _ |
| 06/29/2 | 06/29/2015 Bluitt, Robin | | | | | | \$100.00 |
| | | Contributor address; City; State; Zi | ip Code | | | | |
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| | | Houston, TX 77036-6026 | | | | | |
| Dringing | | | r | Employer (See Instructions | | | |
| Pllicipa | al occup | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
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| Date | /201E | | ut-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ቀደባር በር |
| 06/30/2 | 2012 | Bonham, Jeff | | | | | \$500.00 |
| | | Contributor address; City; State; Zi | ip Code | | | | |
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| | | Austin, TX 78701-2487 | | | | | |
| Principa | al occup | pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| Vice P | reside | nt, Texas State Relations | | CenterPoint Energy | | | |
| Date | | Full name of contributor 🗌 ou | ut-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| 06/29/2 | 2015 | Bostic, Jacqueline | | | | | \$100.00 |
| | İ | Contributor address; City; State; Zi | ip Code | | | | |
| | | | | | | | |
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| | | Houston, TX 77021-1617 | | | | | |
| Principa | al occup | pation / Job title (See Instructions) | | Employer (See Instructions |) | | _ |
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| Date | | Full name of contributor | ut-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| 06/28/2 | /2015 | Bowden, Brandt | | | | | \$5,000.00 |
| | | Contributor address; City; State; Zi | ip Code | | | | |
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| | | Houston, TX 77057-3263 | T | | Ļ | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| Manay | ging Pa | .rtner | | The Hanover Company | | | |
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| | The Instru | ction Guide explains how to co | omplete this fo | orm. | 1 | Total pages Schedule A1: Sch: 9/104 Rpt: 12/229 | |
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| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| - | | ester (The Honorable) | | | | 00020872 | |
| 4 | Date | 5 Full name of contributor out-o | t-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/28/2015 | Bowden, J. Murry | | | | | \$5,000.00 |
| | I | 6 Contributor address; City; State; Zip | o Code | | | | |
| | | | | | | | |
| | | Houston, TX 77057-3263 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | <u>I</u> | 9 Employer (See Instructions | ·) | | |
| ľ | | hairman, and CEO | ľ | The Hanover Company |) | | |
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| | | Houston, TX 77057-3263 | | | | | |
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| | Managing Pa | | | The Hanover Company | | | |
| ⊨ | Date | Full name of contributor | t-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/28/2015 | Bowden, Lane | ······· | | | | \$5,000.00 |
| | I | Contributor address; City; State; Zip | Code | | | | |
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| | | Houston, TX 77057-3263 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Homemaker | | | Homemaker | | | |
| | Date | Full name of contributor out-o | t-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/28/2015 | Bowden, Mary Kay | | | | | \$5,000.00 |
| | l | Contributor address; City; State; Zip |) Code | | | | |
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| <u> </u> | Determined oppy | Houston, TX 77057-3263 | r | Englisher (Cas Instructions | Ļ | | |
| | Principal occu Real Estate | pation / Job title (See Instructions) | | Employer (See Instructions Hanover GP LLC |) | | |
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| | Date | | t-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ÷= 000 00 |
| | 06/28/2015 | Bowden, Polly | | | | | \$5,000.00 |
| | | Contributor address; City; State; Zip | Code | | | | |
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| | | Houston, TX 77057-3263 | | | | | |
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| | The Instru | ction Guide explains how to co | mplete this fo | orm. | 1 | Total pages Schedule A1: Sch: 10/104 Rpt: 13/229 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor out-o | -of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/30/2015 | Bracey, Arthur | | | | | \$1,000.00 |
| | | 6 Contributor address; City; State; Zip |) Code | | | | |
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| Ļ | <u></u> | Houston, TX 77030 | E | | Ļ | | |
| 8 | | pation / Job title (See Instructions) | | 9 Employer (See Instructions |) | | |
| | Physician | | L | Gulf Coast Pathology | _ | | |
| | Date | | •of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/29/2015 | Brailey, Carla | | | | | \$100.00 |
| | | Contributor address; City; State; Zip | Code | | | | |
| | | 1 | | | | | |
| | Houston, TX 77288-8176 | | | | | | |
| ⊢ | Principal occu | Ipation / Job title (See Instructions) | T | Employer (See Instructions | } | | |
| | Professor | | | Texas Southern Univers | | | |
| ╞ | Date | Full name of contributor | -of-state PAC (ID#: |) | _ | Amount of Contribution (\$) | |
| | 06/30/2015 | Branch, Ester | | / | | Allount of continention (+) | \$5,000.00 |
| | • • • • • | Contributor address; City; State; Zip | | | | | · - , |
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| | | Houston, TX 77025-1324 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Managing Pa | artner | | Branch/McGowen Ventu | ires | ; | |
| | Date | Full name of contributor out-c | -of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Branch, III, Theldon R. | | | | | \$5,000.00 |
| | | Contributor address; City; State; Zip | | | | | |
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| | | Houston, TX 77025-1324 | | | | | |
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| | CEO | | | The Branch Companies | | | |
| ╞ | Date | Full name of contributor | |) | _ | Amount of Contribution (\$) | |
| | 06/25/2015 | Braun, Gabriel | -of-state PAC (ID#: |) | | | \$1,500.00 |
| | 00/20/2010 | Contributor address; City; State; Zip | Code | | | | Ψ1,000.00 |
| | | Contributor address, City, State, 2p | Code | | | | |
| | | 1 | | | | | |
| | | Houston, TX 77006-3929 | | | | | |
| | Principal occu | ipation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Founder | | | Braun Enterprises | | | |
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| | The Instru | ction Guide explains how to complete this f | orm. | | es Schedule A1: 104 Rpt: 14/229 | |
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| 2 | FILER NAME | | | 3 Filer ID | (Ethics Commission | on Filers) |
| | | rester (The Honorable) | | 0002087 | | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of | f Contribution (\$) | |
| (| 06/23/2015 | Breining, Clifford | | | | \$1,000.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| ~ | | Indian Wells, CA 92210-7805 | | <u>`</u> | | |
| | | upation / Job title (See Instructions) | 9 Employer (See Instructions | | | |
| | | development | Maple Multifamily Opera | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of | f Contribution (\$) | |
| | 06/30/2015 | Bridge, Tracy | | | | \$500.00 |
| | Contributor address; City; State; Zip Code | | | | | |
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| <u> </u> | - : :! | Humble, TX 77396-4280 | | 、 、 | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Executive | | CenterPoint Energy | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of | f Contribution (\$) | |
| | 06/25/2015 | Bridy, Joseph | | | | \$5,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | D da simel see | New York, NY 10128 | | \ | | |
| | Principal occu Partner | upation / Job title (See Instructions) | Employer (See Instructions Hamlin Capital Manager | | | |
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| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of | f Contribution (\$) | ÷ · • • • • • • |
| | 06/29/2015 | Brock, Yedobaty | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | Houston, TX 77016-2110 | | | | |
| | Princinal occu | upation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Retired | | Retired |) | | |
| | | Full name of contributor Out-of-state PAC (ID#: | | Amount of | f Contribution (f) | |
| | Date 06/23/2015 | Full name of contributor out-of-state PAC (ID#: Broesche, Travis |) | Amount of | f Contribution (\$) | \$100.00 |
| | 00/20/2013 | | | | | Φ100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | Houston, TX 77005-1518 | | | | |
| | Princinal occu | upation / Job title (See Instructions) | Employer (See Instructions | ۱ | | |
| | attorney | | retired |) | | |
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| 2 FI | LER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
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| 4 Da | ate | 5 Full name of contributor | out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| 06 | 6/30/2015 | Brown, Anne | | | | | \$1,000.00 |
| | 1 | 6 Contributor address; City; St | ate; Zip Code | | 1 | | |
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| | 1 | Lieusten TV 77000 E222 | | | | | |
| | ringingl occu | Houston, TX 77098-5333 | | Employer (See Instructions | <u> </u> | | |
| | hilanthropis | pation / Job title (See Instructions st |) | 9 Employer (See Instructions self | 5) | | |
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| | ate 6/28/2015 | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | \$100.00 |
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| | | Contributor address; City; St | ate; Zip Code | | | | |
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| | | Houston, TX 77019-4829 | | | | | |
| Pr | incipal occu | pation / Job title (See Instructions) | \$) | Employer (See Instructions | 5) | | |
| Af | ffordable H | ousing | | New Hope Housing Inc. | | | |
| Da | ate | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| 06 | 6/30/2015 | Brown, Rosie | — | | | | \$250.00 |
| | | Contributor address; City; St | ate; Zip Code | | | | |
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| | · · · · · · · · · · · · · · · · · · · | Houston, TX 77066-4367 | | 1 <u>/0 hastaatiaa</u> | Ļ | | |
| | rincipal occuj ealtor | pation / Job title (See Instructions | ,) | Employer (See Instructions Self-employed | 5) | | |
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| 00 | 6/24/2015 | | | | | | \$2,000.00 |
| | 1 | Contributor address; City; St | ate; Zip Code | | | | |
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| | 1 | Austin, TX 78701-1859 | | | | | |
| Pr | incipal occu | pation / Job title (See Instructions | ;) | Employer (See Instructions | <u> </u> | | |
| Lc | obbyist/Cor | ısultant | | Sabrina T. Brown Consu | ulti | ng | |
| Dá | ate | Full name of contributor | out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
| 06 | 6/26/2015 | Bryant, Deborah | | | | | \$100.00 |
| | ! | Contributor address; City; St | ate; Zip Code | | 1 | | |
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| | | League City, TX 77573-19 | | 1 | | | |
| | | pation / Job title (See Instructions |) | Employer (See Instructions | 5) | | |
| AL | ttorney | | | The Bryant Law Firm | | | |
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| | The Instru | ction Guide explains how to complete this f | form. | 1 | Total pages Schedule A1: Sch: 13/104 Rpt: 16/229 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | 00020872 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 06/24/2015 | Buck, Larry | | | | \$200.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | Houston, TX 77024-7782 | | | | |
| 8 | Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Risk Manage | ement Consultant | Larry W. Buck & Associa | ate | S | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Burch, Scott | | | | \$2,000.00 |
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| | | | | | | |
| | | Dallas, TX 75220-5200 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Manager | | Self Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/23/2015 | Burns, Ronald | | | | \$1,500.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
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| | | | | | | |
| | | New Orleans, LA 70128-3622 | | | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | | | |
| | President | | Global Parking Systems | ; | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/24/2015 | Byrd, Michael | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Clute, TX 77531-2020 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> ເ) | | |
| | firefighter | | Houston Fire Departmer | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: | · · · · | T | Amount of Contribution (\$) | |
| | Date 06/24/2015 | Full name of contributor out-of-state PAC (ID#: Cain, Paul |) | | | \$250.00 |
| | 00/24/2010 | Contributor address; City; State: Zip Code | | | | Ψ200.00 |
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| | | | | | | |
| | | Houston, TX 77014-1969 | | | | |
| - | Principal occu | I upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> 5) | | |
| | | ervice Representative | Workforce Solutions | | | |
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| | The Instru | ction Guide explains how to c | omplete this fc | orm. | 1 | Total pages Schedule A1: Sch: 14/104 Rpt: 17/229 | |
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| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | - | 00020872 | |
| 4 | Date | 5 Full name of contributor 🗌 ou | ut-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/30/2015 | Caldwell, Katherine | | | | | \$250.00 |
| | I | 6 Contributor address; City; State; Zi | | | | | |
| | I | | | | | | |
| | I | Houston, TX 77019-4309 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | T | 9 Employer (See Instructions) | <u> </u> | | |
| 0 | Executive | | | Legacy community healt | | | |
| ⊢ | | | | | | Amount of Contribution (\$) | |
| | Date 06/22/2015 | | ut-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$5,000.00 |
| | 00/22/2015 | Calhoun, John | | | | | \$ 3,000.00 |
| | I | Contributor address; City; State; Zi | ip Code | | | | |
| | I | | | | | | |
| | I | Jackson, MS 39201-2101 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions) |) | | |
| | CEO | | | IMS Engineers | , | | |
| ⊨ | Date | Full name of contributor | ut-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/22/2015 | Calvin, Todd | | , | | | \$1,000.00 |
| | | Contributor address; City; State; Zi | ín Code | | | | |
| | l | | P | | | | |
| | I | | | | | | |
| | | Houston, TX 77096-4906 | | | | | |
| | | ipation / Job title (See Instructions) | | Employer (See Instructions) | | | |
| | Binkley & Ba | urfield, Inc. | | VP-Municipal Infrastruct | ure | <u>}</u> | |
| | Date | Full name of contributor 🗌 ou | ut-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Campbell, James | | | | | \$100.00 |
| | I | Contributor address; City; State; Zi | | | | | |
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| | 21.1.1 | Cypress, TX 77433-5576 | T | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions) |) | | |
| | Fire Fighter | | | City of Houston | | | |
| | Date | | ut-of-state PAC (ID#: |) | | Amount of Contribution (\$) | * 250.00 |
| | 06/30/2015 | Cannings, Paul | | | | | \$250.00 |
| | I | Contributor address; City; State; Zi | ip Code | | | | |
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| | l | Houston, TX 77095-4592 | | | | | |
| ┝ | Principal occu | pation / Job title (See Instructions) | T | Employer (See Instructions) |) | | |
| | Managing Pr | | | RPH Consulting Group | , | | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 I | Total pages Schedule A1: Sch: 15/104 Rpt: 18/229 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | n Filers) |
| | | ester (The Honorable) | | | 00020872 | Jirriici3) |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/30/2015 | Cargas, James | | | | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77006-2380 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Attorney | | City of Houston | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 06/25/2015 | Carmouche, Janaeya | | | | \$100.00 |
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| | | Houston, TX 77026-4721 | | | | |
| ⊢ | Principal occu | I pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Owner | | Alday Group | -, | | |
| ⊨ | Dete | | · · · · | 1 | Amount of Contribution (\$) | |
| | Date | — |) | | Amount of Contribution (\$) | ¢2 500 00 |
| | 06/26/2015 | Carter, Darryl | | | | \$2,500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77019 | | | | |
| ⊢ | Dringing ogg | pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Attorney | | Law Office Of Darryl B. | | ter | |
| ╞ | | | | | | |
| | Date | |) | | Amount of Contribution (\$) | |
| | 06/25/2015 | Carter, Eric | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | | | | | |
| | | Houston, TX 77004-5946 | 1 | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Attorney | | Carter Law Firm | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/28/2015 | Castleberry, Grady | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77094 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
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| | The Instru | ction Guide explains how to complete this | ; form. | 1 | Total pages Schedule A1: Sch: 16/104 Rpt: 19/229 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID# | #:) | 7 | Amount of Contribution (\$) | |
| | 06/25/2015 | Chapman, Randall | | | | \$500.00 |
| | I | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78704-4611 | | Ĺ | | |
| 8 | Principal occu Attorney | ipation / Job title (See Instructions) | 9 Employer (See Instructions Texas Legal Services | 5) | | |
| ⊢ | | | | — | | |
| | Date | | #:) | | Amount of Contribution (\$) | ÷= 000 00 |
| | 06/23/2015 | | | | | \$5,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77098 | | | | |
| - | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) | | |
| | President an | | Chasecom, L.L.P. | -, | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID# | #:) | Τ | Amount of Contribution (\$) | |
| | 06/30/2015 | Chase, Debra Martin | <i>T</i> | Amount of Contribution (\$) | | |
| | | Contributor address; City; State; Zip Code | | 1 | | - |
| | | | | | | |
| | | | | | | |
| | | Beverly Hills, CA 90210-6105 | | | | |
| | • | pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | CEO/Preside | ent | Martin Chase Productior | ns | | |
| | Date | | #:) | Γ | Amount of Contribution (\$) | |
| | 06/30/2015 | Chawdhary, Raschid | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | |] | | |
| | | | | | | |
| | | Houston, TX 77079-4428 | | | | |
| ┝ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>د)</u> | | |
| | Tax Prepare | | Self | <i>.</i> , | | |
| ╞ | Date | Full name of contributor Out-of-state PAC (ID# | | | Amount of Contribution (\$) | |
| | 06/30/2015 | Cheri Sr, David | +/ | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | - | | * |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77053-4527 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Accountant | | Prime Operating Co | | | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission | on Filers) |
| | ester (The Honorable) | | 00020872 | • |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| 06/22/2015 | Chow, Hannah | | | \$100.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| 2 Drizzinal again | Houston, TX 77046-1500 | | 、 、 | |
| 8 Principal occu Lawyer | ipation / Job title (See Instructions) | 9 Employer (See Instructions) Retired | | |
| | | | American (A) | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | \$100.00 |
| 06/24/2015 | | | | \$100.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Spring, TX 77379-7264 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) |) | |
| District Chief | f | Houston Fire Departmen | nt | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/26/2015 | Clemmons, Lora | | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
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| Di indaan | Houston, TX 77004-7010 | | 、 | |
| Principal occu Office Manag | ipation / Job title (See Instructions) | Employer (See Instructions) John B Clemmons MD P | | |
| | - | <u> </u> | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | ቀር በበብ በበ |
| 06/30/2015 | Clifford, Cindy | | | \$5,000.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Houston, TX 77019-4815 | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | |
| Marketing | | The Clifford Group | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/30/2015 | Cluff, Alsie | | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | | | | |
| Duin single ages | Houston, TX 77021-1238 | | 、 、 | |
| - | ipation / Job title (See Instructions) d Operations Manager | Employer (See Instructions) Varnett Charter Schools | | |
| | J Operations Manager | Vamell Charles Schools | | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 18/104 Rpt: 21/229 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | | rester (The Honorable) | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 06/29/2015 | Cohen, David | | | | \$250.00 |
| | I | 6 Contributor address; City; State; Zip Code | 1 | 1 | | |
| | | | | | | |
| | | Houston, TX 77096-6124 | | | | |
| 8 | | ipation / Job title (See Instructions) | 9 Employer (See Instructions | 3) | | |
| | Certified Fina | ancial Planner | Self Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
| | 06/23/2015 | Colbert, Paul | | | | \$250.00 |
| | I | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77035-3021 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Education Co | onsultant | Self-employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/30/2015 | Coleman, Deborah | | | | \$150.00 |
| | I | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Missouri City, TX 77489-3059 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | <u> </u> | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/29/2015 | Coleman, Deniza | | | | \$300.00 |
| | I | Contributor address; City; State; Zip Code | ļ | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77084-6226 | 1 | Ļ | | |
| | • | upation / Job title (See Instructions) | Employer (See Instructions) | 5) | | |
| | Agent | | State Farm | _ | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | _ |
| | 06/30/2015 | Collier, Michael | | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | |] | | |
| | | | | | | |
| | | | | | | |
| | | Kingwood, TX 77345-2150 | | Ĺ | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Energy M&A | ، Consultant | Self-employed | | | |
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| The Instruc | ction Guide explains how to com | plete this for | m. | 1 Total pages Schedule A1: Sch: 19/104 Rpt: 22/229 | |
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| 2 FILER NAME | | | | 3 Filer ID (Ethics Commission | on Filers) |
| | ester (The Honorable) | | | 00020872 | |
| 4 Date | 5 Full name of contributor out-of-s | -state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 06/30/2015 | Collins, David | , _ | | | \$400.00 |
| | 6 Contributor address; City; State; Zip Co | ode | | | |
| | | | | | |
| | | | | | |
| | Houston, TX 77489 | | | | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions |) | |
| Date | Full name of contributor out-of-s | -state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/22/2015 | Collins, Willie | | | | \$100.00 |
| | Contributor address; City; State; Zip Co | | | | |
| | | | | | |
| | | | | | |
| | Houston, TX 77068-2618 | | | | |
| | pation / Job title (See Instructions) | | Employer (See Instructions | | |
| PASTOR | | | | OF GOD IN CHRIST, INC | |
| Date | | -state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/29/2015 | Collins, Willie | | | | \$100.00 |
| | Contributor address; City; State; Zip Co | | | | |
| | | | | | |
| | Houston, TX 77068-2618 | | | | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | ١ | |
| PASTOR | | | | OF GOD IN CHRIST, INC | |
| Date | Full name of contributor | -state PAC (ID#: <u>C0</u> | | Amount of Contribution (\$) | |
| 06/29/2015 | Comcast Corporation & NBCUniver | | 0248710 | | \$2,500.00 |
| 00,20,2022 | Contributor address; City; State; Zip Co | | | | Ψ2,000.00 |
| | | 00e | | | |
| | | | | | |
| | Philadelphia, PA 19103-2833 | | | | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | |
| | | | | | |
| Date | Full name of contributor X out-of-s | -state PAC (ID#: <u>CO</u> | 0002089) | Amount of Contribution (\$) | |
| 06/30/2015 | Communications Workers of Americ | | | | \$5,000.00 |
| | Contributor address; City; State; Zip Co | ode | | | |
| | | | | | |
| | | | | | |
| | Washington, DC 20001-2760 | | | | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | |
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| т | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 20/104 Rpt: 23/229 | |
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| 2 F | ILER NAME | | | 3 | Filer ID (Ethics Commissio | n Filers) |
| | | ester (The Honorable) | | | 00020872 | , , , , , , , , , , , , , , , , , , , |
| 4 D | Date | 5 Full name of contributor X out-of-state PAC (ID#: C |) (200002089 | 7 | Amount of Contribution (\$) | |
| 0 | 06/25/2015 | Communications Workers of America - COPE P | | | | \$5,000.00 |
| | 1 | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | Washington, DC 20001-2760 | | | | |
| 8 P | rincipal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
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| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| 0 | 06/30/2015 | Coronado, Raymond | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | Houston, TX 77007-5715 | | | | | |
| P | Principal occupation / Job title (See Instructions) Employer (See Instruction | | | ⊥ s) | | |
| | · | · · · · | | , | | |
| D | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| 0 | 06/22/2015 | Council, Tony | | | | \$500.00 |
| | 1 | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77042-1326 | | Ļ | | |
| | - | upation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Engineer | | TLC Engineering, Inc. | — | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | *500.00 |
| U | 06/22/2015 | Cox, Angela | | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77054-6003 | | | | |
| Р | rincipal occu | upation / Job title (See Instructions) | Employer (See Instructions | ⊥ s) | | |
| | Developmen | | Houston Habitat for Hun | mar | nity | |
| D | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| 0 | 06/30/2015 | Creative Concourse Concessions LLC | | | | \$2,500.00 |
| | I | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77042-4958 | | | | |
| P | rincipal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) | | |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 21/104 Rpt: 24/229 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission | Filers) |
| | ester (The Honorable) | | 00020872 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 06/30/2015 | Creuzot, Cheryl | | \$ | 51,000.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77006-5427 | | | |
| | upation / Job title (See Instructions) | 9 Employer (See Instructions | • | |
| Financial Ad | lvisor/Attorney | Wealth Development St | rategies LLC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/29/2015 | Cummings, Claude | | | \$100.00 |
| | Contributor address; City; State; Zip Code | | • | |
| | | | | |
| | | | | |
| | Houston, TX 77003 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | \$) | |
| President | | CWA District 6 | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/23/2015 | Curtis, Ronald | | | \$100.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77071-2601 | 1 | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | 5) | |
| Retired | | Retired | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 06/29/2015 | Cushingberry, Kimberly | | | \$250.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| Di indaan | Sugar Land, TX 77479-3364 | | \ | |
| • | upation / Job title (See Instructions) | Employer (See Instructions | | |
| Educator | · | Connections Educationa | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 06/29/2015 | D'Agostini, Craig | | | \$500.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Spring, TX 77379-4024 | | | |
| Drincinal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | |
| Government | | Comcast | ») | |
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| The Instru | ction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 22/104 Rpt: 25/229 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission | n Filers) |
| | vester (The Honorable) | | 00020872 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| 06/30/2015 | Daggett, Jai | | | \$250.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Pearland, TX 77584-3463 | | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> | |
| Sales | | United Healthcare | ') | |
| Date | Full name of contributor Out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/29/2015 | Daniels, Terry | / | | \$500.00 |
| 00/23/2010 | - | | | φ300.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Houston, TX 77004-4184 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> ۶) | |
| Attorney | | Terry E. Daniels Attorne | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/29/2015 | Davis, Denise | | | \$500.00 |
| | | | | • |
| | | | | |
| | | | | |
| | Austin, TX 78701-1724 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | \$) | |
| attorney | | Davis Kaufman | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/29/2015 | Davis, Gwendolyn | | | \$100.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77004-6602 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | 3) | |
| Retired | | Retired | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/30/2015 | Davis, Mark | | | \$500.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Humble, TX 77346-1560 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | \$) | |
| Police Office | ۶r | Retired | | |
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| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| [| | ester (The Honorable) | | | | 00020872 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC |) (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 06/23/2015 | Davis, Marthea | | | | | \$100.00 |
| | I | 6 Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77021-2249 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instructions | 5) | | |
| | Public Relati | ions Coordinator | | Lewis Affiliated | | | |
| ╞ | Date | Full name of contributor out-of-state PAC | | | | Amount of Contribution (\$) | |
| | 06/23/2015 | Davis, Michael Scot | , (i.e., | / | | | \$2,500.00 |
| | 00,20,2022 | | | | | | Ψ <u>_</u>]000101 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | Houston, TX 77055-4847 | | | | | | |
| ┝ | Principal occu | upation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> יו | | |
| | Developer | | | Trammell Crow Residen | | I | |
| ╞ | | | | | 1 | | |
| | Date | Full name of contributor out-of-state PAC |) (ID#: |) | | Amount of Contribution (\$) | ÷4 500 00 |
| | 06/30/2015 | Delicious Concepts LLC | | | | | \$1,500.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Houston TV 77000 6000 | | | | | |
| \vdash | Deimeinel ees | Houston, TX 77008-6998 | | | Ĺ | | |
| | Principal occu | ipation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| L | | | | | - | | |
| | Date | Full name of contributor out-of-state PAC |) (ID#:_ |) | | Amount of Contribution (\$) | |
| | 06/24/2015 | Dever, Sandra | | | | | \$50.00 |
| | I | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| L | | Houston, TX 77014-1969 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Office Mana | ger | | Neighborhood Centers I | nc | | |
| F | Date | Full name of contributor out-of-state PAC | C (ID#: |) | | Amount of Contribution (\$) | |
| | 06/29/2015 | Dever, Sandra | | | | | \$25.00 |
| | I | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77014-1969 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Office Manag | | | Neighborhood Centers I | | | |
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| | The Instru | ction Guide explains how to c | complete this fc | orm. | 1 | Total pages Schedule A1: Sch: 24/104 Rpt: 27/229 | |
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| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Turner, Sylv | vester (The Honorable) | | | | 00020872 | |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/30/2015 | Dollinger, Salina | | | | | \$250.00 |
| | | 6 Contributor address; City; State; Z | Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| Ļ | Drive sized, oppy | Seabrook, TX 77586-5429 | | | <u> </u> | | |
| 8 | Principal occu Office Admir | upation / Job title (See Instructions) | ; | 9 Employer (See Instructions) DollingerLaw |) | | |
| ╘ | | | | - | _ | | |
| | Date | | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ÷= 000.00 |
| | 06/24/2015 | Dominguez, Corina | | | | | \$5,000.00 |
| | | Contributor address; City; State; Z | ∠ip Code | | | | |
| | | | | | | | |
| | | Sugar Land, TX 77479-6752 | | | | | |
| - | Principal occu | upation / Job title (See Instructions) | | Employer (See Instructions) |) | | |
| | Managing M | | | Cdom LLC | , | | |
| ╞ | Date Full name of contributor Out-of-state PAC (ID#:) | | | | Amount of Contribution (\$) | | |
| | 06/29/2015 | Donnelly, David | | / | | Allount of continention (+) | \$500.00 |
| | •••• | | Zip Code | | | | T ' |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77056-3600 | | | | | |
| | | upation / Job title (See Instructions) | | Employer (See Instructions) | | | |
| L | ACCOUNTA | .NT | | CARR RIGGS & INGRAI | М | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Doyle, Scott | | | | | \$500.00 |
| | | Contributor address; City; State; Z | | | | | |
| | | | | | | | |
| | | Kingwood, TX 77345-1943 | | | | | |
| ┡ | Principal Occu | upation / Job title (See Instructions) | | Employer (See Instructions) | <u> </u> | | |
| | SVP | | | CenterPoint Energy |) | | |
| ╞ | Date | Full name of contributor | | \ | — | Amount of Contribution (\$) | |
| | 06/27/2015 | Du, Haoyi | out-of-state PAC (ID#: |) | | | \$1,000.00 |
| | 00/21/2010 | Contributor address; City; State; Z | 7in Code | | | | Ψ1,000.00 |
| | | | -ip Code | | | | |
| | | | | | | | |
| | | Cypress, TX 77433-2309 | | | | | |
| ┢ | Principal occu | upation / Job title (See Instructions) | | Employer (See Instructions) |) | | |
| | General Mar | nager | | American SMS Real Esta | ate | ; | |
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| The Instruction | Guide explains how to comp | olete this fo | orm. | 1 | Total pages Schedule A1: Sch: 25/104 Rpt: 28/229 | |
|----------------------|--|----------------|------------------------------|------|---|------------|
| 2 FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| Turner, Sylvester (| The Honorable) | | | | 00020872 | , |
| 4 Date 5 Fu | Ill name of contributor 🛛 out-of-sta | tate PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| 06/30/2015 Du | udley, Brandon | | | | | \$100.00 |
| 6 Co | ontributor address; City; State; Zip Cod | de | | | | |
| | | | | | | |
| | | | | | | |
| | ouston, TX 77003-4525 | | | | | |
| | / Job title (See Instructions) | 1 | 9 Employer (See Instructions | 5) | | |
| Attorney | | l | Texas Senate | | | |
| | | tate PAC (ID#: |) | | Amount of Contribution (\$) | |
| 06/29/2015 Ea | agleton, Gary | | | | | \$100.00 |
| Co | ontributor address; City; State; Zip Cod | de | | | | |
| | | | | | | |
| | Houston TV 77001 5626 | | | | | |
| | ouston, TX 77091-5626 | r | Employer (See Instructions | | | |
| Education Consulta | / Job title (See Instructions) ant | | Self | 9 | | |
| | | | | _ | | |
| | | tate PAC (ID#: |) | | Amount of Contribution (\$) | ቀ1 ፍባር በር |
| | aster, Barbara & William | | | | | \$1,500.00 |
| C0 | ontributor address; City; State; Zip Cod | de | | | | |
| | | | | | | |
| Hc | ouston, TX 77024-7305 | | | | | |
| Principal occupation | / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| Executive | | | Inspirera Ventures LLC | | | |
| Date Fu | Ill name of contributor 🛛 out-of-sta | tate PAC (ID#: |) | | Amount of Contribution (\$) | |
| 06/30/2015 Elt | berger, Robert | | | | | \$5,000.00 |
| Co | ontributor address; City; State; Zip Cod | | | | | |
| | | | | | | |
| | | | | | | |
| | ouston, TX 77219-1231 | r | | | | |
| | / Job title (See Instructions) | | Employer (See Instructions |) | | |
| Owner | | | Concorde Realty | | | |
| | | tate PAC (ID#: |) | | Amount of Contribution (\$) | |
| 06/22/2015 Eli | ias, Ronald | | | | | \$100.00 |
| Co | ontributor address; City; State; Zip Cod | de | | | | |
| | | | | | | |
| | austan TV 77057 0010 | | | | | |
| | buston, TX 77057-2243 | r | | Ĺ | | |
| | / Job title (See Instructions) | | Employer (See Instructions | | | |
| Firefighter | | | Houston Fire Departmer | ົ້າເ | | |
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| | The Instru | ction Guide explains how to | o complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 26/104 Rpt: 29/229 | |
|---|---|---|---------------------------------|--|----------------|---|------------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Turner, Sylv | ester (The Honorable) | | | | 00020872 | |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/29/2015 | Elias, Ronald | - | | | | \$50.00 |
| | I | 6 Contributor address; City; State | ક; Zip Code | | | | |
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| | | | | | | | |
| _ | Dringinal agai | Houston, TX 77057-2243 | | Employer (See Instructions | | | |
| 8 | Firefighter | pation / Job title (See Instructions) | | 9 Employer (See Instructions Houston Fire Departmer | | | |
| ⊢ | _ | | | | 1 | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ቀን ፍሳሳ ሰሳ |
| | 06/26/2015 | Elliott, Douglas | | | | | \$2,500.00 |
| | | Contributor address; City; State | ;; Zip Code | | | | |
| | | | | | | | |
| | | Houston, TX 77005-1504 | | | | | |
| | Principal occu | I pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> 5) | | |
| | | management | | Rooney management | | | |
| ⊨ | Date Full name of contributor out-of-state PAC (ID#:) | | | | | Amount of Contribution (\$) | |
| | 06/24/2015 | Ellmer, Mindy | _ | | | • • | \$500.00 |
| | l | Contributor address; City; State | e; Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Austin, TX 78701-4528 | | | | | |
| | | Ipation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Legislative C | | | Self Employed | - | | |
| | Date | | out-of-state PAC (ID#: <u>C</u> |))))))))))))))))))))))))))))))))))))))) | | Amount of Contribution (\$) | |
| | 06/29/2015 | Enterprise Holdings, Inc. PA | | | | | \$5,000.00 |
| | | Contributor address; City; State | ;; Zip Code | | | | |
| | | | | | | | |
| | | Saint Louis, MO 63105-4204 | 4 | | | | |
| - | Principal occu | Ipation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
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| ╞ | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Ephrem, Solomon |] •••• • • • • • • • • • • | | | | \$500.00 |
| | I | Contributor address; City; State | e; Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77093-5404 | | | | | |
| | • | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | President | | | Central Cab Co. | | | |
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| | The Instru | ction Guide explains how to com | nplete this forr | m. | 1 | Total pages Schedule A1: Sch: 27/104 Rpt: 30/229 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Turner, Sylv | ester (The Honorable) | | | | 00020872 | |
| 4 | Date | 5 Full name of contributor of out-of- | of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/30/2015 | Erwin, James | | | | | \$5,000.00 |
| | I | 6 Contributor address; City; State; Zip C | Code | | | | |
| | l | 1 | | | | | |
| | l | 1 | | | | | |
| | | Houston, TX 77024-7436 | | | | | |
| 8 | | upation / Job title (See Instructions) | 9 | Employer (See Instructions | | | |
| | Executive VI | ice President | | Chicago Title Commerci | ial | | |
| | Date | Full name of contributor out-of | of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/22/2015 | Eugene, Darrick | | | | | \$1,000.00 |
| | I | Contributor address; City; State; Zip C | | | | | |
| | | | | | | | |
| | I | Austin TV 70747 1202 | | | | | |
| ⊢ | Dringing occu | Austin, TX 78747-1303 | | Employer (Soo Instructions | <u> </u> | | |
| | Attorney | ipation / Job title (See Instructions) | | Employer (See Instructions Darrick W. Eugene & As | | ciatos PC | |
| ⊨ | - | | | | <u> </u> | | |
| | Date 06/30/2015 | | of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | 00/30/2013 | Eugene, Darrick | | | | | Φ100.00 |
| | I | Contributor address; City; State; Zip C | Joae | | | | |
| | I | 1 | | | | | |
| | l | Austin, TX 78747-1303 | | | | | |
| | Principal occu | ipation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Attorney | | | Self | | | |
| F | Date | Full name of contributor out-of- | of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/24/2015 | Fainter, Jr., John | | | | | \$1,000.00 |
| | 1 | Contributor address; City; State; Zip C | Code | | | | |
| | I | 1 | | | | | |
| | I | 1 | | | | | |
| L | | Austin, TX 78701-2491 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| L | President | | | The Assoc. of Electrical | Co | | |
| | Date | | of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Fairchild, David | | | | | \$1,000.00 |
| | I | Contributor address; City; State; Zip C | Code | | | | |
| | I | 1 | | | | | |
| | I | Southlake, TX 76092-0112 | | | | | |
| ┝ | Principal occu | Ipation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> יו | | |
| | President | | | Empire Media Services | <i>.</i> , | | |
| ┝ | | | I | | | | |
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| | The Instru | ction Guide explains how to | o complete this fe | orm. | 1 | Total pages Schedule A1: Sch: 28/104 Rpt: 31/229 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| ŀ | | ester (The Honorable) | | | | 00020872 | |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/28/2015 | Fein, Martin | | | | | \$5,000.00 |
| | | 6 Contributor address; City; State | e; Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| Ļ | Dringing occ | Houston, TX 77056-3008 | | Employer (See Instructions | <u> </u> | | |
| ŏ | Real Estate | Ipation / Job title (See Instructions) | | 9 Employer (See Instructions Martin Fein Interests, Ltd. | | | |
| ⊨ | | - | | | u. T | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ቀንድስ ሰብ |
| | 06/25/2015 | Felder, Chanda | | | | | \$250.00 |
| | | Contributor address; City; State | e; Zip Code | | | | |
| | | | | | | | |
| | Missouri City, TX 77459-6079 | | | | | | |
| - | Principal occu | pation / Job title (See Instructions) | 1 | Employer (See Instructions | ;) | | |
| | Parking Man | , , , | | City of Houston | , | | |
| ╞─ | Date Full name of contributor Out-of-state PAC (ID#:) | | | Ι | Amount of Contribution (\$) | | |
| | 06/30/2015 Felder, Chanda | | / | | Allount of Contribution (*) | \$50.00 | |
| | 00.00.2222 | Contributor address; City; State | e [.] 7in Code | | | | + |
| | | | 5, Zip 0000 | | | | |
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| | | Missouri City, TX 77459-607 | 79 | | | | |
| | | ipation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Parking Man | lager | | City of Houston | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Fertitta, Tilman | | | | | \$5,000.00 |
| | | Contributor address; City; State | | | | | |
| | | | | | | | |
| | | Leveler TV 77010 1110 | | | | | |
| \vdash | Dringingl occu | Houston, TX 77019-1118 Ipation / Job title (See Instructions) | 1 | Employer (See Instructions | <u> </u> | | |
| | - | President, C.E.O. | | Landry's Seafood Resta | | onte Inc | |
| ╞ | | | | | T | | |
| | Date 06/26/2015 | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | 00/20/2013 | | | | | | Φ100.00 |
| | | Contributor address; City; State | e; Zip Code | | | | |
| | | | | | | | |
| | | Seabrook, TX 77586-4621 | | | | | |
| ⊢ | Principal occu | I pation / Job title (See Instructions) | 1 | Employer (See Instructions | <u> </u> 5) | | |
| | Firefighter | | | Houston Fire Dept | | | |
| ⊢ | | | I | | | | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 29/104 Rpt: 32/229 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | n Filers) |
| | | ester (The Honorable) | | | 00020872 | / |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/25/2015 | Fontenot, Coretta | | | | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | Houston, TX 77047-6760 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Teacher | | Houston Independent S | Scho | ool District | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/29/2015 | Foreman, Jacquie | | | | \$100.00 |
| | | | | • | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77006 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Minister | | Self | -, | | |
| ⊨ | | | | Г | Amount of Contribution (#) | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ¢250.00 |
| | 06/28/2015 | Francis, Takasha | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | <u> </u> | Houston, TX 77054-3222 | | Ĺ | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Attorney | | The Francis Firm PC | _ | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/29/2015 | Franklin, Ronald | | | | \$5,000.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77002 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Attorney | | McGuire Woods | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/29/2015 | Frazier, Patricia | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | • | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77045-3639 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
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| Γ | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 30/104 Rpt: 33/229 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| [| | ester (The Honorable) | | Ũ | 00020872 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 06/29/2015 | Fulbright & Jaworski L.L.P. Texas Committee | | | : | \$10,000.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77010-3095 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | ;) | | |
| | | | | | | |
| | Date | Full name of contributor X out-of-state PAC (ID#: | C00559609) | | Amount of Contribution (\$) | |
| | 06/29/2015 | GARVERPAC | | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | Contributor address, City, State, Zip Code | | | | | |
| | | | | | | |
| | | North Little Rock, AR 72115-1084 | | | | |
| ⊢ | Principal occu | I pation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | • | | | , | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/22/2015 | GRIFFIN, FRED |) | | | \$5,000.00 |
| | 00/22/2013 | | | | | \$3,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77056-3652 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | REAL ESTA | | GRIFFIN PARTNERS IN | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: | \ | | Amount of Contribution (\$) | |
| | 06/24/2015 | Galloway, Scott |) | | Amount of Contribution (\$) | \$500.00 |
| | 00/24/2013 | - | | | | Φ300.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77024-5504 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>ل</u> | | |
| | Real Estate | | HFF LP | 9 | | |
| | | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ¢1 000 00 |
| | 06/30/2015 | Galvan, Louis | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77002-3513 | | | | |
| ⊢ | Dringing accord | | Employer (See Instructions | | | |
| | Restaurant | pation / Job title (See Instructions) | Employer (See Instructions Irma's Southwest Grill | リ | | |
| ⊢ | างธรเล่นได้ไป | | | | | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 31/104 Rpt: 34/229 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | rester (The Honorable) | | | 00020872 | - , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/30/2015 | Garrett, Danon | , | | | \$500.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | , | | | |
| | | | 1 | | | |
| | | Houston, TX 77057-1689 | | | | |
| 8 | Principal occu Owner | upation / Job title (See Instructions) | 9 Employer (See Instructions D. C. Garrett Group | 3) | | |
| - | Date | Full name of contributor Out-of-state PAC (ID#: | · · · · · · · · · · · · · · · · · · · | Γ | Amount of Contribution (\$) | |
| | 06/23/2015 | Garver, C.M. (Mike) | | | | \$5,000.00 |
| | 00/20/2010 | | | - | | ψ0,000.00 |
| | | Contributor address; City; State; Zip Code | 1 | | | |
| | | | , | | | |
| | | Houston, TX 77098-4219 | , | | | |
| | Principal occi | upation / Job title (See Instructions) | Employer (See Instructions | L | | |
| | CEO | | BRH-Garver Construction | | LP | |
| ⊨ | Date | Full name of contributorout-of-state PAC (ID#: | | _ | Amount of Contribution (\$) | |
| | Date 06/23/2015 | Full name of contributor out-of-state PAC (ID#: Gilbert, Peggy | / | | | \$250.00 |
| | 0012012010 | Contributor address; City; State; Zip Code | ! | | | Ψ200.00 |
| | | CONTRIBUTOR AUGRESS, City, State, Zip Coue | ! | | | |
| | | | ! | | | |
| | | Houston, TX 77008-4338 | ! | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 上 5) | | |
| | retired | | retired | | | |
| ⊨ | Date | Full name of contributor Out-of-state PAC (ID#: | <u> </u>) | Γ | Amount of Contribution (\$) | |
| | 06/24/2015 | Gilbert, Peggy | | | · · · · · · · · · · · · · · · · · · · | \$100.00 |
| | • • • • | Contributor address; City; State; Zip Code | | • | | T |
| | | | 1 | | | |
| | | | 1 | | | |
| | | Houston, TX 77008-4338 | 1 | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u>ل</u> ے | | |
| | retired | | retired | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/25/2015 | Gilbert Ramirez DBA Aaron's Plumbing & A/C | , | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | , | | | |
| | | | , | | | |
| | | Houston, TX 77018-2107 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
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| | The Instru | ction Guide explains how to co | mplete this fo | orm. | 1 | Total pages Schedule A1: Sch: 32/104 Rpt: 35/229 | |
|---|--|---|--------------------|--|----------|---|------------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Turner, Sylv | ester (The Honorable) | | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor out- | of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/30/2015 | Giles, Diane | | | | | \$100.00 |
| | | 6 Contributor address; City; State; Zip | | | 1 | | |
| | | | | | | | |
| | | Houston TX 77000 FGEF | | | | | |
| - | Principal occu | Houston, TX 77088-5655 pation / Job title (See Instructions) | - I | 9 Employor (Soo Instructions | <u> </u> | | |
| ° | HP/Enginee | | | 9 Employer (See Instructions retiired |) | | |
| ╞ | | | | | _ | | |
| | Date | | of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | 06/24/2015 | | | | | | \$100.00 |
| | Contributor address; City; State; Zip Code | | | | | | |
| | | | | | | | |
| | | Houston, TX 77038-2449 | | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Homemaker | | | Retired | , | | |
| ⊨ | Date | Full name of contributor | of-state PAC (ID# |) | | Amount of Contribution (\$) | |
| | 06/24/2015 | Glynn, Marcell | | / | | | \$100.00 |
| | | Contributor address; City; State; Zip | | | | | , |
| | | | 0000 | | | | |
| | | | | | | | |
| | | Houston, TX 77038-2449 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Social Worke | er | | Retired | | | |
| Γ | Date | Full name of contributor | of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/29/2015 | Golden, Samuel | | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip | | | 1 | | |
| | | | | | | | |
| | | | | | | | |
| | | Richmond, TX 77469-2001 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | Inductor Advisor Comise | |
| | Banking Cor | isultant | | Alvarez & Marsal Financ | | Industry Advisory Service | S, LLC |
| | Date | | of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Gonzales, Mitch | | | | | \$100.00 |
| | | Contributor address; City; State; Zip | Code | | | | |
| | | | | | | | |
| | | Pearland, TX 77584-8246 | | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Sr. Fire Insp | | | City of Houston | " | | |
| ⊢ | 5 iic iii3p | | | | | | |
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| | The Instru | ction Guide explains how to o | complete this fu | orm | 1 | Total pages Schedule A1: | |
|---|----------------|---|------------------------|-------------------------------|---------------------------------------|-----------------------------|------------|
| | | | | | | Sch: 33/104 Rpt: 36/229 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | rester (The Honorable) | | | | 00020872 | |
| 4 | Date | _ | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | to 500 00 |
| | 06/30/2015 | | | | | | \$2,500.00 |
| | | 6 Contributor address; City; State; Z | Zip Code | | | | |
| | | | | | | | |
| | | Houston, TX 77027 | | | | | |
| 8 | Principal occu | upation / Job title (See Instructions) | | 9 Employer (See Instructions) | ;) | | |
| | Owner | | | USA Auto Colliision Cen | iter | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/24/2015 | Grant, Kathy | | | | | \$200.00 |
| | | Contributor address; City; State; Z | | | | | |
| | | | | | | | |
| | | | | | | | |
| ┝ | | Austin, TX 78701-2101 | T | | Ļ | | |
| | Principal occu | upation / Job title (See Instructions) | | Employer (See Instructions) | ;) | | |
| ╘ | | <u> </u> | l | | _ | | |
| | Date | | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | *1 000 00 |
| | 06/22/2015 | | | | | | \$1,000.00 |
| | | Contributor address; City; State; Z | Zip Code | | | | |
| | | | | | | | |
| | | Galveston, TX 77550-4824 | | | | | |
| | Principal occu | I pation / Job title (See Instructions) | | Employer (See Instructions) | ـــــــــــــــــــــــــــــــــــــ | | |
| | Research Pr | | | University of Houston | | | |
| ╞ | Date | Full name of contributor | out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/30/2015 | Gray, Walt | | | | | \$1,500.00 |
| | | Contributor address; City; State; Z | | | | | |
| | | | | | | | |
| | | | | | | | |
| L | | Houston, TX 77057-2210 | r | | | | |
| | • | upation / Job title (See Instructions) | | Employer (See Instructions) | ;) | | |
| L | Regional Ma | | | SP+ | , | | |
| | Date | | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | += 20,00 |
| | 06/24/2015 | Graydon Group LLC | | | | | \$500.00 |
| | | Contributor address; City; State; Z | Zip Code | | | | |
| | | | | | | | |
| | | Austin, TX 78701-5007 | | | | | |
| ⊢ | Principal occu | Ipation / Job title (See Instructions) | | Employer (See Instructions | L;) | | |
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| - | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 34/104 Rpt: 37/229 | |
|---|--------------------------------|---|---|----|---|------------|
| 2 | FILER NAME Turner, Sylve | ester (The Honorable) | | 3 | Filer ID (Ethics Commission 00020872 | on Filers) |
| 4 | Date 06/30/2015 | 5 Full name of contributor out-of-state PAC (ID#: Greenberg, Steve | | 7 | Amount of Contribution (\$) | \$5,000.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| Ļ | | Houston, TX 77027-9505 | | | | |
| 8 | Principal occu Vice Preside | | 9 Employer (See Instructions Landry's Inc. | ;) | | |
| | Date 06/30/2015 | Full name of contributor out-of-state PAC (ID#: Griffin, Edward Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$1,000.00 |
| - | Principal occu | Houston, TX 77019-3423 Ipation / Job title (See Instructions) | Employer (See Instructions | j) | | |
| | President | , · · · · | Griffin Partners | | | |
| | Date 06/23/2015 | Full name of contributor out-of-state PAC (ID#: Guess, III, John |) | | Amount of Contribution (\$) | \$2,500.00 |
| | Dringing occu | Contributor address; City; State; Zip Code Houston, TX 77096-5630 Ipation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Managemen | | Guess Group | 'J | | |
| | Date 06/30/2015 | Full name of contributor out-of-state PAC (ID#: Guidry-Moore, Demetrious Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$150.00 |
| | | Houston, TX 77021-1131 | | | | |
| | Principal occu Manager | ipation / Job title (See Instructions) | Employer (See Instructions City of Houston | ;) | | |
| | Date 06/30/2015 | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$5,000.00 |
| | | Contributor address; City; State; Zip Code Austin, TX 78701-2458 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
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| | The Instru | ction Guide explains how | to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 35/104 Rpt: 38/229 | |
|---|----------------|--|-------------------------|------------------------------|----------------|---|-------------------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | * 4 000 00 |
| | 06/22/2015 | HVJ PAC | | | | | \$1,000.00 |
| | | 6 Contributor address; City; Sta | ate; Zip Code | | | | |
| | | | | | | | |
| | | Houston, TX 77072-1010 | | | | | |
| 8 | Principal occu | L pation / Job title (See Instructions) | | 9 Employer (See Instructions | <u>ا</u> 5) | | |
| | · | | | | | | |
| ╞ | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Hagerman, Thomas | | | | | \$1,500.00 |
| | | Contributor address; City; Sta | ate; Zip Code | | 1 | | |
| | | | | | | | |
| | | | | | | | |
| | | New Albany, OH 43054-84 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Executive Vi | | | SP+ | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 06/23/2015 | Hall, Deborah | | | | | \$100.00 |
| | | Contributor address; City; Sta | ate; Zip Code | | | | |
| | | | | | | | |
| | | Houston, TX 77022-2818 | | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> ເ) | | |
| | Teacher | | | Retired | , | | |
| ⊨ | Date | Full name of contributor | out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/24/2015 | Hall, John | | | | | \$1,000.00 |
| | | Contributor address; City; Sta | ate; Zip Code | | | | |
| | | | · • | | | | |
| | | | | | | | |
| | | Austin, TX 78735-6122 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Lobbyist | | | The Assoc. of Electrical | Сс | mpanies of Texas, Inc. | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 06/27/2015 | Hanna, Mark | | | | | \$500.00 |
| | | Contributor address; City; Sta | | | | | |
| | | | | | | | |
| | | | | | | | |
| ∟ | | Austin, TX 78701-2496 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | deutere | |
| | Attorney | | | Law Offices of Hanna & | Ar | luerton | |
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|---|----------------|---|-------------------------------|---|
| | The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 36/104 Rpt: 39/229 |
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | | ester (The Honorable) | | 00020872 |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| | 06/30/2015 | Hanson, Tina | | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | Arlington, TX 76001-6903 | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions) |) |
| | Sr. Project N | lanager | Garver, LLC | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 06/24/2015 | Harling, Michael | | \$5,000.00 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | Dallas, TX 75220-2057 | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) | |
| | Lobbyist | | McWilliams Government | tal Affairs Consultants |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 06/24/2015 | Harris, Lori | | \$20.00 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | Houston, TX 77022-2809 | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions) | |
| | Trauma Reg | istrar | Texas Children's Hospita | al |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 06/30/2015 | Harris, Lori | | \$50.00 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | Houston, TX 77022-2809 | I | |
| | | pation / Job title (See Instructions) | Employer (See Instructions) | |
| | Trauma Reg | istrar | Texas Children's Hospita | al |
| Γ | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 06/24/2015 | Harrison, Ethel | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | Houston, TX 77068-2044 | I | |
| | | pation / Job title (See Instructions) | Employer (See Instructions) |) |
| | Nurse | | Houston ISD | |
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| The Instru | ction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 37/104 Rpt: 40/229 |
|---------------------------------|---|---------------------------------------|---|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Turner, Sylv | rester (The Honorable) | | 00020872 |
| 4 Date 06/24/2015 | 5 Full name of contributor out-of-state PAC (ID#: Hatchett, Dorita |) | 7 Amount of Contribution (\$) \$100 |
| | 6 Contributor address; City; State; Zip Code | | |
| | Houston, TX 77036-8739 | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | 5) |
| Consultant | | D. L. Hatchett & Associa | ates |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/30/2015 | Hatter, Evelyn | | \$250 |
| | | | 1 |
| | | | |
| | | | |
| | Houston, TX 77038-3044 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | Γ δ) |
| Executive As | | McConnell & Jones LLP | |
| Date | Full name of contributor out-of-state PAC (ID#:_ | <u> </u> | Amount of Contribution (\$) |
| 06/30/2015 | Hawkins, III, Albert | / | Amount of Contribution (\$) \$500 |
| 00,00,2022 | Contributor address; City; State; Zip Code | | |
| | | | |
| | Austin, TX 78750 | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | |
| Lobbyist | | Albert Hawkins Public P | 'olicy |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/30/2015 | Hicks, Jonathan | ļ | \$100 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Houston, TX 77042 | | |
| Principal occu Police Office | upation / Job title (See Instructions) er | Employer (See Instructions Retired | s) |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/30/2015 | Hicks, Pam | | \$100 |
| | Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | | | |
| | Houston, TX 77042 | | |
| Principal occu | Jupation / Job title (See Instructions) | Employer (See Instructions | <u> </u> S) |
| Police Office | | Retired | |
| | | <u> </u> | |
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| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 38/104 Rpt: 41/229 | |
|---|-----------------------------|--|---|----------------|---|-------------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | | ester (The Honorable) | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID | #:) | 7 | Amount of Contribution (\$) | |
| | 06/22/2015 | Hill, Rod | | | | \$5,000.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| Ļ | <u> </u> | Jackson, MS 39201-2101 | | Ĺ | | |
| 8 | Principal occu President | pation / Job title (See Instructions) | 9 Employer (See Instructions IMS Engineers | 5) | | |
| | | | | | | |
| | Date | | #:) | | Amount of Contribution (\$) | + |
| | 06/30/2015 | | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77056-3405 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> ເ) | | |
| | i intoipai oooa | | | , | | |
| ⊨ | Date | Full name of contributor Out-of-state PAC (ID: |) | Г | Amount of Contribution (\$) | |
| | 06/23/2015 | Hilliard, David | +) | | Amount of Contribution (\$) | \$100.00 |
| | 00/20/2010 | | | | | \$100.00 |
| | | Contributor address, City, State, Zip Code | | | | |
| | | | | | | |
| | | Manvel, TX 77578-7823 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Retired | | Retired | | | |
| | Date | Full name of contributor 🛛 out-of-state PAC (ID: | #:) | | Amount of Contribution (\$) | |
| | 06/25/2015 | Hilliard, Ollie | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Fresno, TX 77545 | | Ĺ | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Director | | J's Partners LLC | - | | |
| | Date | Full name of contributor out-of-state PAC (ID | #:) | | Amount of Contribution (\$) | t 4 000 00 |
| | 06/28/2015 | Hogan, Timothy | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Coppell, TX 75019-5966 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 1 5) | | |
| | Owner | · · · · · · · · · · · · · · · · · · · | Tim Hogans Dalton GA | | rpet Outlet | |
| ⊢ | | | 1 | | | |
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| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: Sch: 39/104 Rpt: 42/229 |
|---|---|
| 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Turner, Sylvester (The Honorable) | 00020872 |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#:) | 7 Amount of Contribution (\$) |
| 06/27/2015 Holiday, John | \$500.00 |
| 6 Contributor address; City; State; Zip Code | |
| | |
| | |
| Rosenberg, TX 77469-4992 | |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | s) |
| Opera Singer Self Employed | |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of Contribution (\$) |
| 06/30/2015 Hollingsworth, Jarvis | \$1,000.00 |
| Contributor address; City; State; Zip Code | |
| | |
| | |
| Houston, TX 77002-2770 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | s) |
| Partner Bracewell & Giuliani LL | P |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of Contribution (\$) |
| 06/30/2015 Holmes, Harry | \$250.00 |
| Contributor address; City; State; Zip Code | |
| | |
| | |
| Houston, TX 77251-1191 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | s) |
| Health Care Consultant GIS | |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of Contribution (\$) |
| 06/30/2015 House, Jamie | \$150.00 |
| Contributor address; City; State; Zip Code | |
| | |
| | |
| Bellaire, TX 77401-4707 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions | |
| Executive Smith Graham & Comp | any |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of Contribution (\$) |
| 06/26/2015 House, Kimberly | \$150.00 |
| Contributor address; City; State; Zip Code | |
| | |
| | |
| Bellaire, TX 77401-4707 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions | s) |
| Finance City of Houston | |
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| | The Instruc | ction Guide explains how to complete this | s form. | 1 Total pages Schedule A1: Sch: 40/104 Rpt: 43/229 |
|---|---------------------|---|------------------------------|---|
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | Turner, Sylve | ester (The Honorable) | | 00020872 |
| 4 | Date | 5 Full name of contributor out-of-state PAC (IE | D#:) | 7 Amount of Contribution (\$) |
| | 06/23/2015 | Houston, Melvin | | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | Houston, TX 77096-5724 | - I | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | |
| | Attorney at L | .aw | Melvin Houston & Assso | DCIATES, P.C. |
| | Date | Full name of contributor out-of-state PAC (IE | D#:) | Amount of Contribution (\$) |
| | 06/25/2015 | Houston Police Officers' Union PAC | | \$10,000.00 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | University TV 77007 7700 | | |
| | Drive in all a serv | Houston, TX 77007-7730 | | <u> </u> |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) |
| | | | | |
| | Date | Full name of contributor out-of-state PAC (IE | | Amount of Contribution (\$) |
| | 06/25/2015 | Houston Police Retired Officers Assoc. PAC- | FUND | \$1,500.00 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | Houston, TX 77252-2288 | | |
| _ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u></u> |
| | Filicipal Occu | | | >/ |
| | | | | |
| | Date | Full name of contributor out-of-state PAC (IE | | Amount of Contribution (\$) |
| | 06/25/2015 | Houston Professional Fire Fighters Assn Loca | | \$10,000.00 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | Houston, TX 77009-8334 | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) |
| | | ······································ | | |
| ⊨ | Date | Full name of contributor Out-of-state PAC (IE |))) | Amount of Contribution (\$) |
| | 06/26/2015 | Howard, Kenneth | 2m) | \$500.00 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | Houston, TX 77004-6552 | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) |
| | Owner | | Howard Construction & | Design |
| | | | | |
| | | | | |

| | The Instru | ction Guide explains how t | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 41/104 Rpt: 44/229 | |
|---|----------------|---------------------------------------|------------------------|------------------------------|------|---|------------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| - | | ester (The Honorable) | | | | 00020872 | |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/27/2015 | Hu, Shou Ting | | | | | \$1,000.00 |
| | | 6 Contributor address; City; Sta | te; Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Bellaire, TX 77401-3711 | | | | | |
| 8 | | pation / Job title (See Instructions) | | 9 Employer (See Instructions | | | |
| | President | | | Aviles Engineering Corp |). | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Hubbard, Trenidad | _ | | | | \$250.00 |
| | | Contributor address; City; Sta | te; Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Missouri City, TX 77459-16 | 68 | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Entrepreneu | r | | Self Employed | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/29/2015 | Hunt, Larry | - | | | | \$2,500.00 |
| | | Contributor address; City; Sta | te; Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77077-2419 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | President | | | Hunt and Hunt Engineer | ring |] | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | HuntJon LLC | | | | | \$1,000.00 |
| | | Contributor address; City; Sta | te; Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77069-1779 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Hunter, Marvalette | _ | | | | \$1,250.00 |
| | | Contributor address; City; Sta | te; Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77069-1779 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Architect | | | 3D Visions Planning Co | ทรเ | ultants | |
| | | | | | | | |
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| The Instru | iction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 42/104 Rpt: 45/229 |
|---------------|---|-------------------------------|---|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Turner, Sylv | vester (The Honorable) | | 00020872 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 06/24/2015 | Huq, Mohdudul | | \$100.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77070-2269 | | |
| | upation / Job title (See Instructions) | 9 Employer (See Instructions) |) |
| Senior Plan | ner | City of Houston | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/30/2015 | International Longshoremen's Assn. Local #24 (| | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77012-1503 | | |
| Principal occ | upation / Job title (See Instructions) | Employer (See Instructions) |) |
| | | | |
| Date | Full name of contributor X out-of-state PAC (ID#: | C00158576) | Amount of Contribution (\$) |
| 06/30/2015 | International Longshoremen's Assoc. AFL-CIO | Committee on Political | \$3,000.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | North Bergen, NJ 07047-6439 | | 1 |
| Principal occ | upation / Job title (See Instructions) | Employer (See Instructions) |) |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ | | Amount of Contribution (\$) |
| 06/29/2015 | International Union of Operating Engineers Loca | | \$10,000.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77017-5066 | | L |
| Principal occ | upation / Job title (See Instructions) | Employer (See Instructions) |) |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/23/2015 | Itima, Kevin | | \$250.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77036-3056 | | L |
| - | upation / Job title (See Instructions) | Employer (See Instructions) |) |
| Business O | wner | Hestia Homes LLC | |
| | | | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 43/104 Rpt: 46/229 | |
|---|----------------|---|------------------------------|----------------|---|------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | rester (The Honorable) | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/23/2015 | ltima, Kevin | | | | \$250.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77036-3056 | | | | |
| 8 | Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Business Ov | wner | Hestia Homes LLC | | | |
| ⊨ | Date | Full name of contributor Out-of-state PAC (ID#:_ | <u> </u> | Т | Amount of Contribution (\$) | |
| | 06/23/2015 | |) | | | \$250.00 |
| | 00/23/2013 | Jackson, Ann-Marie | | | | Φ200.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77254-0871 | 1 | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/29/2015 | Jackson-Hudson, Barbara | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | ŀ | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77027-7106 | | | | |
| ⊢ | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> د) | | |
| | Attorney | | Law Office of Barbara J. | | udson | |
| ╞ | | | | . | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | + |
| | 06/29/2015 | James, Anna | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Spring, TX 77391-1897 | | | | |
| Γ | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Retired | | Retired | | | |
| ⊢ | Date | Full name of contributor out-of-state PAC (ID#: |) | Τ | Amount of Contribution (\$) | |
| | 06/23/2015 | James, Floyd | | | | \$1,000.00 |
| | ••• | Contributor address; City; State; Zip Code | | · | | - , |
| | | Continuation address, City, State, Zip Code | | | | |
| | | | | | | |
| | | Sugar Land, TX 77498-4653 | | | | |
| ⊢ | | | | Ĺ | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Attorney | | Floyd James & Associat | tes | , P.C. | |
| | | | | | | |
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| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 44/104 Rpt: 47/229 | |
|---|-------------------|--|--|----------|---|------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID: | #:) | 7 | Amount of Contribution (\$) | |
| | 06/29/2015 | James, Kenneth | | | | \$2,500.00 |
| | | 6 Contributor address; City; State; Zip Code | | " | | |
| | | | | | | |
| | | | | | | |
| | | Kingwood, TX 77339-2073 | | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | | | |
| | Owner | | LaTrelles Management | Cor | р. | |
| | Date | Full name of contributor 🛛 out-of-state PAC (ID; | #:) | | Amount of Contribution (\$) | |
| | 06/30/2015 | James, Shirley | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77068-3812 | · · · · · · · · · · · · · · · · · · | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | President Gi | obal Business Development | Ardyss | | | |
| | Date | Full name of contributor out-of-state PAC (ID; | #:) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Jard, James | | | | \$5,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Heuster TV 77042 2201 | | | | |
| _ | Duin air al a ann | Houston, TX 77043-2201 | Frankriger (Oser hastmatism | | | |
| | Attorney | pation / Job title (See Instructions) | Employer (See Instructions The Jard Group | S) | | |
| ╘ | | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID; | #:) | | Amount of Contribution (\$) | ±100.00 |
| | 06/29/2015 | Jarmon, Iva | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77091-5532 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>)</u> | | |
| | Real Estate | | I J Realty LLC | 3) | | |
| ╞ | | | | _ | | |
| | Date | Full name of contributor Out-of-state PAC (ID) | #:) | | Amount of Contribution (\$) | ¢100.00 |
| | 06/24/2015 | Jasper, Patricia | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Austin, TX 78722-1122 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Folklorist | | Houston Art Alliance | -, | | |
| - | | | | | | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 45/104 Rpt: 48/229 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | | rester (The Honorable) | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/30/2015 | Jefferson, Wallace | | | | \$500.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | Austin TV 70720 1004 | | | | |
| 8 | Principal occu | Austin, TX 78739-1804 upation / Job title (See Instructions) | 9 Employer (See Instructions | د) ا | | |
| | Attorney | | Alexander Dubose Jeffe | | on & Townsend LLP | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/22/2015 | Jennings, Richard | | | | \$100.00 |
| | | | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77055-6875 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | L s) | | |
| | Retired | | None | , | | |
| _ | | | | Π | Amount of Contribution (¢) | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ቀር ባለ በበ |
| | 06/22/2015 | Jewell, Michael | | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | - · · · | Austin, TX 78726-1763 | <u>1 </u> | Ļ | | |
| | • | upation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| L | Attorney | | Jewell and Associates | | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
| | 06/27/2015 | Jiang, Ray | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| L | | Bellaire, TX 77401-2709 | | | | |
| | • | upation / Job title (See Instructions) | Employer (See Instructions | 3) | | |
| | Artist | | Self | | | |
| Γ | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
| | 06/30/2015 | Johns, Mary | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Humble, TX 77346-3275 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Insurance A | | Self | , | | |
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| SCHEDULE | A1 |
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| The Instruc | ction Guide explains how to complete this | form. | 1 Total pages Schedule A1 Sch: 46/104 Rpt: 49/2 | |
| 2 FILER NAME | | | 3 Filer ID (Ethics Commi | ssion Filers) |
| Turner, Sylve | ester (The Honorable) | | 00020872 | |
| | 5 Full name of contributor out-of-state PAC (ID#: | :) | 7 Amount of Contribution (| \$) |
| 06/30/2015 | Johnson, Carla | | | \$100.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Richmond, TX 77469 | | | |
| | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | |
| Police Officer | | Retired | | |
| Date | Full name of contributor out-of-state PAC (ID#: | · :) | Amount of Contribution (| \$) |
| 06/25/2015 | Johnson, Lonnie and Eartha | | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77065-3320 | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | · | |
| Attorney. Bus | iness Owner | ExxonMobil LegalWATC | ;H | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (| \$) |
| 06/30/2015 | Johnson, Monique | | | \$250.00 |
| ľ | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Fresno, TX 77545-9226 | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions |) | |
| realtor | | Alon Realty | | |
| Date | Full name of contributor out-of-state PAC (ID#: | :) | Amount of Contribution (| |
| 06/24/2015 | Johnson, Robert | | | \$2,500.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | A | | | |
| | Austin, TX 78701-2166 | | <u> </u> | |
| | pation / Job title (See Instructions) | Employer (See Instructions Johnson & Johnson Lav | , | |
| Lobbyist | | | | |
| Date | Full name of contributor Out-of-state PAC (ID#: |) | Amount of Contribution (| |
| 06/30/2015 | Johnson, Thomasine | | | \$250.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Missouri City, TX 77459-4910 | | | |
| Drincinal occur | pation / Job title (See Instructions) | Employor (See Instruction | <u> </u> | |
| Interior Desig | | Employer (See Instructions En'terior Designs |) | |
| | | Ellicitur Designs | | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 47/104 Rpt: 50/229 | |
| 2 | 2 FILER NAME | | | | Filer ID (Ethics Commission | on Filers) |
| | | ester (The Honorable) | | - | 00020872 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/22/2015 | Jones, Carolyn D | | | | \$200.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Meadows Place, TX 77477-1812 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Geoscientist | | Oasis Petroleum | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Jones, Earl | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77050-3633 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | HPD | | Retired | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Jones, Jessica | | | | \$500.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77025-5929 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Engineer | | Dow Chemical | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Jones, Thomas | | | | \$1,250.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77081-2222 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Accountant | | McConnell & Jones Llp | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Jones, Thomas | | | | \$2,500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77021-1411 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | Accountant | | McConnell, Jones, Lanie | er 8 | & Murphy LLP | |
| | | | | | | |
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| | The Instru | ction Guide explains how to | o complete this fe | orm. | 1 | Total pages Schedule A1: Sch: 48/104 Rpt: 51/229 | |
|----------|-----------------|---|------------------------|--|---------------------------------------|---|------------------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | | 00020872 | |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/30/2015 | Kamins, Duane | - | | | | \$1,500.00 |
| | I | 6 Contributor address; City; State | e; Zip Code | | | | |
| | l | | | | | | |
| | l | | | | | | |
| | | Bellaire, TX 77401-5324 | | | | | |
| 8 | | pation / Job title (See Instructions) | | 9 Employer (See Instructions | ;) | | |
| | Owner/Operation | | | Lone Star Cab | _ | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Kamins, Duane | | | | | \$3,500.00 |
| | l | Contributor address; City; State | | | | | |
| | I | | | | | | |
| | I | Pollairo TV 77/01-532/ | | | | | |
| — | Dringingl occu | Bellaire, TX 77401-5324 Ipation / Job title (See Instructions) | 1 | Employer (See Instructions | Γ | | |
| | Owner/Opera | | | Lone Star Cab | 9 | | |
| ╞ | | | | | — | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | Φ1 ΕΩΟ ΟΟ |
| | 06/30/2015 | Kamins, Ricky | | | | | \$1,500.00 |
| | I | Contributor address; City; State | 3; Zip Code | | | | |
| | l | | | | | | |
| | l | Houston, TX 77055-7445 | | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | ـــــــــــــــــــــــــــــــــــــ | | |
| | Partner | | | Houston Transportation | Se | rvices LLC | |
| ╞ | Date | Full name of contributor | out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/30/2015 | Kamins, Ricky | - | | | | \$3,500.00 |
| | | Contributor address; City; State | | | | | |
| | I | | | | | | |
| | I | | | | | | |
| | | Houston, TX 77055-7445 | | | | | |
| | • | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Partner | | | Houston Transportation | Se | rvices LLC | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/22/2015 | Kasper, David | | | | | \$1,000.00 |
| | l | Contributor address; City; State | e; Zip Code | | | | |
| | I | | | | | | |
| | I | Huffman, TX 77336-0168 | | | | | |
| ┝ | Drincinal occu | | | Employer (See Instructions | $\sum_{i=1}^{n}$ | | |
| | Arkk Engine | ipation / Job title (See Instructions) ers | | Employer (See Instructions Senior Project Manager | | vrincinal | |
| <u> </u> | | | | Ochior roject manager | /. | Пісіраі | |
| | | | | | | | |

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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 49/104 Rpt: 52/229 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | n Filers) |
| | | rester (The Honorable) | | | 00020872 | Ji i iioio, |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/29/2015 | Kaufman, Lisa | | | | \$500.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Austin, TX 78701-1724 | | | | |
| | Principal occu attorney | upation / Job title (See Instructions) | 9 Employer (See Instructions) Davis Kaufman | 5) | | |
| | | | | _ | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/23/2015 | Keeton, Richard | | | | \$5,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | | | | | |
| | | Houston, TX 77002-2906 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| | Attorney | 1 | McGuireWoods LLP | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Kehoe, John P | | | | \$133.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | | | | | |
| | | Rochester, NY 14607-3008 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) | ;) | | |
| | Founder and | | Kehoe for Congress 201 | · | | |
| | Date | Full name of contributor Out-of-state PAC (ID#:_ | <u> </u> | | Amount of Contribution (\$) | |
| | 06/30/2015 | Kehoe, John P |) | | | \$500.00 |
| | 00/30/2013 | · · · · · · · · · · · · · · · · · · · | | | | Φ000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | Rochester, NY 14607-3008 | | | | |
| | Dringing occu | | Employer (Soo Instructions) | | | |
| | - | upation / Job title (See Instructions) | Employer (See Instructions) | | | |
| | Founder and | | Kehoe for Congress 201 | 10 | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/23/2015 | Kellman, Monica | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | | | | | |
| | | Houston, TX 77085-3004 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) | ;) | | |
| | Retired | 1 | Retired | | | |
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| | The Instru | ction Guide explains how t | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 50/104 Rpt: 53/229 | |
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| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | | 00020872 | |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/29/2015 | Kemp, JaPaula | | | | | \$100.00 |
| | | 6 Contributor address; City; State | ιe; Zip Code | | | | |
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| Ļ | | Missouri City, TX 77459-486 | | | Ĺ | | |
| 8 | Principal occu | ipation / Job title (See Instructions) | | 9 Employer (See Instructions | 5) | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/26/2015 | Kendrick, Martye | | | | | \$5,000.00 |
| | | Contributor address; City; State | | | 1 | | |
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| | | | | | | | |
| | <u></u> | Houston, TX 77019 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions Johnson Petrov LLP | 5) | | |
| | Attorney | <u> </u> | | | - | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ±1 000 00 |
| | 06/30/2015 | Kennard, Karen | | | | | \$1,000.00 |
| | | Contributor address; City; State | .e; Zip Code | | | | |
| | | | | | | | |
| | | Austin, TX 78703 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | City Attorney | / | | City of Austin | | | |
| F | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/26/2015 | Kennedy, Nathelyne | | | | | \$1,000.00 |
| | | Contributor address; City; State | ie; Zip Code | | | | |
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| \vdash | Dringing oog | Houston, TX 77036-3366 | | Employer (Cool Instructions | | | |
| | Engineer | pation / Job title (See Instructions) | | Employer (See Instructions Nathelyne A. Kennedy & | | senciatas | |
| \vdash | | | l | Natietyne A. Kennedy G | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | <u>ቀ100 00</u> |
| | 06/22/2015 | Kennedy, Shelley | · Ziz Osda | | | | \$100.00 |
| | | Contributor address; City; State | .e; Zip Code | | | | |
| | | | | | | | |
| | | Houston, TX 77018-5412 | | | | | |
| \vdash | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Community r | | | UnitedHealthcare | | | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 51/104 Rpt: 54/229 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/30/2015 | Kennedy, Shelley | | | | \$150.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
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| | Deineineleeen | Houston, TX 77018-5412 | | | | |
| 8 | Community r | pation / Job title (See Instructions) | 9 Employer (See Instructions UnitedHealthcare | 5) | | |
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| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ±100.00 |
| | 06/30/2015 | | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | Humble, TX 77346-1560 | | | | |
| - | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> ນ | | |
| | • | tions Director | Veolia | -) | | |
| ╞ | Date | Full name of contributor Out-of-state PAC (ID#: |) | Г | Amount of Contribution (\$) | |
| | 06/23/2015 | Kevin A. Murray LLC |) | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | , |
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| | | | | | | |
| | | Houston, TX 77056-4180 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
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| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Kilpatrick, Robert | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
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| | Deinsinglasse | Houston, TX 77006-6164 | | | | |
| | Retired | pation / Job title (See Instructions) | Employer (See Instructions Retired | 5) | | |
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| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ¢0 500 00 |
| | 06/26/2015 | Kivowitz, Donald | | | | \$2,500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | Victoria, TX 77901 | | | | |
| \vdash | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 1 5) | | |
| | Chairman | | Regency Nursing & Ref | | ilitation Centers, Inc. | |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 52/104 Rpt: 55/229 | |
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| | ester (The Honorable) | | 00020872 | , |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 06/26/2015 | Kivowitz, Donald | | | \$2,500.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
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| - · · · | Victoria, TX 77901 | 1 | | |
| | pation / Job title (See Instructions) | 9 Employer (See Instructions | | |
| Chairman | · | Regency Nursing & Reh | | |
| Date | |) | Amount of Contribution (\$) | |
| 06/26/2015 | Kleinworth, Tom | | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Hauston TV 77025 4105 | | | |
| Drincinal occu | Houston, TX 77025-4105 upation / Job title (See Instructions) | Employer (See Instructions | <u></u> | |
| | rnment Relations | Baylor College of Medic | | |
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| Date | |) | Amount of Contribution (\$) | ቀን ባባባ በበ |
| 06/30/2015 | LAEEQ Health System (sole prop.) | | | \$2,000.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Houston, TX 77091-4339 | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> \$) | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/22/2015 | LAN-PAC | | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | | | | |
| | Houston, TX 77042-3746 | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) | |
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| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 06/26/2015 | Lacerda, Heber | | | \$2,500.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Vistoria TV 77001 6590 | | | |
| Driv single age | Victoria, TX 77901-6530 | | Į | |
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| President/CI | | Regency Nursing & Reh | | |
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| | The Instru | ction Guide explains how to complete this fo | orm. | 1 Total pages Schedule A1: Sch: 53/104 Rpt: 56/229 | |
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| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission | n Filers) |
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| | 06/26/2015 | Lacerda, Heber | | | \$2,500.00 |
| | | 6 Contributor address; City; State; Zip Code | | | |
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| Ļ | | Victoria, TX 77901-6530 | | | |
| 8 | | | 9 Employer (See Instructions | • | |
| | President/CE | | Regency Nursing & Reh | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| | 06/24/2015 | | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | Houston, TX 77019-3410 | | | |
| ┝ | Drincinal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u></u> | |
| | President | | Rocky Lai & Associates | | |
| ╞ | | | | | |
| | Date 06/23/2015 | Full name of contributor out-of-state PAC (ID#: Lampkins, Celesta |) | Amount of Contribution (\$) | \$25.00 |
| | 00/23/2013 | | | | Φ20.00 |
| | | Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | Spring, TX 77388-6104 | | | |
| ┢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | |
| | Retired | | Retired | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| | 06/26/2015 | Lampkins, Celesta | | | \$75.00 |
| | | Contributor address; City; State; Zip Code | | | |
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| | | | | | |
| | | Spring, TX 77388-6104 | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 3) | |
| | Retired | | Retired | · · · · · · · · · · · · · · · · · · · | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| | 06/27/2015 | Landers, Daniella | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | Pearland, TX 77584-8190 | | | |
| - | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |)) | |
| | Attorney | | Sutherland Asbill &Bren | | |
| \vdash | 7 | | | | |
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| The Instru | uction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 54/104 Rpt: 57/229 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission | on Filers) |
| | vester (The Honorable) | | 00020872 | , , , |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 06/30/2015 | Langan, Eric | | | \$3,000.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
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| | | | | |
| | Pearland, TX 77584-4310 | | | |
| | upation / Job title (See Instructions) | 9 Employer (See Instructions | , | |
| President/C | EO | RCI Hospitality Holdings | s Inc | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/24/2015 | | | | \$5,000.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Katy, TX 77494-3917 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 5) | |
| President | | Williams Brothers Const | truction | |
| Date | Full name of contributor Out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 06/30/2015 | | | | \$2,500.00 |
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| | Missouri City, TX 77459 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 5) | |
| Accountant | | McConnell Jones Lanier | r & Murphy, LLP | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 06/23/2015 | Lanig, Sakina | | | \$100.00 |
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| | Houston, TX 77082-2923 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | Γ 5) | |
| Business Pe | erson | Self-employed | | |
| Date | Full name of contributor Out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 06/28/2015 | — | | | \$20.00 |
| | Contributor address; City; State; Zip Code | | • | |
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| | Houston, TX 77082-2923 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 1s) | |
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| 2 FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | r (The Honorable) | | | - | 00020872 | |
| 4 Date 5 F | Full name of contributor 🛛 out-of-state P/ | PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| 06/25/2015 L | Lapin, Robert | | | | | \$2,500.00 |
| 6 (| Contributor address; City; State; Zip Code | | | | | |
| | | | | | | |
| | 1 | | | | | |
| | Houston, TX 77005-3621 | | | | | |
| | n / Job title (See Instructions) | 9 | Employer (See Instructions Lapin & Landa LLP |) | | |
| Attorney | | | | | | |
| | | PAC (ID#: |) | | Amount of Contribution (\$) | |
| | | | | | | \$2,000.00 |
| 0 | Contributor address; City; State; Zip Code | | | | | |
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| | Houston, TX 77206-0847 | | | | | |
| | n / Job title (See Instructions) | | Employer (See Instructions | <u>ا</u> | | |
| President | | | C&D Scrap Metal |) | | |
| | Full name of contributor 🛛 out-of-state P/ | |) | | Amount of Contribution (\$) | |
| | Full name of contributor out-of-state P/ Lawal, Kase | PAC (ID#: |) | | | \$5,000.00 |
| | | | | | | φ3,000.00 |
| | Joninbutor address, City, State, Zip Code | | | | | |
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| F | Houston, TX 77056-3019 | | | | | |
| Principal occupation | n / Job title (See Instructions) | | Employer (See Instructions |) | | |
| President | | | CAMAC Energy Inc. | | | |
| Date F | Full name of contributor 🔲 out-of-state P/ | PAC (ID#: |) | | Amount of Contribution (\$) | |
| 06/27/2015 L | Lee, C.C. | | | | | \$2,500.00 |
| | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | |
| | | | | | | |
| | Houston, TX 77036 | | | | | |
| | n / Job title (See Instructions) | | Employer (See Instructions |) | | |
| Owner | | | STOA Architects, Inc. | | | |
| | Full name of contributor 🛛 out-of-state P/ | PAC (ID#: |) | | Amount of Contribution (\$) | |
| 06/27/2015 L | Lee, Wea | | | | | \$2,000.00 |
| Č C | Contributor address; City; State; Zip Code | | | | | |
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| | | | | | | |
| I | Houston, TX 77072-2608 | | | | | |
| | n / Job title (See Instructions) | | Employer (See Instructions |) | | |
| President/CEO | | | Southern News Group | | | |
| 1 | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 56/104 Rpt: 59/229 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Turner, Sylvester (The Honorable) 00020872 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/29/2015 Legal Group Services DBA Cheryl Irvin \$500.00 6 Contributor address; City; State; Zip Code Houston, TX 77002-1741 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/30/2015 Lewis, Arthur \$250.00 Contributor address; City; State; Zip Code Houston, TX 77091 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/30/2015 Lewis, Rhonda \$100.00 Contributor address; City; State; Zip Code Missouri City, TX 77459 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2015 \$5,000.00 Lewis, Sherman Contributor address; City; State; Zip Code Edmond, OK 73034-6762 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: \$5,000.00 06/29/2015 Lewis, III, Sherman Contributor address; City; State; Zip Code Pearland, TX 77584-1643 Principal occupation / Job title (See Instructions) Employer (See Instructions) Owner The Lewis Group

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| | The Instru | ction Guide explains how to complete thi | s form. | 1 | Total pages Schedule A1: Sch: 57/104 Rpt: 60/229 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | rester (The Honorable) | 1 | | 00020872 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (II | D#:) | 7 | Amount of Contribution (\$) | |
| | 06/26/2015 | Liebling, Avram | | | | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
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| | | | 1 | | | |
| <u> </u> | | Houston, TX 77095-4072 | | L | | |
| 8 | Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | 3) | | |
| | Date | Full name of contributor Out-of-state PAC (II | D#:) | Γ | Amount of Contribution (\$) | |
| | 06/30/2015 | Liem, Richard | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | , | 1 | | |
| | | | 1 | | | |
| | | Bellaire, TX 77401-2609 | 1 | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | L | | |
| | CFO | | Landry's Restaurants Inc | | | |
| — | Date | Full name of contributor out-of-state PAC (II | | Π | Amount of Contribution (\$) | |
| | 06/24/2015 | Little, Janet | улу | | , and an e e e e e e e e e e e e e e e e e e | \$500.00 |
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| | | La Porte, TX 77572-1032 | | | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | 3) | | |
| _ | Retired | | Retired | | | |
| | Date | Full name of contributor out-of-state PAC (II | D#:) | Γ | Amount of Contribution (\$) | |
| | 06/30/2015 | | | | | \$2,500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | La Porte, TX 77572-1032 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Retired | | Retired | | | |
| | Date | Full name of contributor out-of-state PAC (II | | Γ | Amount of Contribution (\$) | |
| | 06/30/2015 | Locke Lord LLP | 1 | | | \$2,500.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | ! | | | |
| | | Dallas, TX 75201-2748 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | د) ا | | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Turner, Sylv | rester (The Honorable) | | 00020872 |
| 4 Date | 5 Full name of contributor X out-of-state PAC (ID#: | C00117861) | 7 Amount of Contribution (\$) |
| 06/30/2015 | Locke Lord LLP PAC | | \$2,500.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
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| Dringinglaggy | Houston, TX 77002-2914 | Employer (Cap Instructions | |
| | upation / Job title (See Instructions) | 9 Employer (See Instructions |) |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/29/2015 | Lohman, June | | \$100.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Cypress, TX 77429-5621 | | |
| Community | upation / Job title (See Instructions) | Employer (See Instructions Retired from Comcast | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/30/2015 | Longhofer, James | | \$100.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Houston, TX 77007-3240 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions |) |
| Lawyer | | Vinson & Elkins LLP | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 06/23/2015 | Lovell, Susan | | \$500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77098-3529 | | |
| Principal occu Consultant | upation / Job title (See Instructions) | Employer (See Instructions | |
| | | Self | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/23/2015 | Luckett, Wayne | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Missouri City, TX 77459-1668 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions |) |
| President & | | Branwar | - |
| | | 1 | |
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| The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 59/104 Rpt: 62/229 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Fil | lers) |
| Turner, Sylve | ester (The Honorable) | | 00020872 | |
| | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 06/30/2015 | Luna, Vilma | | \$ | \$500.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | Austin, TX 78746-7234 | | | |
| 8 Principal occup Consultant | pation / Job title (See Instructions) | 9 Employer (See Instructions) HillCo |) | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 06/26/2015 | MacFarlane, Andrew | | \$ | \$100.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Austin, TX 78729-3506 | | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instructions) | ·) | |
| Sales | | Data Foundry, Inc | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/29/2015 | Maknojia, Jaher | | \$ | \$500.00 |
| | Contributor address; City; State; Zip Code | | | |
| | Spring, TX 77389-4855 | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions) |) | |
| Managing Me | ember | 4 Super Star LLC | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 06/24/2015 | Manley, James | | \$ | \$100.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Destaure TV 77E90 97E0 | | | |
| Principal occur | Baytown, TX 77520-3758 pation / Job title (See Instructions) | Employer (See Instructions) | A | |
| Retired | אווטוו / זטט נווופ (שפי וושנו עכווטוש) | James Manley, PC |) | |
| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of Contribution (\$) | |
| 06/30/2015 | Full name of contributor out-of-state PAC (ID#: Mannchen, Brandt | | | \$100.00 |
| 00/00/2010 | Contributor address; City; State; Zip Code | | Ŧ | 100.00 |
| | Contributor address, City, State, Zip Code | | | |
| | Houston, TX 77096-1247 | | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instructions) |) | |
| | | <u> </u> | | |

| | The Instru | ction Guide explains how to complete this | s form. | 1 | Total pages Schedule A1: Sch: 60/104 Rpt: 63/229 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID |)#:) | 7 | Amount of Contribution (\$) | |
| | 06/30/2015 | Marks, Lester | | | | \$2,500.00 |
| | ļ | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | ļ | | | | | |
| | | Houston, TX 77005-3046 | | | | |
| 8 | Principal occu | I pation / Job title (See Instructions) | 9 Employer (See Instructions | <u>ا</u> چ) | | |
| | • | NT MANAGER, PRESIDENT | LCM PARTNERS, LTD. | | | |
| ⊨ | Date | Full name of contributor Out-of-state PAC (ID |) | Γ | Amount of Contribution (\$) | |
| | 06/30/2015 | Martin, Charles | | | | \$100.00 |
| | ļ | | | | | |
| | ļ | | | | | |
| | ļ | | | | | |
| | | Houston, TX 77339 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Firefighter | | City of Houston | | | |
| | Date | Full name of contributor 🔲 out-of-state PAC (ID |)#:) | | Amount of Contribution (\$) | |
| | 06/22/2015 | Martin, Grant | | | | \$250.00 |
| | ļ | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | Can Francisco CA 04115 2526 | | | | |
| | Dringing occu | San Francisco, CA 94115-2526 | Employor (Soo Instructions | <u> </u> | | |
| | Consultant | pation / Job title (See Instructions) | Employer (See Instructions Storefront Political Medi | | | |
| | | | | <u>п</u> | Amount of Contribution (f) | |
| | Date 06/27/2015 | Full name of contributor out-of-state PAC (ID |)#:) | | Amount of Contribution (\$) | \$5.00 |
| | 00/2/12013 | Martin, Grant | | | | φ5.00 |
| | ſ | Contributor address; City; State; Zip Code | | | | |
| | ſ | | | | | |
| | ſ | San Francisco, CA 94115-2526 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Consultant | | Storefront Political Medi | a | | |
| | Date | Full name of contributor out-of-state PAC (ID |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Martinez, Roman | | | | \$5,000.00 |
| | 1 | Contributor address; City; State; Zip Code | | 1 | | |
| | ļ | | | | | |
| | ļ | | | | | |
| | | Houston, TX 77009-6418 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | President / C | ,EO | Texas Taxi Inc. | | | |
| | | | | | | |

| | The Instru | ction Guide explains how to comp | lete this fo | orm. | 1 | Total pages Schedule A1: Sch: 61/104 Rpt: 64/229 | |
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| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | - | 00020872 | , |
| 4 | Date | 5 Full name of contributor out-of-sta | ate PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/30/2015 | Matthews, Isaac | | | | | \$5,000.00 |
| | | 6 Contributor address; City; State; Zip Cod | | | | | |
| | | | | | | | |
| | | | | | | | |
| Ļ | <u> </u> | Houston, TX 77091-2954 | I | | Ĺ | | |
| 8 | Senior Pasto | pation / Job title (See Instructions) | | 9 Employer (See Instructions God's Grace Community | | hurch | |
| | | | | | | | |
| | Date | | ate PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/25/2015 | | | | | | \$5,000.00 |
| | | Contributor address; City; State; Zip Cod | le | | | | |
| | | | | | | | |
| | | Hitchcock, TX 77563-2504 | | | | | |
| ⊢ | Princinal occu | pation / Job title (See Instructions) | I | Employer (See Instructions | <u>ا</u> ئ | | |
| | President | | | Xtralight | , | | |
| ⊨ | Date | Full name of contributor out-of-sta | ate PAC (ID#: | | | Amount of Contribution (\$) | |
| | 06/22/2015 | McCall, Brian | ale PAC (ID# |) | | | \$500.00 |
| | 00/22/2010 | | | | | | 4000.00 |
| | | | | | | | |
| | | | | | | | |
| | | Austin, TX 78703-2406 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Executive | | | Texas State University S | Sys | tem | |
| Γ | Date | Full name of contributor 🛛 out-of-sta | ate PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/24/2015 | McDaniel, Demetrius | | | | | \$1,500.00 |
| | | Contributor address; City; State; Zip Cod | | | | | |
| | | | | | | | |
| | | | | | | | |
| ⊢ | <u> </u> | Austin, TX 78701-2957 | | | Ĺ | | |
| | • | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Attorney | | | Greenberg Traurig LLP | - | | |
| | Date | | ate PAC (ID#: |) | | Amount of Contribution (\$) | # F 000 00 |
| | 06/22/2015 | McDermott, Robert | | | | | \$5,000.00 |
| | | Contributor address; City; State; Zip Cod | le | | | | |
| | | | | | | | |
| | | Dallas, TX 75252-2730 | | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Owner | | | McDermott Place | | | |
| \vdash | | | | | | | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 62/104 Rpt: 65/229 |
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| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | | ester (The Honorable) | | 00020872 |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| | 06/30/2015 | McFrazier, Michael | | \$250.0 |
| | | 6 Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | Houston, TX 77084-1265 | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | |
| | Educator | | Prairie View A&M Unive | ersity |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 06/24/2015 | McGarry, Mignon | | \$500.0 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | Austin, TX 78701-1724 | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | |
| | Consultant | | Mignon McGarry & Asso | ociates |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 06/30/2015 | McGarthy, JoAnn | | \$1,000.0 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | Houston, TX 77037-1441 | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | S) |
| | Case Coord | | Excel E Care | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 06/30/2015 | McGoldrick, Joseph | | \$250.0 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | Houston TX 77050 2719 | | |
| | Dringing age | Houston, TX 77059-3718 Ipation / Job title (See Instructions) | Employer (Cap Instructions | 2) |
| | • | ce President | Employer (See Instructions CenterPoint Energy | 5) |
| | | | Center-oint Energy | T |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 06/28/2015 | McGuire, Gary | | \$1,000.0 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | Houston, TX 77004-7678 | | |
| ⊢ | Drinoinal asso | | Employer (See Instruction | |
| | Construction | pation / Job title (See Instructions) | Employer (See Instructions Self | 5) |
| | Construction | 1 | 501 | |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 63/104 Rpt: 66/229 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission | |
| | ester (The Honorable) | | 00020872 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 06/23/2015 | McKamie, Reginald | | | \$5,000.00 |
| | 6 Contributor address; City; State; Zip Code | | 1 | |
| | | | | |
| | | | | |
| | Houston, TX 77055-6950 | | | |
| 8 Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions | <u></u> | |
| attorney | | Law Office of Reginald B | E. McKamie, Sr., P.C. | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 06/30/2015 | McMillian, Marquis | | | \$5,000.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Spring, TX 77379-5263 | | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | s) | |
| MIS Speciali | ist | Total Premier Services I | Nigeria, Ltd. | |
| Date | Full name of contributor out-of-state PAC (ID#: | <u> </u> | Amount of Contribution (\$) | |
| 06/30/2015 | McMillian, Monaca | | | \$5,000.00 |
| | Contributor address; City; State; Zip Code | | • | • • |
| | | | | |
| | | | | |
| | Spring, TX 77379-5263 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ۱ ۶) | |
| Finance Mar | nager | Total Premier Services I | Nigeria, Ltd. | |
| Date | Full name of contributor Out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/24/2015 | McWilliams, Dean | / | | \$5,000.00 |
| 00/2 //2022 | Contributor address; City; State; Zip Code | | | ψ0,000.02 |
| | Continuation address, City, State, Zip Code | | | |
| | | | | |
| | Austin, TX 78701-1851 | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | |
| Lobbyist | , , , , , , , , , , , , , , , , , , , | McWilliams Governmen | | |
| Date | Full name of contributor Out-of-state PAC (ID#: | | Amount of Contribution (\$) | |
| 06/23/2015 | Full name of contributor out-of-state PAC (ID#: Meek, Clara |) | | \$100.00 |
| 00/20/2010 | | | | Φ100.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Houston, TX 77004-6602 | | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | |
| Retired Attor | | Unemployed | <i>)</i> | |
| | | Onemployed | | |
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| | The Instru | ction Guide explains how to complete this | ; form. | 1 Total pages Schedule A1: Sch: 64/104 Rpt: 67/229 |
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| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | Turner, Sylv | rester (The Honorable) | , | 00020872 |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID# | #:) | 7 Amount of Contribution (\$) |
| | 06/30/2015 | Meek, Clara | | \$500.00 |
| | 1 | 6 Contributor address; City; State; Zip Code | | |
| | 1 | | , | |
| | 1 | | , | |
| | | Houston, TX 77004-6602 | | |
| 8 | | upation / Job title (See Instructions) | 9 Employer (See Instructions | s) |
| | Retired Attor | ney | Unemployed | |
| | Date | Full name of contributor Out-of-state PAC (ID# | #:) | Amount of Contribution (\$) |
| | 06/30/2015 | Mercado, Kenneth | | \$500.00 |
| | 1 | Contributor address; City; State; Zip Code | , | |
| | 1 | | , | |
| | 1 | | , | |
| L | | Houston, TX 77005-4320 | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions CenterPoint Energy | s) |
| | Electric Oper | | | · · · · · · · · · · · · · · · · · · · |
| | Date | Full name of contributor out-of-state PAC (ID# | #:) | Amount of Contribution (\$) |
| | 06/30/2015 | Milam, David | | \$1,000.00 |
| | 1 | Contributor address; City; State; Zip Code | , | |
| | 1 | | , | |
| | 1 | Houston, TX 77007-3469 | , | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | (s) |
| | Founder | | Milam and Company Pa | |
| ⊨ | Date | Full name of contributor Out-of-state PAC (ID# | | Amount of Contribution (\$) |
| | 06/22/2015 | Miller, Dorothy | F/ | \$500.00 |
| | 00/22/2022 | Contributor address; City; State; Zip Code | | |
| | 1 | CUITITIDUTOR autress, City, State, 21 Cost | , | |
| | 1 | | , | |
| | 1 | Houston, TX 77088-6703 | , | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ls) |
| | Office manag | ger | Retired | |
| F | Date | Full name of contributor out-of-state PAC (ID# | #:) | Amount of Contribution (\$) |
| | 06/29/2015 | Miller, James | , | \$500.00 |
| | 1 | Contributor address; City; State; Zip Code | | |
| | 1 | | , | |
| | | | , | |
| | | Houston, TX 77079-7019 | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | |
| | Homebuilder | ſ | McGuyer Homebuilders | S |
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| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 65/104 Rpt: 68/229 | |
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| 2 | FILER NAME | · · · · · · · · · · · · · · · · · · · | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Turner, Sylv | ester (The Honorable) | | | 00020872 | |
| 4 | Date 06/29/2015 | 5 Full name of contributor out-of-state PAC (ID#: Miller, William | _ | 7 | Amount of Contribution (\$) | \$5,000.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | Austin, TX 78703 | | | | |
| 8 | Principal occu Lobbyist | pation / Job title (See Instructions) | 9 Employer (See Instructions) HillCo Partners | ;) | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/24/2015 | Mills, Tenisa | | | · · · · · · · · · · · · · · · · · · · | \$100.00 |
| | •••- | Contributor address; City; State; Zip Code | | | | . |
| | | Houston, TX 77015-3492 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions) | ,) | | |
| | Credentialing | l l | USPH | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/23/2015 | Mincberg, David | | | | \$5,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | Principal occu | Bellaire, TX 77401-4717 pation / Job title (See Instructions) | Employer (See Instructions) | () () | | |
| | CEO | | Flagship Properties Corp | | ration | |
| ╞ | Date | Full name of contributor Out-of-state PAC (ID#: | | _ | Amount of Contribution (\$) | |
| | 06/23/2015 | Moehlman, James | / | | Amount of Continuation (+) | \$2,500.00 |
| | 00,20,2022 | Contributor address; City; State; Zip Code | | | | Ψ_,000.01 |
| | | | | | | |
| L | | Katy, TX 77494-1137 |] | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions) | ;) | | |
| | Executive Vi | ce President | LJA Engineering, Inc. | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/30/2015 | Moeller, Michael | | | | \$200.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| L | | Wimberley, TX 78676-7312 |] | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
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| | The Instru | ction Guide explains how to complete this t | form. | 1 Total pages Schedule A1: Sch: 66/104 Rpt: 69/229 |
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | Turner, Sylv | ester (The Honorable) | | 00020872 |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| | 06/30/2015 | Moore, Laura | | \$2,500.00 |
| | | 6 Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| _ | | Houston, TX 77005-3725 | | |
| 8 | | Ipation / Job title (See Instructions) | 9 Employer (See Instructions) | |
| | Director-Diei | tetic Internship Program | UT School of Public Hea | |
| | Date | |) | Amount of Contribution (\$) |
| | 06/30/2015 | Moore, Tammie | | \$500.00 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | Kingwood, TX 77325-5743 | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions) |) |
| | Attorney | | Self | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 06/23/2015 | Mosley, Gary | | \$5,000.00 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | Heuston TV 77007 2614 | | |
| | Dringing oog | Houston, TX 77007-2614 | | <u> </u> |
| | Owner | ipation / Job title (See Instructions) | Employer (See Instructions) The Creek Group |) |
| _ | | | · · · · · · · · · · · · · · · · · · · | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 06/23/2015 | Mullin, Michele | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | Houston, TX 77054-2531 | | |
| | Drincinal occu | pation / Job title (See Instructions) | Employer (See Instructions) | <u> </u> |
| | Administrato | | Havins & Associates, PC | · |
| | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 06/29/2015 | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | Houston, TX 77063-1305 | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) | |
| | Managemen | | McConnell Jones Lanier | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 67/104 Rpt: 70/229 | |
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| 2 | FILER NAME | | | 3 Filer ID (Ethics Commissio | n Filers) |
| | | ester (The Honorable) | | 00020872 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| | 06/29/2015 | Murphy, Sharon | | | \$1,000.00 |
| | | 6 Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | Houston, TX 77063-1305 | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | ;) | |
| | Managemen | t Consultant | McConnell Jones Lanier | r & MurphyLLP | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| | 06/30/2015 | Myres, Albert | ······ | | \$2,000.00 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | Houston, TX 77002-6336 | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) | |
| | Group Mana | iging Partner | OCTCET Inc | | |
| ⊨ | Date | Full name of contributor X out-of-state PAC (ID#: | C00366559) | Amount of Contribution (\$) | |
| | 06/30/2015 | NRG Energy Inc Political Action Committee (NR | | | \$5,000.00 |
| | | Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | | | | |
| | | Princeton, NJ 08540-6213 | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) | |
| | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| | 06/30/2015 | Nagesh & Carter, PLLC | | | \$750.00 |
| | | Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | | | | |
| | | Houston, TX 77040-5239 | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) | |
| | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| | 06/28/2015 | Neelley, Melissa | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | | | | |
| | | Houston, TX 77081-6624 | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) | |
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| The Instru | ction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 68/104 Rpt: 71/229 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Fi | ilers) |
| | rester (The Honorable) | | 00020872 | , |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 06/30/2015 | Noel, J. Tod | | \$ | \$250.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77027-4705 | | | |
| | upation / Job title (See Instructions) | 9 Employer (See Instructions | | |
| Owner | | Noel Furniture Design C | | |
| Date | |) | Amount of Contribution (\$) | |
| 06/29/2015 | | | \$ | \$100.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Houston, TX 77088-4418 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u>)</u> | |
| Community | | Near Northwest District | <i>>)</i> | |
| Date | | | Amount of Contribution (\$) | |
| 06/30/2015 | Full name of contributor out-of-state PAC (ID#: Noyes, Tammy |) | | ,000.00 |
| 00,00,2010 | Contributor address; City; State; Zip Code | | · · · | ,000.00 |
| | | | | |
| | | | | |
| | Cypress, TX 77429-4913 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 3) | |
| General Mar | nager | J. Simmons Group | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/28/2015 | Oliver, Elaine | | \$ | \$100.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| Dringing oppu | Houston, TX 77095-2781 | | 、 、 | |
| Principal occu N/A | upation / Job title (See Instructions) | Employer (See Instructions RETIRED | 5) | |
| | | | 1 | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/30/2015 | Olivier, Raquel | | ⊅ | \$500.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Dallas, TX 75207-3389 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | |
| Consultant | ······ | Olivier, Inc. | | |
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| Th | e Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 69/104 Rpt: 72/229 | |
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| 2 FILE | ER NAME | | | 3 | Filer ID (Ethics Commissio | n Filers) |
| | | ester (The Honorable) | | | 00020872 | <u> </u> |
| 4 Dat | е | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| 06/ | 30/2015 | Owens, Sharon | | | | \$1,000.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Missouri City, TX 77459-4538 | | | | |
| | | pation / Job title (See Instructions) | 9 Employer (See Instructions) |) | | |
| VP | communi | ity Relations | Retired | | | |
| Dat | е | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| 06/2 | 22/2015 | Page, Wallace | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Hockley, TX 77447-0567 | | | | |
| Prin | ncipal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| Fire | efighter | | Houston Fire Departmen | nt | | |
| Date | e | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| 06/ | 29/2015 | Pandya, Pulin | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Spring, TX 77379 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions) | | | |
| Uro | ologist | | Houston Urology Partner | rs | | |
| Date | e | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| 06/ | 30/2015 | Pappas, Dean | | | | \$2,500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77024-6827 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions) | 5) | | |
| Atto | orney | | Pappas & Suchma, PC | | | |
| Date | | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| 06/3 | 30/2015 | Parker, Alicia | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Housen TV 77020 2221 | | | | |
| Drin | | Houston, TX 77028-3231 | Employer (Coo Instructions) | | | |
| Prin NY | | pation / Job title (See Instructions) | Employer (See Instructions) Retired |) | | |
| | PD | | Relifeu | | | |
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| Γ | The Instruc | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 70/104 Rpt: 73/229 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | - | 00020872 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:) | | | Amount of Contribution (\$) | |
| | 06/30/2015 | Parker, Rev. Joseph & LaVerne | | | | \$250.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78731-3658 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | | | |
| | Pastor | | David Chapel Baptist Ch | nur | ch | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/29/2015 | Patel, Harsad | | | | \$2,500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77024-6305 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | Gastroenter | ologist | GI Specialists of Housto | n | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/29/2015 | Patel, Jayantilal | | | | \$100.00 |
| | | | | | | |
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| | | | | | | |
| | | Sugar Land, TX 77498-5070 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | President | | Jai Ambay, Inc. | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/29/2015 | Patel, Nilkanth | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77093-7510 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Medical Sup | plies | Self | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/22/2015 | Patman, Carrin | | | | \$5,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | | | | | |
| | | Houston, TX 77002-2770 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | attorney | | Bracewell & Giuliani LLF | C | | |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 71/104 Rpt: 74/229 | |
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Fil | lers) |
| | ester (The Honorable) | | 00020872 | 0.0, |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 06/30/2015 | Peoples, Lisa | | \$ | 250.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77004-6513 | | | |
| • | upation / Job title (See Instructions) | 9 Employer (See Instructions | s) | |
| Econ Develo | opment Specialist | HUD | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/28/2015 | Perry, Jana | | \$2, | 500.00 |
| | Contributor address; City; State; Zip Code | | • | |
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| | | | | |
| | Austin, TX 78738-5379 | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | |
| Manager | | Self | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/29/2015 | Peters, Brenda | | \$ | 100.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77004-7604 | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | |
| CPA/ Tax Di | rector | Enterprise Products | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 06/24/2015 | Pitcock, Jr., James | | \$5, | 000.000 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77096-5302 | | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | s) | |
| Chairman of | f the Board/CEO | Williams Brothers Const | truction Company | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 06/29/2015 | Pitre, Ann | | \$ | 100.00 |
| | Contributor address; City; State; Zip Code | | • | |
| | | | | |
| | | | | |
| | Houston, TX 77067-3782 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) | |
| Help Desk A | nalyst | NRG Energy | | |
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| | The Instru | ction Guide explains how to complete this f | form. | 1 | Total pages Schedule A1: Sch: 72/104 Rpt: 75/229 | |
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| <u> </u> | FILER NAME | | | 1 | Filer ID (Ethics Commission | |
| Ĺ | | ester (The Honorable) | | | 00020872 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/27/2015 | Pitts, LaToya | | | | \$1,000.00 |
| | I | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | I | | | | | |
| | I | | | | | |
| | I | Missouri City, TX 77459-6713 | | | | |
| 8 | Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Self-employe | ed | Self-employed | | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Ι | Amount of Contribution (\$) | |
| | 06/25/2015 | Plumbers Local #68 PAC | | | | \$10,000.00 |
| | I | Contributor address; City; State; Zip Code | | 1 | | |
| | I | | | | | |
| | I | | | | | |
| | I | Houston, TX 77249-8746 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
| | 06/29/2015 | Poindexter, Portia | | | | \$100.00 |
| | I | Contributor address; City; State; Zip Code | | 1 | | |
| | I | | | | | |
| | I | | | | | |
| | I | Sugar Land, TX 77479-9720 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/25/2015 | Poisot, Maria | | | | \$100.00 |
| | I | Contributor address; City; State; Zip Code | | 1 | | |
| | I | | | | | |
| | I | | | | | |
| | | Houston, TX 77006-1038 | | | | |
| Γ | | upation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Sr. Risk Prac | ctitioner | Shell | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/23/2015 | Polavarapu, Rao | | | | \$2,500.00 |
| | I | Contributor address; City; State; Zip Code | | 1 | | |
| | I | | | | | |
| | I | | | | | |
| | | Houston, TX 77036-2501 | | | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Director | | STEMACO International | l In | c | |
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| | The Instru | ction Guide explains how to co | mplete this form. | | 1 Total pages Schedule A1: Sch: 73/104 Rpt: 76/229 | |
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| 2 | FILER NAME | | | | 3 Filer ID (Ethics Commission | on Filers) |
| | | ester (The Honorable) | | | 00020872 | |
| 4 | Date | 5 Full name of contributor out-o | of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| | 06/23/2015 | Polavarapu, Vijaya | | | | \$2,500.00 |
| | | 6 Contributor address; City; State; Zip | Code | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77042-2038 | | | | |
| 8 | | ipation / Job title (See Instructions) | | loyer (See Instructions) | | |
| | Homemaker | | Non | .e | | |
| | Date | | of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| | 06/29/2015 | | | | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | |
| | | Spring, TX 77379-7508 | | | | |
| <u> </u> | Principal occu | Ipation / Job title (See Instructions) | Emr | loyer (See Instructions) | N | |
| | | | | , | , ning Institute of Technology | |
| _ | | | | | Amount of Contribution (\$) | |
| | Date 06/28/2015 | Full name of contributor out-o | of-state PAC (ID#: |) | | \$100.00 |
| | 00/20/2010 | | Code | | | Ψ100.00 |
| | | | Code | | | |
| | | | | | | |
| | | Houston, TX 77018-4520 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Emŗ | loyer (See Instructions) |) | |
| | | | | | | |
| | Date | Full name of contributor | of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| | 06/30/2015 | Potter, Jacqueline | | | | \$1,350.00 |
| | | Contributor address; City; State; Zip | Code | | | |
| | | | | | | |
| | | | | | | |
| ┡ | Dringing oog | Humble, TX 77346-1560 | Emr | lever (Cap Instructions) | | |
| | Principal occu Police Office | Ipation / Job title (See Instructions) | Emp | loyer (See Instructions) | | |
| ╞ | | | | | | |
| | Date 06/22/2015 | Full name of contributor out-o | of-state PAC (ID#: |) | Amount of Contribution (\$) | ቀደባህ ባህ |
| | 00/22/2013 | | 0 | | | \$500.00 |
| | | Contributor address; City; State; Zip | Code | | | |
| | | | | | | |
| | | Houston, TX 77098-3415 | | | | |
| ┝ | Principal occu | I Ipation / Job title (See Instructions) | Emŗ | loyer (See Instructions) |) | |
| | Architecture | | - | riman Holt Powell Ard | | |
| \vdash | | | I | | | |
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| | The Instru | ction Guide explains how to complete this t | form. | 1 | Total pages Schedule A1: Sch: 74/104 Rpt: 77/229 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/26/2015 | Price, Charles | | | | \$100.00 |
| | I | 6 Contributor address; City; State; Zip Code | | " | | |
| | I | | | | | |
| | I | | | | | |
| Ļ | | Houston, TX 77095-2617 | 1 | | | |
| 8 | - | ipation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Project Direc | :tor | Technip USA, Inc. | <u> </u> | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | T | Amount of Contribution (\$) | |
| | 06/29/2015 Purser and Hollowell, Ray and Doug | | | | | \$2,500.00 |
| | Contributor address; City; State; Zip Code | | | 1 | | |
| | | | | | | |
| | I | | | | | |
| | | Houston, TX 77009-1003 | - <mark> </mark> | | | |
| | Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | | |
| | Vice President External Affairs, Marketing Comcast, Motiva Enter | | | prise | es | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Т | Amount of Contribution (\$) | |
| | 06/22/2015 | RPS Klotz Associates Inc. PAC | | | | \$5,000.00 |
| | I | Contributor address; City; State; Zip Code | | 1 | | |
| | I | | | | | |
| | I | | | | | |
| | | Houston, TX 77079-3098 | 1 | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | T | Amount of Contribution (\$) | |
| | 06/22/2015 | Radnofsky, Barbara | | | | \$1,000.00 |
| | I | Contributor address; City; State; Zip Code | | 1 | | |
| | I | | | | | |
| | I | | | | | |
| | | Houston, TX 77024-5602 | 1 | | | |
| | - | ipation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Attorney med | Jiator | Self : Barbara Radnofsk | ky | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | T | Amount of Contribution (\$) | |
| | 06/30/2015 | Rae, Sean | | | | \$2,500.00 |
| | I | Contributor address; City; State; Zip Code | | 1 | | |
| | I | | | | | |
| | I | | | | | |
| | | Houston, TX 77056-7083 | | | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Managing Di | rector | Trammell Crow Residen | ntial | | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 75/104 Rpt: 78/229 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | n Filers) |
| - | | ester (The Honorable) | | | 00020872 | JIT 11010, |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/27/2015 | Rash, Jeanette | | | | \$1,000.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77020-2030 | | | | |
| 8 | Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | President | | Fast Tow / Zone One St | tora | age | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
| | 06/23/2015 | Raymond, Richard Pena | | | | \$5,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Laredo, TX 78045-8952 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | State Repres | sentative | State of Texas | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/30/2015 | Rayon, Priscilla | | | | \$150.00 |
| | | | | 1 | | |
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| | | | | | | |
| | | Huffman, TX 77336-4685 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | | | | |
| Γ | Date | Full name of contributor out-of-state PAC (ID#: | | Γ | Amount of Contribution (\$) | |
| | 06/29/2015 | Reece, Verna | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77021-6107 | | | | |
| | • | upation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Administrativ | /e Assistant | Harris County Precinct 2 | 2 | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/30/2015 | Reiser, Robert | | | | \$1,500.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Cleveland, OH 44114-1888 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Sr. Vice Pres | sident | SP+ | | | |
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|---|--|---|------------------------------|---|------------------------------|------------|
| | The Instru | ction Guide explains how to complete this f | 1 | Total pages Schedule A1: Sch: 76/104 Rpt: 79/229 | | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | n Filers) |
| | | ester (The Honorable) | | | 00020872 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/30/2015 | Ricchiuto, John | | | | \$1,500.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | Twinsburg, OH 44087-2640 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Executive Vi | ce President | SP+ | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/29/2015 | Richardson, Michael | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Livingston, TX 77351-3768 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | firefighter | | Retired | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Г | Amount of Contribution (\$) | |
| | 06/24/2015 | Richie, Carl | | | /ount of contains alloin (+) | \$500.00 |
| | 00/2 //2020 | Contributor address; City; State; Zip Code | | • | | +000.00 |
| | | Contributor address, City, State, Zip Code | | | | |
| | | | | | | |
| | | Austin, TX 78750-3416 | | | | |
| ⊢ | Principal occu | I pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Attorney | · · · · · · · · · · · · · · · · · · · | Self | , | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: |) | Г | Amount of Contribution (\$) | |
| | 06/30/2015 | Roberts, Kelly |) | | | \$250.00 |
| | 00/00/2010 | Contributor address; City; State; Zip Code | | ł | | ¢200.00 |
| | | Contributor address, City, State, Zip Code | | | | |
| | | | | | | |
| | | Richmond, TX 77407-2724 | | | | |
| ⊢ | Principal occu | I pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | | istration Officer of Hospitality and Gaming | Landry's Restaurants In | | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#: | | Г | Amount of Contribution (\$) | |
| | 06/23/2015 | Roberts, Stevie |) | | | \$250.00 |
| | 00,20,2010 | | | 1 | | \$200.00 |
| | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | |
| | | Houston, TX 77088 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 1 5) | | |
| | Educator | · · · · · · · · · · · · · · · · · · · | The Miracle Corp. | , | | |
| ⊢ | - | | - I. | | | |
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| | The Instru | ction Guide explains how to comple | orm. | 1 | Total pages Schedule A1: Sch: 77/104 Rpt: 80/229 | | |
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| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Turner, Sylve | ester (The Honorable) | | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor out-of-state | e PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/29/2015 | Roberts, Stevie | | | | | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Houston, TX 77088 | | | | | | |
| 8 | | pation / Job title (See Instructions) | | 9 Employer (See Instructions | 5) | | |
| | Educator | | | The Miracle Corp. | | | |
| | Date | Full name of contributor 🔲 out-of-state | e PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/28/2015 | Robinson, David | | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Houston, TX 77024-7267 | | | | | | |
| | Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | 5) | | | |
| | Managing Director ARM | | | | | | |
| | Date | Full name of contributor out-of-state | e PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Robinson, Diane | | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Texas City, TX 77591 | | | Ļ | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Retired | | | HR Hover Company | | | |
| | Date | | e PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/28/2015 | Robinson, John | | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Houston TX 77056 2010 | | | | | |
| ┝ | Dringinglossy | Houston, TX 77056-2818 | | | | | |
| | CEO | pation / Job title (See Instructions) | | Employer (See Instructions JPR Construction |) | | |
| | CEO | | | | | | |
| | Date | | e PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/24/2015 | Rogers, Randy | | | | | \$5,000.00 |
| | Contributor address; City; State; Zip Code | | | | | | |
| | | | | | | | |
| | | Houston TX 77070 2460 | | | | | |
| ⊢ | Dringing | Houston, TX 77070-2469 | | Employer (Cashattant) | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | ion | |
| ⊢ | Vice Preside | in | | Williams Brothers Contro | uct | | |
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| | The Instru | ction Guide explains how to complete | 1 | Total pages Schedule A1: Sch: 78/104 Rpt: 81/229 | | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | | ester (The Honorable) | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor Out-of-state PAG | AC (ID#:) | 7 | Amount of Contribution (\$) | |
| | 06/30/2015 | Rogers, William | | | | \$500.00 |
| | | 6 Contributor address; City; State; Zip Code | | " | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77210 | | | | |
| 8 | | ipation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Chief Financ | ial Officer | Centerpoint Energy | | | |
| | Date | Full name of contributor Out-of-state PAG | \C (ID#:) | Τ | Amount of Contribution (\$) | |
| | 06/24/2015 | Ron Lewis & Associates | | | | \$500.00 |
| | Contributor address; City; State; Zip Code | | | " | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78701-2157 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | | | | | | |
| | Date | | AC (ID#:) | T | Amount of Contribution (\$) | |
| | 06/30/2015 | Rosenberg, Ilia | | | | \$200.00 |
| | | Contributor address; City; State; Zip Code | | " | | |
| | | | | | | |
| | | Delleise TV 77404 | | | | |
| | Duta staal aaay | Bellaire, TX 77401 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions Boeing | S) | | |
| | | | | . | | |
| | Date | | AC (ID#:) | | Amount of Contribution (\$) | +050.00 |
| | 06/26/2015 | Roth & Associates Law Group Inc., PLLC | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77006-5878 | | | | |
| | Princinal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u>د)</u> | | |
| | Ρπιομαί σουα | | | 5) | | |
| | D -++ | | · · · · · · · · · · · · · · · · · · · | T | 1 | |
| | Date 06/29/2015 | Full name of contributor out-of-state PAG | ،C (ID#:) | | Amount of Contribution (\$) | ቀ100 00 |
| | 00/29/2013 | ····· | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77089-2272 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u>ار</u> د) | | |
| | Sales | | Cenage Learning | ς, | | |
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| | The Instru | ction Guide explains how | 1 | Total pages Schedule A1: Sch: 79/104 Rpt: 82/229 | | | |
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| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 06/29/2015 | Rowl, Doris | | | | | \$100.00 |
| | 1 | 6 Contributor address; City; St | ate; Zip Code | | 1 | | |
| | | | | | | | |
| | | | | | | | |
| Ļ | | Houston, TX 77004-6503 | | | Ĺ | | |
| 8 | Principal occu Retired Teac | pation / Job title (See Instructions | ,) | 9 Employer (See Instructions | 5) | | |
| | | | | Retired | — | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 06/24/2015 Santos, Frank | | | | | \$1,000.00 | |
| | | Contributor address; City; St | | | | | |
| | | | | | | | |
| | | Auctio TV 79701-5008 | | | | | |
| ┝ | Austin, TX 78701-5008 | | | | | | |
| | | <pre>ipation / Job title (See Instructions tions Strategist</pre> | a) | Employer (See Instructions Santos Alliances | 5) | | |
| ╞ | | - | | | — | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | #100.00 |
| | 06/22/2015 | Sarah, Goodfriend | | | | | \$100.00 |
| | | Contributor address; City; St | ate; Zip Code | | | | |
| | | | | | | | |
| | | Austin, TX 78703-2404 | | | | | |
| ⊢ | Principal occu | I Ipation / Job title (See Instructions | ز | Employer (See Instructions | <u>∟</u> 3) | | |
| | N/A | | | retired | | | |
| ⊨ | Date | Full name of contributor | out-of-state PAC (ID#: | <u> </u> | Γ | Amount of Contribution (\$) | |
| | 06/30/2015 | Saxenian, Stephen | · - · · - | | | • • | \$1,000.00 |
| | I | - | tate; Zip Code | | • | | |
| | | | | | | | |
| | | | | | | | |
| | | Bellaire, TX 77401-4815 | | | | | |
| | Principal occu | pation / Job title (See Instructions | ;) | Employer (See Instructions | | | |
| | Principal | | | Saxenian Family Partne | erst | ip Ltd | |
| F | Date | Full name of contributor | out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/30/2015 | Saxenian, Stephen | _ | | | | \$1,000.00 |
| | | Contributor address; City; St | ate; Zip Code | | 1 | | |
| | | | | | | | |
| | | | | | | | |
| | | Bellaire, TX 77401-4815 | | | | | |
| | | pation / Job title (See Instructions | <i>i</i>) | Employer (See Instructions | | | |
| | Principal | | | Saxenian Family Partne | erst | nip Ltd | |
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| The Instru | iction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 80/104 Rpt: 83/229 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission | n Filers) |
| | - vester (The Honorable) | | 00020872 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 06/30/2015 | | | | \$250.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Houston, TX 77081-6619 | | | |
| | upation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | |
| General Co | unsel | Landrys | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/29/2015 | Schenke, Richard | | | \$200.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77023-4003 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | 5) | |
| Teacher | | Houston ISD | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 06/26/2015 | Scherr, James and maxey | | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | | | |
| | | | | |
| | El Paso, TX 79901-1148 | 1 | | |
| • | upation / Job title (See Instructions) | Employer (See Instructions | 6) | |
| attorneys | | scherr legate | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 06/24/2015 | Schulgen, Seth | | | \$5,000.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Houston, TX 77266-6428 | | | |
| Principal occ | upation / Job title (See Instructions) | Employer (See Instructions | 5) | |
| Board Mem | ber | Williams Brothers Contr | ruction | |
| Date | Full name of contributor Out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/22/2015 | Seilheimer, Dan | | | \$500.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Bellaire, TX 77401-5117 | | | |
| Principal occ | upation / Job title (See Instructions) | Employer (See Instructions | 5) | |
| physician | | retired | | |
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| | The Instru | ction Guide explains how to | 1 | Total pages Schedule A1: Sch: 81/104 Rpt: 84/229 | | | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Turner, Sylv | ester (The Honorable) | | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/23/2015 | Shackelford, Ray | | | | | \$2,500.00 |
| | | 6 Contributor address; City; State | e; Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77004-5846 | | | Ĺ | | |
| 8 | | pation / Job title (See Instructions) | | 9 Employer (See Instructions | | | |
| | Attorney | | | Shackelford & Assoc., L | L.L.(| | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/26/2015 | Shackelford, Ray | | | | | \$50.00 |
| | | Contributor address; City; State | e; Zip Code | | | | |
| | | | | | | | |
| | | Houston, TX 77004-4661 | | | | | |
| ⊢ | Drincipal occu | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | • | Account Manager | | Grainger | 5) | | |
| ╞ | | _ | 1 | , | <u> </u> | Amount of Constribution (ft) | |
| | Date 06/29/2015 | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$500.00 |
| | 00/29/2015 | Shackelford, Ray | | | | | φουυ.υυ |
| | | Contributor address; City; State | e; Zip Code | | | | |
| | | | | | | | |
| | | Houston, TX 77004-5846 | | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | Attorney | | | Shackelford & Assoc., L | L.L.C | C. | |
| ╞ | Date | Full name of contributor | out-of-state PAC (ID#: |) | Τ | Amount of Contribution (\$) | |
| | 06/29/2015 | | - | | | | \$250.00 |
| | | Contributor address; City; State | e; Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77083-4109 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | | | | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/26/2015 | Shanklin, Paul | | | | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | | | | | |
| | | | | | | | |
| | | Houston TV 77201 | | | | | |
| ⊢ | Drinoinal accord | Houston, TX 77291 | i | Employor (Saa Instructions | | | |
| | Attorney | pation / Job title (See Instructions) | | Employer (See Instructions Baker Wotring LLP | 5) | | |
| ⊢ | Automey | | | Date wouling LLF | | | |
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| | The Instru | ction Guide explains how to comple | ete this for | m. | 1 | Total pages Schedule A1: Sch: 82/104 Rpt: 85/229 | |
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| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor out-of-stat | e PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/22/2015 | Shrader, Marbella | | | | | \$500.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77024-4409 | | | | | |
| 8 | | pation / Job title (See Instructions) | 9 | Employer (See Instructions | 5) | | |
| | CEO | | | Shrader Engineering | | | |
| | Date | | e PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Sidiqi, Zahida | | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Sugar Land, TX 77498-5046 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Physician | | | Self-employed | | | |
| | Date | | e PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/25/2015 | Siff, Joe | | | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | 9 | | | | |
| | | | | | | | |
| | | Houston TX 77005 1645 | | | | | |
| ┝ | Dringinglassy | Houston, TX 77005-1645 | | | | | |
| | consultant | pation / Job title (See Instructions) | | Employer (See Instructions Access Strategies |) | | |
| ╘ | | | | | | | |
| | Date | | e PAC (ID#: |) | | Amount of Contribution (\$) | # F 000 00 |
| | 06/30/2015 | Simmons, Christopher | | | | | \$5,000.00 |
| | | Contributor address; City; State; Zip Code | è. | | | | |
| | | | | | | | |
| | | Cypress, TX 77429-5217 | | | | | |
| - | Princinal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u>ا</u> | | |
| | Project Mana | | | J. Simmons Group | <i>י</i> | | |
| ╞ | _ | | | | _ | | |
| | Date 06/30/2015 | Full name of contributor out-of-stat Simmons, Janet | e PAC (ID#: |) | | Amount of Contribution (\$) | \$5,000.00 |
| | 00/30/2013 | | | | | | \$5,000.00 |
| | | Contributor address; City; State; Zip Code | <u>,</u> | | | | |
| | | | | | | | |
| | | Cypress, TX 77429-5217 | | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | 1 | Employer (See Instructions | I;) | | |
| | Homemaker | | | Homemaker | | | |
| ⊢ | | | | | | | |
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| The Instru | iction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 83/104 Rpt: 86/229 | |
| 2 FILER NAME | | | 3 Filer ID (Ethics Commissio | on Filers) |
| | vester (The Honorable) | | 00020872 | , |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| 06/30/2015 | Simmons, Sean | | | \$5,000.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Cypress, TX 77429-5217 | 1 | | |
| | upation / Job title (See Instructions) | 9 Employer (See Instructions | 3) | |
| Operations I | _ | J. Simmons Group | | |
| Date | |) | Amount of Contribution (\$) | |
| 06/30/2015 | Simmons, Jr., James | | | \$5,000.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Outproce TV 77/20-5217 | | | |
| Dringinal occu | Cypress, TX 77429-5217 upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | |
| CEO | | J. Simmons Group, Inc. | | |
| | | · · · · · · · · · · · · · · · · · · · | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | <u>ቀ1 000 00</u> |
| 06/28/2015 | | | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Pearland, TX 77584-4309 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) | |
| Assistant De | ean | South Texas College of | Law | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/29/2015 | Singleton, Orgena | | | \$2,500.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Pearland, TX 77584-4309 | | | |
| · | upation / Job title (See Instructions) | Employer (See Instructions | | |
| Assistant De | | South Texas College of | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | _ |
| 06/23/2015 | Sky-Eagle, Bryan | | | \$250.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Houston TV 77065 4815 | | | |
| Dringing oog | Houston, TX 77065-4815 | | | |
| Principal occu Firefighter | upation / Job title (See Instructions) | Employer (See Instructions | | |
| Fliengriter | | Houston Fire Departmer | nı | |
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| | The Instru | ction Guide explains how to | complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 84/104 Rpt: 87/229 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | | 00020872 | - |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:) | |) | 7 | Amount of Contribution (\$) | |
| | 06/25/2015 | Sky-Eagle, Bryan | | | | | \$500.00 |
| | | 6 Contributor address; City; State; | Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| Ļ | Drineireleeeu | Houston, TX 77065-4815 | | | | | |
| 8 | Firefighter | pation / Job title (See Instructions) | | 9 Employer (See Instructions Houston Fire Departmer | | | |
| ╞ | | | | - | | | |
| | Date | | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ¢1 000 00 |
| | 06/22/2015 | Slovak, Trent | | | | | \$1,000.00 |
| | | Contributor address; City; State; | Zip Code | | | | |
| | | | | | | | |
| | | Houston, TX 77018-5203 | | | | | |
| ⊢ | Principal occu | L pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Engineer | | | KIT Professionals, Inc. | | | |
| ⊨ | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/22/2015 | Smith, Alton | | | | | \$250.00 |
| | | | Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77088 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Retired | | | Retired | | | |
| | Date | | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/29/2015 | Smith, Kevin | | | | | \$1,000.00 |
| | | Contributor address; City; State; | | | | | |
| | | | | | | | |
| | | Houston, TX 77021 | | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Dentist | | | Self employed | , | | |
| ⊨ | Date | Full name of contributor | out-of-state PAC (ID#: | . , | | Amount of Contribution (\$) | |
| | 06/30/2015 | Smith, Leslie | out-of-state PAC (ID# |) | | | \$250.00 |
| | 00,00,2010 | Contributor address; City; State; | Zin Code | | | | \$200.00 |
| | | | 210 0000 | | | | |
| | | | | | | | |
| | | Houston, TX 77288-0107 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | CEO | | | Change Happens! | | | |
| | | | | | | | |
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| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 85/104 Rpt: 88/229 | |
|---|----------------|---|------------------------------|----------|---|------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID | t:) | 7 | Amount of Contribution (\$) | |
| | 06/30/2015 | Smith, Marquise | | | | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code | | " | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77054 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Manager | | City of Houston | | | |
| ╞ | Date | Full name of contributor out-of-state PAC (IDa |) | Т | Amount of Contribution (\$) | |
| | 06/30/2015 | Smith, Michael |) | | | \$100.00 |
| | 00/30/2013 | | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77047-6730 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Tax Prepara | tion | Elite Tax Services | | | |
| | Date | Full name of contributor out-of-state PAC (ID | ŧ:) | | Amount of Contribution (\$) | |
| | 06/29/2015 | Smith, Prudence | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77054-2020 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | law | | Texas Southern Univers | sity | | |
| ⊨ | Date | Full name of contributor Out-of-state PAC (IDa | t:) | Τ | Amount of Contribution (\$) | |
| | 06/23/2015 | Smith, Rudy | / | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | · | | ,_, |
| | | Contributor address, City, State, Zip Code | | | | |
| | | | | | | |
| | | Spring, TX 77388-8900 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Engineering | | Self Employed | -, | | |
| ╞ | | | | <u> </u> | | |
| | Date | Full name of contributor out-of-state PAC (ID | ¢:) | | Amount of Contribution (\$) | ±100.00 |
| | 06/24/2015 | Smith, Sherman | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Sugar Land, TX 77478-1865 | - | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | TAX EXAMI | NER | TEXAS WORKFORCE | со | MMISSION | |
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| | The Instru | ction Guide explains how to comp | plete this fo | orm. | 1 | Total pages Schedule A1: Sch: 86/104 Rpt: 89/229 | |
|----------|--|--|----------------|---|----------|---|-----------------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Turner, Sylv | ester (The Honorable) | | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor out-of-st | tate PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/23/2015 | Smith, Summer | | | | | \$1,000.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | 14 Jun 17 77000 0500 | | | | | |
| L | Duin air al a ann | Houston, TX 77009-6508 | | | Ĺ | | |
| 8 | Realtor | pation / Job title (See Instructions) | | 9 Employer (See Instructions DeGeurin Realty inc |) | | |
| | | | | | | | |
| | Date | | tate PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | | | | | | \$300.00 |
| | | Contributor address; City; State; Zip Cod | de | | | | |
| | | | | | | | |
| | | Houston, TX 77063-3908 | | | | | |
| ⊢ | Princinal occu | pation / Job title (See Instructions) | r | Employer (See Instructions | <u>ا</u> | | |
| | Attorney | | | Attorney | , | | |
| ⊨ | Date | Full name of contributor out-of-st | tate PAC (ID#: | , | | Amount of Contribution (\$) | |
| | 06/30/2015 | Solomon, Jimmie | Iale PAC (ID# |) | | | \$5,000.00 |
| | 00/00/2010 | Contributor address; City; State; Zip Cod | do | | | | \$0,000.00 |
| | | | uc | | | | |
| | | | | | | | |
| | | Miami, FL 33131-2668 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Attorney | | | Self | | | |
| | Date | Full name of contributor 🛛 out-of-st | tate PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Solomon, LaTricia | | | | | \$1,500.00 |
| | | Contributor address; City; State; Zip Cod | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Duin air al a ann | Lilburn, GA 30047-2606 | | | Ĺ | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions The Solomon Firm, LLC | | | |
| ╘ | Attorney | | | | | | |
| | Date | | tate PAC (ID#: |) | | Amount of Contribution (\$) | # 500.00 |
| | 06/25/2015 Solomon, Vanessa | | | | \$500.00 | | |
| | Contributor address; City; State; Zip Code | | | | | | |
| | | | | | | | |
| | | Thompsons, TX 77481 | | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Ī | Employer (See Instructions |) ;) | | |
| | nail stylist | · · · · · · | | self employed | , | | |
| \vdash | - | | | <u>.</u> | | | |
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| | The Instru | ction Guide explains how to complete t | this f | orm. | 1 | Total pages Schedule A1: Sch: 87/104 Rpt: 90/229 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Turner, Sylv | ester (The Honorable) | | | | 00020872 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC | C (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 06/29/2015 | Southern, Lisa | | | | | \$500.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Thompsons, TX 77481-0057 | | | | | |
| 8 | | pation / Job title (See Instructions) | | 9 Employer (See Instructions | | | |
| | Program Co | ordinator | | Thomas and Lewis and | Associates, Inc. | | |
| | Date | Full name of contributor out-of-state PAC | C (ID#:_ |) | | Amount of Contribution (\$) | |
| | 06/29/2015 | Sowell, Donald | | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | <u> </u> | Texon, TX 76932-0187 | | | Ĺ | | |
| | | ipation / Job title (See Instructions) n, Real Estate | | Employer (See Instructions Don Sowell Interests, In | | | |
| | | | | | | | |
| | Date | Full name of contributor out-of-state PAC | C (ID#:_ |) | | Amount of Contribution (\$) | * 250.00 |
| | 06/30/2015 | | | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Waller, TX 77484-1879 | | | | | |
| \vdash | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Managemen | ıt | | MWS Real Estate Servi | ces | i | |
| ╞ | Date | Full name of contributor out-of-state PAC | .C (ID#:_ |) | | Amount of Contribution (\$) | |
| | 06/22/2015 | Spinks, Melvin | | | | | \$2,000.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Cypress, TX 77429-7282 | | | Ļ | | |
| | Principal occu President | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | | | | Civil Tech Engineering, | | | |
| | Date | Full name of contributor out-of-state PAC | C (ID#:_ |) | | Amount of Contribution (\$) | <u> </u> |
| | 06/27/2015 | Spinola, Lourdes | | | | | \$2,500.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Irving, TX 75038-6312 | | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Physician As | | | Irving Health Center | , | | |
| ⊢ | | | | - | | | |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 88/104 Rpt: 91/229 | |
|------------------|--|-------------------------------|---|------------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commissio | n Filers) |
| | ester (The Honorable) | | 00020872 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| 06/24/2015 | Stan Schlueter Consulting | | | \$1,000.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Austin, TX 78768 | | | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions) |) | |
| | · ` ` ` ' | | , | |
| Date | Full name of contributor 🛛 out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 06/23/2015 | Standridge, Rebecca | | | \$100.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77008 | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | |
| | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/24/2015 | State Rep. James R. Pitts Campaign Fund | | | \$5,000.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Waxahachie, TX 75168-0561 | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) | ۱ | |
| r meipai occu | | |) | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/29/2015 | Stephens, Scott | | | \$250.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77015-2737 | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions) |) | |
| Real Estate | Appraiser | Scott P Stephens | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/24/2015 | Stephenson, Carl | | | \$100.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77095-2754 | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions) |) | |
| Retired | | Retired | | |
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| | The Instru | ction Guide explains how to complete this | s form. | 1 | Total pages Schedule A1: Sch: 89/104 Rpt: 92/229 | |
|----|----------------|---|------------------------------|----------|---|--------------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID | #:) | 7 | Amount of Contribution (\$) | |
| | 06/30/2015 | Strothers, Brucer | | | | \$250.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Stafford, TX 77477-5761 | | Ĺ | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | | | |
| | Attorney | | The Coca-Cola Compar | пy | | |
| | Date | Full name of contributor 🔲 out-of-state PAC (ID | #:) | | Amount of Contribution (\$) | |
| | 06/25/2015 | Switzer, Russell | | | | \$5,000.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77070 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Engineering | Manager | Xtralight | | | |
| ╞─ | Date | Full name of contributor Out-of-state PAC (ID | | Г | Amount of Contribution (\$) | |
| | 06/24/2015 | TX Friends of Time Warner Cable PAC | π) | | | \$2,000.00 |
| | 00/24/2010 | | | | | Ψ <u>2</u> ,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Austin, TX 78701-2468 | | | | |
| ⊢ | Princinal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | i incipal occu | | |) | | |
| F | Date | Full name of contributor 🔲 out-of-state PAC (ID | #:) | | Amount of Contribution (\$) | |
| | 06/25/2015 | Talley, Jere | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77027-2921 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID | #:) | Г | Amount of Contribution (\$) | |
| | 06/25/2015 | Talley, Jere | , | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | ł | | |
| | | | | | | |
| | | | | | | |
| | | Spring, TX 77373 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 1 5) | | |
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| 6 Contributor address; City; State; Zip Code Missouri City, TX 77489-3928 9 8 Principal occupation / Job title (See Instructions) 9 CEO Full name of contributor | The Instruction Guide explains how to complete this form. Sch: 90/104 Rpt: 93/229 2 FILEE NAME 3 Filer ID ethorable 3 Filer Diversion Filers) 4 Date 5 Full name of contributor ox6-d-state PAC (ID): 7 Amount of Contribution (S) 6 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 7 Amount of Contribution (S) 7 Contributor address; City, State; 2ip Code Amount of Contribution (S) 35,000.00 06/30/2015 Full name of contributor ox6-d-state PAC (ID): Amount of Contribution (S) 06/30/2015 Full name of contributor ox6-d-state PAC (ID): Amount of Contribution (S) 06/30/2015 Taylor, Kelley S5,000.00 Taylor, Kelley S5,000.00 06/30/2015 Full name of contributor ox6-d-state PAC (ID): Amount of Contribution (S) S5,000.00 06/30/2015 Full name of contributor ox6-d-state PAC (ID): Amount of Contribution (S) S5,000.00 06/30/2015 Full name of contributor ox6-d-state PAC (ID): Amount of Contribution (S) S5,000.00 06/30/2015 Full name of contributor ox6-d-state PAC (ID): Amount of Contribution (S) S5,000.00 06/30/2015 Full nam | | | | | | | | |
|--|--|---|---------------|--|---------------------|----------------------------|----------|-----------------------------|---------------------------------------|
| 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 0020872 4 Date 5 Full name of contribution □ out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 00/30/2015 5 6 Contributor address; City; State: Zip Code 7 Amount of Contribution (\$) S5,000,0 5 8 Principal occupation / Job tite (See Instructions) 9 Employer (See Instructions) Face2Face Media Group LLC Amount of Contribution (\$) S5,000,0 06/30/2015 Full name of contributor □ out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Amount of Contribution (\$) S5,000,0 06/30/2015 Full name of contributor □ out-of-state PAC (ID#:) Taylor, Raymond Amount of Contribution (\$) S5,000,0 06/30/2015 Full name of contributor out-of-state PAC (ID#:) Taylor, Raymond Amount of Contribution (\$) S5,000,0 06/30/2015 Full name of contributor out-of-state PAC (ID#:) Taylor, Raymond Amount of Contribution (\$) S5,000,0 06/30/2015 Full name of contributor □ out-of-state PAC (ID#:) Industrial Electrician Amount of Contribution (\$) S2,500,0 06/30/2015 Full name of contributor □ out-of-state PAC (ID#:) Industrial Electrician Amount of Contribution (\$) S2,500,0 S2,500,0 06/30/2015 | 2 File RVAME 3 File rD (Ehrs. Commission Filers) 4 Date 00/30/2015 Full name of contributor out-state PAC (ID# | | The Instru | ction Guide explains how to co | mplete this fo | orm. | 1 | | |
| Turner, Sylvester (The Honorable) 00020872 4 Date 06/30/2015 5 Full name of contribution out-ot-state PAC (IDI::) 7 Amount of Contribution (S) S5,000.01 6 Contribution address; City, State; Zip Code //////////////////////////////////// | Turner, Sylvester (The Honorable) 00020872 4 Date 5 Full name of contribution out-of-state PAC (IDE: | 2 | FILER NAME | | | | 3 | - | on Filers) |
| 06/30/2015 Taylor, Frederick \$\$5,000.0 6 Contributor address; City; State; Zip Code \$\$ 8 Principal accupation / Job title (See Instructions) \$\$ Employer (See Instructions) CEO Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 06/30/2015 Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) Contributor address; City; State; Zip Code Houston, TX 77002-3508 Amount of Contribution (\$) Principal accupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) COO Taylor, Raymond Contributor address; City; State; Zip Code Amount of Contribution (\$) 06/30/2015 Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 06/30/2015 Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 06/30/2015 Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 06/30/2015 Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 06/30/2015 Full name of contributor out-of-state PAC (ID#; Amount of Contributor (\$) | 06/30/2015 Taylor, Frederick S5,000.00 6 Contributor address; City; State; Zip Code Missouri City, TX 77489-3928 8 Principal occupation / Job tite (See Instructions) P Employer (See Instructions) CEO Fade2Face Media Group LLC Date Full name of contributor out-of-state PAC (tor, | - | | | | | | | , , , , , , , , , , , , , , , , , , , |
| 6 Contributor address; City: State: Zip Code Missouri City, TX 77489-3928 9 Employer (See Instructions) 7 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 7 Full name of contributor out-of-state PAC (IDF: Amount of Contribution (\$) 7 Taylor, Kelley Amount of Contribution (\$) \$5,000,01 7 Contributor address; City: State: Zip Code Amount of Contribution (\$) \$5,000,01 7 Contributor address; City: State: Zip Code Amount of Contribution (\$) \$5,000,01 7 Contributor address; City: State: Zip Code Taylor Constructions Amount of Contribution (\$) 7 Full name of contributor out-of-state PAC (10): Taylor Construction Management 7 Coor Taylor, Raymond Contributor address; City: State: Zip Code Amount of Contribution (\$) 8 Full name of contributor out-of-state PAC (10): Amount of Contribution (\$) \$500,01 06/30/2015 Full name of contributor out-of-state PAC (10): Amount of Contribution (\$) \$2,500,01 06/30/2015 Full name of contributor out-of-state PAC (10): Amount of Contribution (\$) | Contributor address; City: State; Zip Code Missouri City, TX 77489-3928 Principal occupation / Job title (See Instructions) Exployer (See Instructions) Face2Face Media Group LLC Date O6/30/2015 Taylor, Kelley Contributor address; City: State; Zip Code Houston, TX 77002-3508 Principal occupation / Job title (See Instructions) CO Full name of contributor out-of-state PAC (IDe:) Amount of Contribution (S) S5,000.00 Contributor address; City: State; Zip Code Houston, TX 77002-3508 Employer (See Instructions) Taylor, Raymond Contributor address; City: State; Zip Code Houston, TX 77219-0198 Principal occupation / Job title (See Instructions) Industrial Electrician Nind Energy Mindustrial Electrician Principal occupation / Job title (See Instructions) Contributor address; City: State; Zip Code Gol(30/2015 Full name of contributor | 4 | Date | 5 Full name of contributor out- | -of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| 6 Contributor address; City; State: Zip Code Missouri City, TX 77489-3928 Principal occupation / Job title (See Instructions) Face2Face Media Group LLC Date 06/30/2015 Full name of contributor | 6 Contributor address; City: State. Zip Code Missouri City, TX 77489-3928 9 Employer (See Instructions) 7 Face2Face Media Group LLC Date Full name of contributor | | 06/30/2015 | | | | | | \$5,000.00 |
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| Principal occupation / Job title (See Instructions) Industrial Electrician Employer (See Instructions) NRG Energy Date Full name of contributor out-of-state PAC (ID#:) 06/30/2015 Taylor, Shawn Amount of Contribution (\$) °Contributor address; City; State; Zip Code Sugar Land, TX 77479-3827 Principal occupation / Job title (See Instructions) CEO Employer (See Instructions) Zaxby's Houston LLC Date Full name of contributor out-of-state PAC (ID#:) Taylor, Troi 06/30/2015 Full name of contributor out-of-state PAC (ID#:) Taylor, Troi °Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO Zaxby's Houston LLC Date Full name of contributor out-of-state PAC (ID#:) 06/30/2015 Taylor, Troi \$5,000.01 Wouston, TX 77002-3508 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) | Principal occupation / Job title (See Instructions) Industrial Electrician Employer (See Instructions) NRG Energy Date Full name of contributor out-of-state PAC (ID#:) 06/30/2015 Taylor, Shawn Amount of Contribution (\$) Contributor address; City; State; Zip Code Sugar Land, TX 77479-3827 Principal occupation / Job title (See Instructions) CEO Employer (See Instructions) Zaxby's Houston LLC Date Full name of contributor out-of-state PAC (ID#:) Zaxby's Houston LLC Date Full name of contributor out-of-state PAC (ID#:) Taylor, Troi Amount of Contribution (\$) 06/30/2015 Full name of contributor out-of-state PAC (ID#:) Houston, TX 77002-3508 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$5,000.00 | | I | Contributor address; City; State; Zip | | | 1 | | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 91/104 Rpt: 94/229 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | ľ | 00020872 | Jirr liers) |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/30/2015 | Taylor III, William | | | | \$500.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
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| | | Houston, TX 77021-1647 | | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Power gene | ration | Calpine Corporation | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/29/2015 | Tervalon, Albert | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | Houston, TX 77069-1426 | | | | |
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| | Date | — |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Texans for Good Leaders PAC | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | Houston, TX 77056-6109 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
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| F | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/24/2015 | Texas Our Texas PAC | | | | \$350.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | Austin, TX 78767-0426 | | | | |
| ⊢ | Principal occu | I pation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> ز) | | |
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| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | **** |
| | 06/24/2015 | Texas Strategy Group PAC | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | Austin, TX 78701-2488 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
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| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: Sch: 92/104 Rpt: 95/229 |
|---|---|
| 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Turner, Sylvester (The Honorable) | 00020872 |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#:) | 7 Amount of Contribution (\$) |
| 06/29/2015 The Beverly Law Group, PLLC | \$100.00 |
| 6 Contributor address; City; State; Zip Code | |
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| Houston, TX 77004-7675 | |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | 3) |
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| Date Full name of contributor out-of-state PAC (ID#:) | Amount of Contribution (\$) |
| 06/30/2015 The Gallagher Law Firm, LLP | \$5,000.00 |
| Contributor address; City; State; Zip Code | |
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| Houston, TX 77098-1127 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | ;) |
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| Date Full name of contributor out-of-state PAC (ID#:) | Amount of Contribution (\$) |
| 06/24/2015 The Jones Firm | \$500.00 |
| Contributor address; City; State; Zip Code | |
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| Austin, TX 78701-4055 | |
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| Date Full name of contributor out-of-state PAC (ID#:) | Amount of Contribution (\$) |
| 06/29/2015 The Parzivand Law Firm, PLLC | \$100.00 |
| | +±00.00 |
| Contributor address; City; State; Zip Code | |
| | |
| Houston, TX 77057-1044 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | ۲ ۵) |
| | |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of Contribution (\$) |
| 06/29/2015 Thomas, Neil | \$5,000.00 |
| Contributor address; City; State; Zip Code | |
| | |
| | |
| Houston, TX 77010-3031 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| Partner Norton Rose Fulbright L | |
| | LF |

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| | The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 93/104 Rpt: 96/229 |
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | | ester (The Honorable) | | 00020872 |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| | 06/24/2015 | Thomas, Wretha | | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code | | |
| | | | | |
| | | Houston, TX 77047-4554 | | |
| 8 | | upation / Job title (See Instructions) | 9 Employer (See Instructions | |
| | Union Presid | Jent | Houston Educational Su | pport Personal Union Local 6315 |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 06/29/2015 | Thompson, Charann | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | Missouri City, TX 77459-5087 | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) |
| | Lawyer | | Hill & Hill, PC | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 06/29/2015 | Tillman, Jr., John | | \$500.00 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | Houston, TX 77027 | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 3) |
| | Minister | 1 | Retired | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 06/30/2015 | Toy, Robert | | \$1,500.00 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | Brentwood, TN 37027-8945 | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) |
| | Sr. Vice Pres | sident | SP+ | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 06/22/2015 | Tracy, Charles | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | | Houston, TX 77005-2441 | | |
| \vdash | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | ۲ ۵) |
| | CPA | 1 | Retired | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 94/104 Rpt: 97/229 | |
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| 2 | FILER NAME | | | 2 | Filer ID (Ethics Commission | on Filers) |
| ľ | | ester (The Honorable) | | | 00020872 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/29/2015 | Turner, Jacqueline | | | | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77044-5579 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | | | | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/26/2015 | Turner Haseman, Latrice | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77071-2108 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Small busine | ess owner | Self-employed | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/29/2015 | Tyler-Dillard, Deborah | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | ;;; | | | | |
| | | | | | | |
| | | Houston, TX 77002-9557 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Community (| Outreach Director | Harris County Attorney's | s O | ffice | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Ι | Amount of Contribution (\$) | |
| | 06/26/2015 | Tyson, Hilary | | | | \$2,500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | F | | | | |
| | | | | | | |
| | | Murphy, TX 75094-4384 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Attorney | | Boyar & Miller, P.C. | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/28/2015 | Usoro, Aniefiok | | | | \$200.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | ;; | | | | |
| | | | | | | |
| | | Sugar Land, TX 77478-5460 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>.</u> 5) | | |
| | Attorney | | Usoro and Associates, F | PC | | |
| \vdash | | | | | | |
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|---|----------------|---|-------|--|----------------|---|------------|
| | The Instru | ction Guide explains how to complete thi | s foi | rm. | 1 | Total pages Schedule A1: Sch: 95/104 Rpt: 98/229 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | | 00020872 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (II | D#: |) | 7 | Amount of Contribution (\$) | |
| | 06/29/2015 | Valach, Christopher | | | | | \$2,500.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Houston, TX 77008-3644 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions | <u> </u> ເ) | | |
| | Engineer | | ľ | Valero | <i>''</i> | | |
| | Date | Full name of contributor out-of-state PAC (II | D#: |) | | Amount of Contribution (\$) | |
| | 06/29/2015 | Valach, Kenneth | | | | | \$4,430.54 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77024-5006 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | CEO | | | Trammell Crow Resider | ntia | | |
| Γ | Date | Full name of contributor out-of-state PAC (II | D#: |) | | Amount of Contribution (\$) | |
| | 06/26/2015 | Varma, Raj | | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77057-7113 | | | Ļ | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions IT Dimensions, Inc. | 5) | | |
| | Lighting tech | | | | | | |
| | Date | | D#: |) | | Amount of Contribution (\$) | ±1 000 00 |
| | 06/26/2015 | Vignaud, Laurie | | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Houston, TX 77054-6008 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | . | | |
| | Senior Vice I | President | | Capital One | | | |
| | Date | Full name of contributor out-of-state PAC (II | D#: |) | | Amount of Contribution (\$) | |
| | 06/29/2015 | Viltz, Anna | | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77071-3603 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Physician | | | Self Employed | | | |
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| Tł | he Instru | ction Guide explains how to complete this f | örm. | 1 | Total pages Schedule A1: Sch: 96/104 Rpt: 99/229 | |
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| 2 FIL | LER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| Tu | urner, Sylve | ester (The Honorable) | | | 00020872 | |
| 4 Da 06 | ate 6/30/2015 | 5 Full name of contributor out-of-state PAC (ID#: Waddell, Lamont |) | 7 | Amount of Contribution (\$) | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | - |
| | | Houston, TX 77071-1323 | | | | |
| | | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| AC | CCOUNTA | NT | RETIRED | | | |
| Da | ate | Full name of contributor out-of-state PAC (ID#: |) | Τ | Amount of Contribution (\$) | |
| 06 | 6/24/2015 | Wallace, Lisa | | | | \$1,500.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77021-1623 | | | | |
| Pri | incipal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| CF | PA | | Self employed | | | |
| Da | ate | Full name of contributor out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
| 06 | 6/30/2015 | Ware, Larry | | | | \$100.00 |
| | | | | 1 | | |
| | | | | | | |
| | | Kingwood, TX 77379 | | | | |
| Pri | incipal occu | pation / Job title (See Instructions) | Employer (See Instructions | S) | | |
| | | | | | | |
| Da | | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | #1 000 00 |
| 06 | 6/29/2015 | Warner, Thomas Deon | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77019-3908 | | | | |
| Pri | incipal occu | I pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | awyer | | Self | | | |
| Da | ate | Full name of contributor out-of-state PAC (ID#: |) | Τ | Amount of Contribution (\$) | |
| | 6/30/2015 | Warshauer, Steven | | | , | \$1,500.00 |
| | | Contributor address; City; State; Zip Code | | • | | · |
| | | | | | | |
| | | | | | | |
| | | Highland Park, IL 60035-4036 | | | | |
| Pri | incipal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | | ce President | SP+ | -, | | |
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| The Instru | iction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 97/104 Rpt: 100/229 | |
|----------------------------------|--|---|--|---------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission File | ers) |
| - | vester (The Honorable) | | 00020872 | |
| 4 Date | 5 Full name of contributor Out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 06/24/2015 | Washington, Karen | | \$5 | 500.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | Katy, TX 77449-2911 | | | |
| 8 Principal occu Administrato | upation / Job title (See Instructions) or | 9 Employer (See Instructions First New Hope Bible Ch | | |
| | | <u> </u> | | |
| Date | — |) | Amount of Contribution (\$) | 22.00 |
| 06/30/2015 | | | 21 | 100.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Houston, TX 77068-2029 | | | |
| - | upation / Job title (See Instructions) | Employer (See Instructions |) | |
| RN | | Retired | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/29/2015 | Watson, David | | \$ | \$10.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77088-5501 | | | |
| - | upation / Job title (See Instructions) | Employer (See Instructions | | |
| Park Range | r | City of Houston | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/29/2015 | Watson, David and Joan | | \$ | 50.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Houston, TX 77088-5501 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | |
| Retired | | Retired |) | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 06/22/2015 | Watson, Evelyn Faye | | \$5 | 500.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77084-2283 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | i) | |
| Anti-Corrupt | lion | HP | | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 98/104 Rpt: 101/229 | 9 |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/22/2015 | Watson, Kimmy | | | | \$500.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77084 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Manager, HS | SE and Compliance | Triple Five Energy Reso | ouro | ces, Inc. | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
| | 06/22/2015 | Watson, Ronald | | | | \$100.00 |
| | | | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Spring, TX 77386-1893 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Firefighter | | City of Houston | | | |
| ⊨ | Date | Full name of contributor Out-of-state PAC (ID#: |) | Г | Amount of Contribution (\$) | |
| | 06/29/2015 | Watson, Teana |) | | | \$250.00 |
| | 00/20/2010 | Contributor address; City; State; Zip Code | | ł | | \$200.00 |
| | | Contributor address, City, State, Zip Code | | | | |
| | | | | | | |
| | | Stafford, TX 77477-4094 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Principal Atte | | T.V. Watson Law PLLC | | | |
| ⊨ | Date | - - | | <u> </u> | Amount of Contribution (\$) | |
| | 06/23/2015 | Full name of contributor out-of-state PAC (ID#:_ |) | | | \$100.00 |
| | 00/23/2013 | | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77268-2363 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> | | |
| | Executive As | · · · · · | HACS | , | | |
| ╞ | | | | _ | Amount of Contribution (f) | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ¢2 000 00 |
| | 06/30/2015 | Webb, Damon | | | | \$3,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Humble, TX 77346-1345 | | | | |
| ⊢ | Dringing occu | | Employor (Soo Instructions | <u> </u> | | |
| | | pation / Job title (See Instructions) s Representative | Employer (See Instructions Ben E. Keith Company | 5) | | |
| ⊢ | District Sale: | างอุทธรรมสแพร | | | | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 99/104 Rpt: 102/229 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | Filers) |
| | | ester (The Honorable) | | | 00020872 | / |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/29/2015 | Wedekind, Lawrence | | | | \$500.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Kingwood, TX 77346-1664 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | President an | d CEO | IntegraNet | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Wells, Elgin | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Pearland, TX 77584-5900 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Orthodontist | | Self | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Wheat-Brown, Karen | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77088-8029 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Operations N | Manager | Harris Health System | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/28/2015 | White, Jr., F.A. | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77084-7547 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Whiteing, Bridgette | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| ⊢ | <u> </u> | Houston, TX 77022 | | Ĺ | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Financial Se | cretary and Administrative Coordinator | Greater Mt Zion MBC | | | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 100/104 Rpt: 103/22 | 29 |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/30/2015 | Whitlock, Gary | | | | \$1,000.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | The Woodlands, TX 77382-2650 | | | | |
| 8 | Princinal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> ນ | | |
| ľ | | sor, Business Unit Leadership | Centerpoint Energy | , | | |
| ╞ | | | | _ | | |
| | Date | |) | | Amount of Contribution (\$) | ** *** *** |
| | 06/30/2015 | Whitmire-Jenkins, Whitney | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77007-5032 | | | | |
| | - | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Consulting S | Services | Self employed | | | |
| | Date | Full name of contributor Dut-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Wiley, Deloise | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Missouri City, TX 77459-7639 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | PHARMACI | ST | RETIRED | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/28/2015 | Wiley, Joyce | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77018-4614 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Community | Outreach | Lone Star College Syst | em | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/30/2015 | Wilkey, Timothy | | | | \$100.00 |
| | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | |
| | | | | | | |
| | | Humble, TX 77339-1251 | | | | |
| ⊢ | Principal occu | I pation / Job title (See Instructions) | Employer (See Instructions | 1 5) | | |
| | Fire Fighter | · · · | City of Houston | | | |
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| | The Instru | ction Guide explains how to complete th | is form. | 1 Total pages Schedule A1: Sch: 101/104 Rpt: 104/229 |
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| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | | ester (The Honorable) | | 00020872 |
| 4 | Date | 5 Full name of contributor out-of-state PAC (| (ID#:) | 7 Amount of Contribution (\$) |
| | 06/29/2015 | Williams, Carolyn | | \$100.00 |
| | ł | 6 Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | Houston, TX 77004-7813 | | |
| 8 | | ipation / Job title (See Instructions) | 9 Employer (See Instructions | |
| | Chiropractor | | Advanced Chiropractic | |
| | Date | | (ID#:) | Amount of Contribution (\$) |
| | 06/30/2015 | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | Gretna, LA 70056-3055 | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| | Administrato | , | Houston Area Commun | |
| - | Date | Full name of contributor | (ID#:) | Amount of Contribution (\$) |
| | 06/25/2015 | Wilson, Herschell | ,ID# | \$100.00 |
| | 00,20,202 | Contributor address; City; State; Zip Code | | • |
| | | | | |
| | | | | |
| | | Houston, TX 77025-2296 | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | s) |
| | IT | | MHHS | |
| | Date | Full name of contributor out-of-state PAC (| (ID#:) | Amount of Contribution (\$) |
| | 06/30/2015 | Wilson, Welcome | | \$1,000.00 |
| | I | Contributor address; City; State; Zip Code | | 1 |
| | | | | |
| | | | | |
| | Drinsipal appr | Houston, TX 77057-5777 | Employer (Cool Instruction | -> |
| | Chairman | ipation / Job title (See Instructions) | Employer (See Instructions Welcome Group | S) |
| | | | | 1 |
| | Date | Full name of contributor out-of-state PAC (| (ID#:) | Amount of Contribution (\$) |
| | 06/23/2015 | Wilson, Sr., Welcome | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | Houston, TX 77057-5777 | | |
| - | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| | Chairman | | Welcome Group | |
| _ | | | | |
| | | | | |

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|---|----------------|---|------------------------------|------|--|------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 102/104 Rpt: 105/22 | 29 |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | 00020872 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/30/2015 | Wilson, Sr., Welcome | | | | \$1,000.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77057-5777 | | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Principal | | GSL Welcome Group | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/28/2015 | Witchet, Lennis | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77066-4910 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Contract Neg | gotiator | NetIQ Corporation | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Wolf, David | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77057-1996 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | podiatrist | | self | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/23/2015 | Wolf, Mathew | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77002-2716 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Investor | | Pacific Strategic Investo | rs | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2015 | Womack, Gerald | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77004 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Owner | | Womack Development & | & Ir | nvestment Realtors Inc. | |
| | | | | | | |

| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 103/104 Rpt: 106/22 | 29 |
|----------|----------------|---|------------------------------|-----------|--|------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ester (The Honorable) | | | 00020872 | - |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/29/2015 | Wong, Clinton | | | | \$1,000.00 |
| | I | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77024-7030 | | | | |
| 8 | - | | 9 Employer (See Instructions | | | |
| | Real Estate | Developer | Skymark Development (| Co. | , Inc. | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | \square | Amount of Contribution (\$) | |
| | 06/26/2015 | Woods Law Firm, P.C. | | | | \$500.00 |
| | I | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77002-8842 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ;) | | _ |
| | | | | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/26/2015 | Wotring, Earnest | | | | \$5,000.00 |
| | I | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Bellaire, TX 77401-2812 | | | | |
| | | <pre>ipation / Job title (See Instructions)</pre> | Employer (See Instructions | | | |
| | Attorney | | Connelly Baker Wotring | Ma | aston & Jackson | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/30/2015 | Wyatt, Ashley | | | | \$1,000.00 |
| | 1 | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Missouri City, TX 77489-3077 | | Ĺ | | |
| | • | Ipation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | Public Relati | · · · · · · · · · · · · · · · · · · · | Elite Change, Inc. | _ | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/22/2015 | Yanamandala, Raviraj | | | | \$2,500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Decisional TV 77E04 | | | | |
| \vdash | | Pearland, TX 77584 | | Ĺ | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | | | |
| L | President | | Geotest Engineering, Inc | <u> </u> | | |
| | | | | | | |

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|---|----------------|--|------------------------------|----------|--|-------------------|
| | The Instru | ction Guide explains how to complete t | this form. | 1 | Total pages Schedule A1: Sch: 104/104 Rpt: 107/22 | 29 |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Turner, Sylv | ester (The Honorable) | | | 00020872 | ŕ |
| 4 | Date | 5 Full name of contributor out-of-state PAC | C (ID#:) | 7 | Amount of Contribution (\$) | |
| | 06/28/2015 | Yeoman, Carol | | | | \$150.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77096-4032 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | | | | | | |
| | Date | Full name of contributor out-of-state PAC | C (ID#:) | | Amount of Contribution (\$) | |
| | 06/27/2015 | Yoe CPA LLC | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | |] | | |
| | | | | | | |
| | | Houston TX 77026 2700 | | | | |
| ⊢ | Drineireleeeu | Houston, TX 77036-2780 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| ╞ | | | | <u> </u> | | |
| | Date | Full name of contributor out-of-state PAC | C (ID#:) | | Amount of Contribution (\$) | م ح ممم مم |
| | 06/26/2015 | Yokubaitis, Ron | | | | \$5,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Austin, TX 78746-6943 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Internet | | Powerhouse mgmt. | | | |
| ⊨ | Date | Full name of contributor Out-of-state PAC | (ID#:) | Г | Amount of Contribution (\$) | |
| | 06/30/2015 | Yoo, Diane | | | | \$5,000.00 |
| | | Contributor address; City; State; Zip Code | | ł | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77279 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Entertainme | nt professional | Self Employed | | | |
| Γ | Date | Full name of contributor out-of-state PAC | C (ID#:) | Γ | Amount of Contribution (\$) | |
| | 06/23/2015 | Yoo, Jason | | | | \$2,500.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| ⊢ | Duin ain 1 | Houston, TX 77279-9195 | Freedow (2) by the | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | | VURS National Corn | |
| ⊢ | Owner/CEO | | JDDA Group of Compa | ne | אח כפחים ואמווטוומו נסרף. | |
| | | | | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A2: Sch: 1/3 Rpt: 108/229 | |
|---|---|---|---|--|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | |
| Turner, Sylvester (The Honorable) | | | 00020872 | |
| ⁴ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | | \$ | |
| 5 Date | 6 Full name of contributor 🔲 out-of-state PAC (ID#: |) |) 8 Amount of 9 In-kind contribution contribution (\$) description | |
| 06/23/2015 | 06/23/2015 Gonzalez, Jose 7 Contributor address; City; State; Zip Code | | \$719.40 Event refreshments | |
| | | | | |
| | | | | |
| | | | | |
| Houston, TX 77056 | | Check if travel outside of Texas. Complete Schedule T. | | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON | | -JUDICIAL) (See instructions) | | |
| Director of Business Development BBVA Compass | | • | | |
| 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contribut | | 13 Contributor's job title | (FOR JUDICIAL) (See instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contribution | | 15 Law firm of contribute | or's spouse (if any) (FOR JUDICIAL) | |
| | | | | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: | ١ | Amount of . In-kind contribution | |
| 06/29/2015 | | | contribution (\$) description | |
| Contributor address; City; State; Zip Code | | | \$1,631.78 Event venue and | |
| | Contributor address, City, State, Zip Code | | refreshments | |
| | | | | |
| | Houston, TX 77004 | | I Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON | | |
| Attorney | | Self Employed | | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | | |
| | | | | |
| Contributor's employer/law firm (FOR JUDICIAL) Law fir | | Law firm of contributo | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| | | | | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | |
| | | | | |
| Date | 6/30/2015 Landry's Seafood Restaurants, Inc. General PAC | | Amount of In-kind contribution contribution (\$) description | |
| 06/30/2015 | | | \$4,800.00 Event refreshments | |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Houston TV 77007 | | | |
| Drimeire - L - C | Houston, TX 77027 | | Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) | | | | |
| Contributor's principal occupation (FOR JUDICIAL) Contributor's | | | (FOR JUDICIAL) (See instructions) | |
| | | | | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | |
| | | | | |
| | | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

| SCHEDULE | A2 |
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| The Instru | ction Guide explains how to complete this f | 1 Total pages Schedule A2: Sch: 2/3 Rpt: 109/229 | | | | | | | |
|--|---|--|---|--|--|--|--|--|--|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | vester (The Honorable) | 00020872 | | | | | | | |
| ⁴ TOTAL OF | UNITEMIZED IN-KIND POLITICAL CONTRIB | \$ | | | | | | | |
| 5 Date | 6 Full name of contributor 🔲 out-of-state PAC (ID#: |) | 8 Amount of 9 In-kind contribution contribution (\$) description | | | | | | |
| 06/30/2015 | McDaniel, Demetrius | | \$1,322.78 Mailing & catering for | | | | | | |
| | 7 Contributor address; City; State; Zip Code | | event | | | | | | |
| | Austin, TX 78701-2957 | | Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| 10 Principal occu | upation / Job title (FOR NON-JUDICIAL) (See instructions) | 11 Employer (FOR NON | -JUDICIAL) (See instructions) | | | | | | |
| Attorney | | Greenberg Traurig | LLP | | | | | | |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contributor's job title | (FOR JUDICIAL) (See instructions) | | | | | | |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm of contribute | r's spouse (if any) (FOR JUDICIAL) | | | | | | |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | | | | |
| Date | Full name of contributor 🔲 out-of-state PAC (ID#: |) | Amount of In-kind contribution | | | | | | |
| 06/25/2015 | Sky-Eagle, Bryan | | contribution (\$) description | | | | | | |
| | Contributor address; City; State; Zip Code | | \$330.00 Office supplies & snacks | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Houston, TX 77065-4815 | | Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| Principal occu | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON | -JUDICIAL) (See instructions) | | | | | | |
| Firefighter | | Houston Fire Depa | rtment | | | | | | |
| Contributor's | principal occupation (FOR JUDICIAL) | Contributor's job title | (FOR JUDICIAL) (See instructions) | | | | | | |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm of contribute | r's spouse (if any) (FOR JUDICIAL) | | | | | | |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of In-kind contribution | | | | | | |
| 06/28/2015 | Valach, Jane (Mrs.) | | contribution (\$) description \$5,000.00 Catering for event | | | | | | |
| | Contributor address; City; State; Zip Code | | I | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Houston, TX 77024 | | Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| Principal occu | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON | -JUDICIAL) (See instructions) | | | | | | |
| Director | | Valach Manageme | nt Co. LLC | | | | | | |
| Contributor's | principal occupation (FOR JUDICIAL) | Contributor's job title | (FOR JUDICIAL) (See instructions) | | | | | | |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | | | | | | | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | | | | | |
| | | | | | | | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

| The Instru | ction Guide explains how to complete this f | 1 Total pages Schedule A2: Sch: 3/3 Rpt: 110/229 | | | | | |
|-----------------------------|--|---|--|--|--|--|--|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | | |
| | rester (The Honorable) | 00020872 | | | | | |
| ⁴ TOTAL OF | UNITEMIZED IN-KIND POLITICAL CONTRIB | \$ | | | | | |
| 5 Date 06/28/2015 | Full name of contributor out-of-state PAC (ID#: Valach, Kenneth Contributor address; City; State; Zip Code | 8 Amount of 9 In-kind contribution contribution (\$) description \$569.46 I Valet parking for event | | | | | |
| | Houston, TX 77024-5006 | | Check if travel outside of Texas. Complete Schedule T. | | | | |
| | upation / Job title (FOR NON-JUDICIAL) (See instructions) | 11 Employer (FOR NON | | | | | |
| CEO | | Trammell Crow Re | sidential | | | | |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contributor's job title | (FOR JUDICIAL) (See instructions) | | | | |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm of contribute | r's spouse (if any) (FOR JUDICIAL) | | | | |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | | |
| Date 06/23/2015 | Full name of contributor out-of-state PAC (ID#: Zeidman, Fred Contributor address; City; State; Zip Code |) | Amount of In-kind contribution contribution (\$) description \$925.32 I Event refreshments | | | | |
| | Houston, TX 77056-3820 | | Check if travel outside of Texas. Complete Schedule T. | | | | |
| Principal occu President | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON Corporate Strategie | | | | | |
| Contributor's | principal occupation (FOR JUDICIAL) | Contributor's job title | e (FOR JUDICIAL) (See instructions) | | | | |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm of contributo | tor's spouse (if any) (FOR JUDICIAL) | | | | |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | | |
| | | | | | | | |

| | | | | EVDE | | | | | NY 0(-) | | | | | |
|---|--|--|--|-------------|--|--------|----------|--|-----------------------------|---|--------------------|----------|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr By - Gift/Awards/Memorials Expense Printing Expense Tr | | | | | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | 2 | | = | | | | | | 2 | Filer ID | | (Ethics Commission Filers) | |
| 1 | | | | | ha Llanarabla | | | | |] | | 2 | | |
| | Sch: 1/113 Rpt: | | rumer, Syr | vester (1 | he Honorable | •) | | | | | 00020872 | <u> </u> | | |
| 4 | Date | 5 | Payee name | | | | | | | | | | | |
| | 01/28/2015 | | AT&T Mobi | lity | | | | | | | | | | |
| 6 | Amount (\$) \$230.74 | | Payee addre P.O. Box 5 Atlanta, GA | 37104 | ty; | State; | Zip Co | de | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | | | s listed at the top of ntal Expense | | dule) | (b) | Description Check if travel | outsi | ide of Texas. C | omp | lete Schedule T. | |
| | | EXPENDITURE Check if Austin, TX, officeholder living expense Cell phone and air card for candidate | | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | Candidate/Off | iceholder ı | name | Of | fice sou | ght | | | Office | hel | ld | |
| | Date | | Payee name | | | | | | | | | | | |
| | 03/15/2015 | | AT&T Mobi | lity | | | | | | | | | | |
| _ | Amount (\$) | | Payee addre | - | ty; | State: | Zip Co | le | | | | | | |
| | \$472.78 | | P.O. Box 5 Atlanta, GA | 37104 | | | · | | | | | | | |
| | PURPOSE OF EXPENDITURE | PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) De Image: Image: Image | | | | | | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cell phone and air card for candidate/officeholder | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | iceholder ı | name | Of | fice sou | ght | | | Office | hel | d | |
| | Date | | Payee name | | | | | | | | | | | |
| | 04/23/2015 | | AT&T Mobi | | | | | | | | | | | |
| - | Amount (\$) | | Payee addre | - | ty; | Stato | Zip Co | 10 | | | | | | |
| | \$235.00 | | P.O. Box 5 | | ty, | State, | Zip Co | Je | | | | | | |
| | | | Atlanta, GA | | | | | <u> </u> | | | | | | |
| | PURPOSE OF EXPENDITURE | | | | s listed at the top of ntal Expense | | dule) | (b) | Check if Austin | I, TX | , officeholder liv | /ing e | lete Schedule T. expense andidate/officeholder | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Off | iceholder ı | name | Of | fice sou | ght | | | Office | hel | d | |
| | | | | | | | | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| 1 | | |
| | Sch: 2/113 Rpt: | Turner, Sylvester (The Honorable)00020872 |
| 4 | Date | 5 Payee name |
| | 05/12/2015 | AT&T Mobility |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| ľ | \$228.63 | P.O. Box 537104 |
| | φ220.03 | P.O. B0X 537104 |
| | | |
| | | Atlanta, GA 30353 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| - | OF | Office Overhead/Rental Expense |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Cell phone and air card for candidate/officeholder |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 5 | expenditure to benefit C/Oł | |
| | • | |
| | Date | Payee name |
| | 06/18/2015 | AT&T Mobility |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$229.93 | P.O. Box 537104 |
| | ψ229.95 | F.O. B0X 337104 |
| | | |
| | | Atlanta, GA 30353 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Cell phone and air card for candidate/officeholder |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Oł | |
| | | |
| | Date | Payee name |
| | 03/19/2015 | Acres Home Chamber for Business and Economic Development Inc. |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,000.00 | 6112 Wheatley Street |
| | +_, | |
| | | |
| | | Houston, TX 77091 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | LAFENDITORE | Candidate/Officeholder/Political Committee |
| | | Sponsorship of Annual Awards Banquet |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 4 |
| | | |
| | | |
| | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | | |
|---|--|---|------------------------------------|---------------------|------------|-----------------|-------|-----------------------|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Loan Repayment/Reimbursement S Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T y - Gift/Awards/Memorials Expense Printing Expense T | | | | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| | Tatal names Cabadula E1. | 1 | | | | | 1 | Filer ID | (Ethico Commission Filoro) | | | | |
| | Total pages Schedule F1: Sch: 3/113 Rpt: | | Turner, Sylvester (The Hor | norable) | | | 3 | Filer ID 00020872 | (Ethics Commission Filers) | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | | |
| | 04/01/2015 | | Advantage Communication | n Consultant | ts | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State | ; Zip Co | 1e | | | | | | | |
| ľ | \$2,500.00 | Ľ | P.O. Box 131743 | Oluio | , בוף כסי | | | | | | | | |
| | φ2,500.00 | | F.O. D0X 131743 | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Houston, TX 77219 | | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at | the top of this sch | nedule) | (b) Description | | | | | | | |
| | OF EXPENDITURE | | Consulting Expense | | , | Check if travel | outs | ide of Texas. Com | plete Schedule T. | | | | |
| | EXPENDITORE | | | | | | | , officeholder living |) expense | | | | |
| | | | | | | Media consu | ltin | g services | | | | | |
| | | | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | (| Office sou | Jht | | Office he | eld | | | | |
| | Date | | Payee name | | | | | | | | | | |
| | 05/01/2015 | | Advantage Communication | n Consultant | ts | | | | | | | | |
| | Amount (\$) | ⊢ | Payee address; City; | State | ; Zip Co | le | | | | | | | |
| | \$2,500.00 | | P.O. Box 131743 | | , | | | | | | | | |
| | ψ2,300.00 | | T.O. DOX 131743 | | | | | | | | | | |
| | | | Houston, TX 77219 | | | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at | the top of this sch | nedule) | (b) Description | | | | | | | |
| | OF EXPENDITURE | | Consulting Expense | · | , | Check if travel | outs | ide of Texas. Com | plete Schedule T. | | | | |
| | EXPENDITORE | | • | | | Check if Austir | ı, TX | , officeholder living |) expense | | | | |
| | | | | | | Media consu | ltin | g services | | | | | |
| | | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | (| Office sou | Jht | | Office he | eld | | | | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | | |
| F | Date | Γ | Payee name | | | | | | | | | | |
| | 06/01/2015 | | Advantage Communication | Consultant | ts | | | | | | | | |
| - | Amount (\$) | | Payee address; City; | | ; Zip Co | 10 | | | | | | | |
| | . , | | P.O. Box 131743 | Sidle | , zip co | | | | | | | | |
| | \$2,500.00 | | P.U. DUX 131743 | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Houston, TX 77219 | | | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at | the top of this sch | nedule) | (b) Description | | | | | | | |
| | | | Consulting Expense | | , | Check if travel | outs | ide of Texas. Com | plete Schedule T. | | | | |
| | EXPENDITURE | | • | | | | | , officeholder living |) expense | | | | |
| | | | | | | Media consu | ltin | g services | | | | | |
| | | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | (| Office sou | Jht | | Office he | eld | | | | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| - | Sch: 4/113 Rpt: | Turner, Sylvester (The Honorable) 00020872 | | | | | | | |
| | · · · · · | | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 06/09/2015 | African American News & Issues | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | |
| | \$1,755.00 | 6130 Wheatley St. | | | | | | | |
| | ¢1,700.00 | | | | | | | | |
| | | | | | | | | | |
| | | Houston, TX 77091 | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| | OF | Advertising Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | | | | |
| | | Juneteenth ads | | | | | | | |
| | | | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | expenditure to benefit C/OI | | | | | | | | |
| ╞ | - | | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 03/26/2015 | Allan Jamail/Jamail's Sales | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$773.07 10710 Flaxman St. | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | Houston, TX 77029 | | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| | EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| | | Check if Austin, TX, officeholder living expense | | | | | | | |
| | | T-shirts for volunteers | | | | | | | |
| | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | expenditure to benefit C/OI | Π | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 05/01/2015 | Allan Jamail/Jamail's Sales | | | | | | | |
| - | Amount (ft) | | | | | | | | |
| | Amount (\$) | | | | | | | | |
| | \$1,399.08 | 10710 Flaxman St. | | | | | | | |
| | | | | | | | | | |
| | | Houston, TX 77029 | | | | | | | |
| \vdash | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| | OF | Printing Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | | | | |
| | | Women for Turner T-shirts | | | | | | | |
| | | | | | | | | | |
| - | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | expenditure to benefit C/OI | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|--|--|---------------|----------------|-----------------------------|------------|------|-------------|---|---|---------------------------------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T y - Gift/Awards/Memorials Expense Printing Expense T | | | | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAM | E | | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 5/113 Rpt: | | | | ne Honorable) | | | | | 00020872 | | |
| 4 | Date | 5 | Payee name | <u> </u> | | | | | 1 | | | |
| | 06/04/2015 | | Alonso, Ari | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; Cit | ty; Stat | e; Zip Co | ode | | | | | |
| | \$923.50 | | 3719 Rey I | David | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Brownsville | e, TX 7852 | 21 | | | | | | | |
| 8 | PURPOSE | (a) | Category (s | See Categories | listed at the top of this s | chedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Salaries/W | | | onoucloy | | | outsi | de of Texas. Com | nplete Schedule T. | |
| | | | | | | | | | | officeholder living | g expense | |
| | | | | | | | | Campaign pa | ayrc |) | | |
| 9 | Complete ONLY if direct | | Candidate/Off | iceholder r | ame | Office sou | laht | | | Office h | old | |
| 5 | expenditure to benefit C/O | | candidate/On | icenoider i | laine | Office 300 | ignt | | | Oncen | | |
| | Date | | Payee name | • | | | | | | | | |
| | 06/18/2015 | | Alonso, Arı | noldo | | | | | | | | |
| | Amount (\$) | unt (\$) Payee address; City; State; Zip Code | | | | | | | | | | |
| | \$923.51 | | 3719 Rey I | David | | | | | | | | |
| | | | Brownsville | e, TX 7852 | 21 | | _ | | | | | |
| | PURPOSE OF | (a) | | | listed at the top of this s | chedule) | (b) | Description | | | | |
| | EXPENDITURE | | Salaries/W | ages/Con | tract Labor | | | | | de of Texas. Com officeholder living | nplete Schedule T. g expense | |
| | | | | | | | | Campaign pa | | | | |
| | | | | | | | | | - | | | |
| | Complete ONLY if direct | | Candidate/Off | iceholder r | name | Office sou | ight | | | Office h | eld | |
| | expenditure to benefit C/OI | H | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 06/02/2015 | | Alonso, Arı | noldo | | | | | | | | |
| | Amount (\$) | | Payee addre | ess; Cit | ty; Stat | e; Zip Co | ode | | | | | |
| | \$477.23 | | 3719 Rey I | David | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Brownsville | e, TX 7652 | 21 | | _ | | | | | |
| | PURPOSE OF | (a) | | | listed at the top of this s | chedule) | (b) | Description | | | | |
| | EXPENDITURE | | Salaries/W | ages/Con | tract Labor | | | | | de of Texas. Com officeholder living | plete Schedule T. | |
| | | | | | | | | Campaign pa | | | Jexpense | |
| | | | | | | | | , 5 P | | | | |
| - | Complete ONLY if direct | | Candidate/Off | iceholder r | name | Office sou | ıght | | | Office h | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | | |
|---|--|---|---|------------------|-----------|----|----------|---|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Loan Repayment/Reimbursement So Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr By - Gift/Awards/Memorials Expense Tr | | | | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | 2 FILEF | NAME | | | | 3 | Filer ID | (Ethics Commission Filers) | | | | |
| _ | Sch: 6/113 Rpt: | | er, Sylvester (The Honora | able) | | | ľ | 00020872 | (| | | | |
| 4 | Date | 5 Payee | | | | | <u> </u> | | | | | | |
| | 05/04/2015 | Apple | | | | | | | | | | | |
| 6 | Amount (\$) \$317.99 | 1 Infi | e address; City; nite Loop rtino, CA 95014 | State; | Zip Cod | 9 | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ate/Officeholder name | Off | fice soug | nt | | Office he | ld | | | | |
| | Date | Payee | e name | | | | | | | | | | |
| | 03/15/2015 | Aram | ark | | | | | | | | | | |
| | Amount (\$) \$4,563.83 | 1800 | e address; City; Congress Ave. ton, TX 77002 | State; | Zip Cod | 9 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | ory (See Categories listed at the to /Beverage Expense | op of this sched | lule) (| | ı, TX | ide of Texas. Comp , officeholder living Off event refr | expense | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | ate/Officeholder name | Off | fice soug | nt | | Office he | ld | | | | |
| | Date | Payee | e name | | | | | | | | | | |
| | 04/29/2015 | Aram | | | | | | | | | | | |
| | Amount (\$) \$649.50 | | address; City; Congress Ave. | State; | Zip Cod | 2 | | | | | | | |
| | | Hous | ton, TX 77002 | | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | ory (See Categories listed at the tr /Beverage Expense | op of this sched | lule) (| | ı, TX | ide of Texas. Comp , officeholder living Off event refr | expense | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | ate/Officeholder name | Off | fice soug | nt | | Office he | ld | | | | |
| | | | | | | | | | | | | | |

| Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By - Giff/Awards/Memorials Expense Printing Expense Travel out of District Candidate/Officeholder/Political Committee Construction Guide explains how to complete this form. OTHER (enter a category not listed above) |
|--|
| |
| 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 7/113 Rpt: Turner, Sylvester (The Honorable) 00020872 |
| 4 Date 5 Payee name |
| 02/23/2015 Ayrshire Corp. |
| 6 Amount (\$) 7 Payee address; City; State; Zip Code |
| \$960.00 2028 Buffalo Terrace |
| |
| |
| Houston, TX 77019 |
| 8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| Check if Austin, TX, officeholder living expense |
| Campaign office rent |
| |
| 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OH |
| Date Payee name |
| 03/09/2015 Ayrshire Corp. |
| Amount (\$) Payee address; City; State; Zip Code |
| \$250.00 2028 Buffalo Terrace |
| |
| |
| Houston, TX 77019 |
| PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF Office Overhead/Rental Expanse Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE |
| Campaign office rent |
| |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OH |
| Date Payee name |
| 04/06/2015 Ayrshire Corp. |
| |
| Amount (\$) Payee address; City; State; Zip Code |
| \$250.00 2028 Buffalo Terrace |
| |
| Houston, TX 77019 |
| PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF Office Overhead/Rental Expense |
| EXPENDITURE |
| Campaign office rent |
| |
| Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OH |
| |
| |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | EXPENDITURE CATEGOF Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains | Loan Repa Office Ove Polling Exp Printing Ex Salaries/W | wment/Reimbursement rhead/Rental Expense pense pense ages/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense | | | | | |
|--|--|----------|--|---|--|-------|---|----------------------------|--|--|--|--|--|
| 1 | Total pages Cabadula 51. | 1 | | | • | 1 | Filer ID | (Ethics Commission Filers) | | | | | |
| 1 | Total pages Schedule F1: | 2 | | | | 3 | Filer ID | (Ethics Commission Filers) | | | | | |
| | Sch: 8/113 Rpt: | | Turner, Sylvester (The Honorable) | | | | 00020872 | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | | |
| | 03/26/2015 | | B. Miles Insurance Agency | | | | | | | | | | |
| 6 | Amount (\$) | - | | Zin Co | do | | | | | | | | |
| 0 | | ľ | 7 Payee address; City; State; Zip Code | | | | | | | | | | |
| | \$419.65 | | 5302 Almeda Rd. | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Houston, TX 77004 | | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sch | | (b) Description | | | | | | | | |
| Ũ | OF | (, | Office Overhead/Rental Expense | edule) | | outs | ide of Texas. Com | plete Schedule T. | | | | | |
| | EXPENDITURE | | Since Overnead/Vental Expense | | | | , officeholder living | | | | | | |
| | | | | | Insurance for | r ca | ampaign kick | -off event | | | | | |
| | | | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Officeholder name C | Dffice sou | nht | | Office he |)d | | | | | |
| 9 | expenditure to benefit C/OF | | | Jince Sou | Jur | | Office fie | 510 | | | | | |
| | Date | | Payee name | | | | | | | | | | |
| | 05/07/2015 | | B. Miles Insurance Agency | | | | | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | | | | | | | | |
| | ., | | | 2ip C0 | ue | | | | | | | | |
| | \$1,164.52 | | 5302 Almeda Rd. | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Houston, TX 77004 | | | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sch | edule) | (b) Description | | | | | | | | |
| | OF | | Office Overhead/Rental Expense | ouuloy | | outs | ide of Texas. Com | plete Schedule T. | | | | | |
| | EXPENDITURE | | | | Check if Austir | ı, TX | , officeholder living | expense | | | | | |
| | | | | | Campaign he | ead | lquarters inst | urance | | | | | |
| | | | | | | | | | | | | | |
| | Complete ONLY if direct | <u> </u> | Candidate/Officeholder name C | Diffice sour | aht | | Office he | eld | | | | | |
| | expenditure to benefit C/Oł | | | | 5 | | | | | | | | |
| | | - | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | | |
| | 06/20/2015 | | Bartz, Danielle | | | | | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | de | | | | | | | | |
| | \$923.50 | | 2111 Welch St. | | | | | | | | | | |
| | | | #A207 | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Houston, TX 77019 | | | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sch | edule) | (b) Description | | | | | | | | |
| | OF EXPENDITURE | | Salaries/Wages/Contract Labor | | | | ide of Texas. Com | | | | | | |
| | LAFENDITORE | | | | | | , officeholder living | expense | | | | | |
| | | | | | Campaign pa | ayro | ll | | | | | | |
| | | | | | | | | | | | | | |
| | Complete ONLY if direct | . (| Candidate/Officeholder name C | Office sou | ght | | Office he | eld | | | | | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | | |
| - | | | | | | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|--|-----|---|--|--|--|----------------------------|--|----------------------------|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Exp Fees Food/Bev Gift/Awar Imittee Legal Ser | eense erage Expense ds/Memorials Expense | Loan Repa Office Over Polling Exp Printing Ex Salaries/W | yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | (Ethics Commission Filers) | | | | | |
| | Sch: 9/113 Rpt: | | Turner, Sylvester (| The Honorable) | | | | 00020872 | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 06/05/2015 | | Beaver, Randi L. | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; | City; State | e; Zip Coo | de | | | | | | |
| | \$1,035.96 | | 1122 Keatiche Rd. | | | | | | | | | |
| | | | Kaatiaha 1 A 7104 | e | | | | | | | | |
| _ | | | Keatiche, LA 7104 | | | <u> </u> | | | | | | |
| 8 | PURPOSE OF | | | ies listed at the top of this sc | hedule) | (b) Description | outei | ide of Texas. Com | nlata Schadula T | | | |
| | EXPENDITURE | | Salaries/Wages/Co | | | | | , officeholder living | | | | |
| | | | | | | Campaign pa | ayro | oll | | | | |
| | | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholde | r name | Office sou | jht | | Office he | eld | | | |
| | Date | | Payee name | | | | | | | | | |
| | 06/20/2015 | | Beaver, Randi L. | | | | | | | | | |
| | Amount (\$) | | Payee address; | City; State | e; Zip Coo | de | | | | | | |
| | \$1,035.96 | | 1122 Keatiche Rd. | | | | | | | | | |
| | | | Keatiche, LA 7104 | 6 | | | | | | | | |
| | PURPOSE OF | | | ies listed at the top of this sc | hedule) | (b) Description | | | | | | |
| | EXPENDITURE | | Salaries/Wages/Co | ontract Labor | | | | ide of Texas. Com , officeholder living | | | | |
| | | | | | | Campaign pa | | | • | | | |
| | | | | | | | - | | | | | |
| | Complete ONLY if direct | | andidate/Officeholde | r name | Office sou | jht | | Office he | eld | | | |
| | expenditure to benefit C/OI | H | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 06/04/2015 | | Birkicht, Cassandr | a | | | | | | | | |
| | Amount (\$) | | Payee address; | City; State | e; Zip Coo | de | | | | | | |
| | \$1,271.86 | | 3433 W. Dallas St. | | | | | | | | | |
| | | | Apt 1147 | | | | | | | | | |
| | | | Houston, TX 7701 | Э | | | | | | | | |
| | PURPOSE | (a) | Category (See Categor | ies listed at the top of this sc | hedule) | (b) Description | | | | | | |
| | OF EXPENDITURE | | Salaries/Wages/Co | | , | | | ide of Texas. Com | | | | |
| | EXPENDITORE | | | | | | | , officeholder living | expense | | | |
| | | | | | | Campaign pa | iyrc | וונ | | | | |
| | Complete ONLV if direct | | andidate/Officeholde | r name | Office cour | abt | | Office he | ald | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | anuluale/Onicenoide | i name | Office soug | jin | | Unice he | πu | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | | | EXPENDITURE CATEGO | RIES FOR | R BC | OX 8(a) | | | |
|---|--|----------------|---|--|--|---|-------|---|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Loan Rep Office Ove Polling Ex Printing E Salaries/V | ayme erhea pense xpens Vages | nt/Reimbursement d/Rental Expense e se s/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 | | | | | 2 | Filer ID | (Ethics Commission Filers) |
| - | Sch: 10/113 Rpt: | [| Turner, Sylvester (The Honorable) | | | | ľ | 00020872 | |
| | | _ | | | | | | 00020012 | |
| 4 | Date | 5 | Payee name | | | | | | |
| | 06/18/2015 | | Birkicht, Cassandra | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State | e; Zip Co | ode | | | | |
| | \$1,271.85 | | 3433 W. Dallas St. | | | | | | |
| | | | Apt 1147 | | | | | | |
| | | | Houston, TX 77019 | | | | | | |
| 8 | PURPOSE | (a) | | | (h) | Description | | | |
| ľ | OF | (, | Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor | nedule) | () | · | outsi | de of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | Salares/Wages/Contract Eason | | | Check if Austin | , TX, | officeholder living | , expense |
| | | | | | | Campaign pa | ayrc | oll | |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office sou | ight | | | Office he | eld |
| | Date | | Payee name | | | | | | |
| | 06/02/2015 | | Birkicht, Cassandra | | | | | | |
| | Amount (\$) | | Payee address; City; State | ; Zip Co | ode | | | | |
| | \$1,380.64 | | 3433 W. Dallas St. | , <u>Lip</u> 00 | ,40 | | | | |
| | \$1,000.04 | | | | | | | | |
| | | | Apt 1147 | | | | | | |
| | | | Houston, TX 77019 | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this sch | hedule) | (b) | Description | | | |
| | EXPENDITURE | | Salaries/Wages/Contract Labor | | | | | de of Texas. Com | |
| | | | | | | Campaign pa | | officeholder living | Jexpense |
| | | | | | | Campaign pa | iyit | 711 | |
| | Complete ONIL V if direct | | Condidate (Office helder name | Office cou | abt | | | Office by | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name | Office sou | igni | | | Office he | eiu |
| | | _ | | | | | | | |
| | Date | | Payee name | | | | | | |
| | 06/20/2015 | | Bishop, Harper | | | | | | |
| | Amount (\$) | | Payee address; City; State | ; Zip Co | ode | | | | |
| | \$923.50 | | 9940 Richmond Ave. | | | | | | |
| | | | #2104 | | | | | | |
| | | | Houston, TX 77042 | | | | | | |
| _ | PURPOSE | (2) | | | (h) | Description | | | |
| | OF | ^(a) | Category (See Categories listed at the top of this sch | hedule) | (0) | | outsi | de of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | Salaries/Wages/Contract Labor | | | | | officeholder living | |
| | | | | | | Campaign pa | | | |
| | | | | | | | | | |
| - | Complete ONLY if direct | L(| Candidate/Officeholder name | Office sou | ı ıqht | | | Office he | eld |
| | expenditure to benefit C/Oł | | | | 5.5 | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| - | Sch: 11/113 Rpt: | Turner, Sylvester (The Honorable) 00020872 |
| | Scil. 11/115 Rpl. | |
| 4 | Date | 5 Payee name |
| | 01/16/2015 | Black Heritage Society |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$125.00 | 1730 Jefferson St. |
| | \$120100 | |
| | | |
| | | Houston, TX 77003 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Fees Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | MLK Parade registration |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| - | expenditure to benefit C/Oł | |
| _ | | |
| | Date | Payee name |
| | 03/14/2015 | Blanquita's Mexican Restaurant |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$106.18 | 10615 Market St. |
| | | |
| | | |
| | | Jacinto City, TX 77029 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Breakfast for striking workers |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 05/04/2015 | Bravo Key & Lock |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$194.85 | 1756 Westheimer Rd. |
| | | |
| | | Houston, TX 77098 |
| - | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign headquarters keys and locks |
| | | |
| | Complete ONLV if direct | Candidate/Officeholder.name Office courset Office hold |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

| | | | EVDENDI | TURE CATEGO | | | | | |
|---|--|-------|---|--------------------------|---|---|-------|--|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage E Gift/Awards/Mem Ittee Legal Services | xpense | Loan Repay Office Overl Polling Expe Printing Exp Salaries/Wa | ment/Reimbursement nead/Rental Expense ense ense ges/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 F | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| 1 | Sch: 12/113 Rpt: | | urner, Sylvester (The I | Honorable) | | | ľ | 00020872 | () |
| _ | - | | | | | | | 00020072 | |
| 4 | Date | | ayee name | | | | | | |
| | 06/18/2015 | В | ravo Key & Lock | | | | | | |
| 6 | Amount (\$) \$64.95 | 1 | ayee address; City; 756 Westheimer Rd. ouston, TX 77098 | State | ; Zip Cod | e | | | |
| 8 | PURPOSE | (a) C | ategory (See Categories liste | | | b) Description | | | |
| 5 | OF | | ffice Overhead/Rental | | iedule) | Check if travel | ı, TX | ide of Texas. Com , officeholder living ign headqua | expense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | ndidate/Officeholder nam | e (| Office soug | ht | | Office he | eld |
| | Date | Р | ayee name | | | | | | |
| | 03/30/2015 | В | rentwood Baptist Chu | ch | | | | | |
| | Amount (\$) | Р | ayee address; City; | State | ; Zip Cod | e | | | |
| | \$1,000.00 | | .O. Box 450409 ouston, TX 77245 | | | | | | |
| | PURPOSE OF EXPENDITURE | C | ategory (See Categories liste ontributions/Donations andidate/Officeholder/ | s Made By | , | Check if Austir | ı, TX | ide of Texas. Com , officeholder living e luncheon ta | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ndidate/Officeholder nam | e C | Office soug | ht | | Office he | eld |
| | Date | Р | ayee name | | | | | | |
| | 04/01/2015 | | rooks, Royce | | | | | | |
| | Amount (\$) | | ayee address; City; | State | ; Zip Cod | e | | | |
| | \$5,500.00 | | 032 Highland Meadow | | ,p 000 | | | | |
| | | | ort Worth, TX 76132 | | | | | | |
| | PURPOSE OF EXPENDITURE | | ategory (See Categories liste onsulting Expense | d at the top of this sch | nedule) (| | ı, TX | ide of Texas. Com , officeholder living g services | • |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ndidate/Officeholder nam | e C | Office soug | ht | | Office he | əld |
| | | | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials nittee Legal Services | Se Polling Expense Printing E | payment/Reimburser verhead/Rental Expe xpense Expense Wages/Contract Lab | ense | Travel in District Travel Out of Dis | quipment & Related Expense |
|---|--|---|-------------------------------|--|-------------------------------|--|----------------------------|
| 1 | Total pages Schedule F1: | | | | 3 | Filer ID | (Ethics Commission Filers) |
| 1 | Sch: 13/113 Rpt: | urner, Sylvester (The Hon | orable) | | ľ | 00020872 | (|
| 4 | Date | Payee name | | | | | |
| - | 05/01/2015 | Brooks, Royce | | | | | |
| 6 | Amount (\$) \$5,500.00 | Payee address; City; 6032 Highland Meadow Dr. Fort Worth, TX 76132 | State; Zip Co | ode | | | |
| _ | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | Category (See Categories listed at t Consulting Expense | he top of this schedule) | Check if | f travel outs f Austin, TX | ide of Texas. Com _i , officeholder living g Services | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name | Office sou | ught | | Office he | łd |
| | Date | ayee name | | | | | |
| | 06/01/2015 | Brooks, Royce | | | | | |
| | Amount (\$) \$5,500.00 | Payee address; City; 5032 Highland Meadow Dr. Fort Worth, TX 76132 | State; Zip Co | ode | | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at th Consulting Expense | he top of this schedule) | Check if | f travel outs f Austin, TX | ide of Texas. Com , officeholder living g Services | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name | Office sou | ught | | Office he | eld |
| | Date | Payee name | | | | | |
| | 06/04/2015 | Burns, Jacob | | | | | |
| | Amount (\$) | Payee address; City; | State; Zip Co | ode | | | |
| | \$1,349.72 | 302 N. 2nd Street | | | | | |
| | | Bellaire, TX 77401 | | | | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the Salaries/Wages/Contract La | | | f travel outs f Austin, TX | ide of Texas. Com , officeholder living D II | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name | Office sou | ught | | Office he | eld |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|--|---|------|--|--|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District y - Gitt/Awards/Memorials Expense Printing Expense Travel Out of District | | | | | | | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission File | ers) | | | | | | | | | |
| - | Sch: 14/113 Rpt: | Turner, Sylvester (The Honorable) 00020872 | .10) | | | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | | | |
| | 06/18/2015 | Burns, Jacob | | | | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | | | |
| | \$1,349.74 | 802 N. 2nd Street | | | | | | | | | | |
| | | Bellaire, TX 77401 | | | | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | | | | | | | | | | |
| | - | Check if Austin, TX, officeholder living expense | | | | | | | | | | |
| | | Campaign payroll | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H | | | | | | | | | | |
| | Date | Payee name | | | | | | | | | | |
| | 05/22/2015 | Burns, Jacob Robert | | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | | |
| | \$1,349.74 | 802 N. 2nd St. | | | | | | | | | | |
| | φ1,040.74 | | | | | | | | | | | |
| | | Bellaire, TX 77401 | | | | | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | | | | | | | | | | |
| | | Check if Austin, TX, officeholder living expense | | | | | | | | | | |
| | | Campaign payroll | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Date | Payee name | | | | | | | | | | |
| | 06/20/2015 | Carnell, Emanuel | | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | | |
| | \$589.59 | 11106 Sageview Dr. | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | Houston, TX 77089 | | | | | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | | |
| | EXPENDITURE | Salaries/Wages/Contract Labor | | | | | | | | | | |
| | | Check if Austin, TX, officeholder living expense | | | | | | | | | | |
| | | Campaign payroll | | | | | | | | | | |
| | Complete ONLV if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | 5 | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|--|---|---|--|--|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | | | | |
| 1 | Total pages Schodula F1: | · · · | 3 Filer ID (Ethics Commission Filers) | | | | | | | | | |
| 1 | Total pages Schedule F1: | | | | | | | | | | | |
| | Sch: 15/113 Rpt: | Turner, Sylvester (The Honorable) | 00020872 | | | | | | | | | |
| 4 | Date | Payee name | | | | | | | | | | |
| | 03/27/2015 | Caughman, Carla | | | | | | | | | | |
| 6 | Amount (\$) \$969.66 | Payee address; City; State; Zip Code 7518 Rolling Fork Lane Houston, TX 77040 | | | | | | | | | | |
| 8 | PURPOSE | (b) Description | | | | | | | | | | |
| 0 | OF EXPENDITURE | | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense ayroll | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | | | | | |
| | Date | Payee name | | | | | | | | | | |
| | 04/09/2015 | Caughman, Carla | | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | | |
| | \$969.66 | 7518 Rolling Fork Lane Houston, TX 77040 | | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense ayroll | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | | | | | |
| | Date | Payee name | | | | | | | | | | |
| | 04/23/2015 | Caughman, Carla | | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | | |
| | \$969.66 | 7518 Rolling Fork Lane | | | | | | | | | | |
| | | Houston, TX 77040 | | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense ayroll | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | | | | | |
| | | | | | | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | |
|---|--|---|
| _ | Tatal same Oak adula 51 | · · · · · · |
| 1 | Total pages Schedule F1: | |
| | Sch: 16/113 Rpt: | Turner, Sylvester (The Honorable) 00020872 |
| 1 | Date | 5 Payee name |
| • | | |
| | 05/07/2015 | Caughman, Carla |
| 6 | Amount (\$) \$969.67 | Payee address; City; State; Zip Code 7518 Rolling Fork Lane Houston, TX 77040 |
| | BUBBOOF | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 05/21/2015 | Caughman, Carla |
| | | |
| | Amount (\$) \$969.66 | Payee address; City; State; Zip Code 7518 Rolling Fork Lane Houston, TX 77040 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 06/04/2015 | Caughman, Carla |
| | | - |
| | Amount (\$) \$969.66 | Payee address; City; State; Zip Code 7518 Rolling Fork Lane |
| | | Houston, TX 77040 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

| | | | | EXPENDITUR | E CATEGO | | | X 8(a) | | | | |
|---|--|-----|--|---|---------------|--|---|--|--------|--|---------------------------------|---------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Fe Fo Gi umittee Le | expendition rent Expense res od/Beverage Expense ft/Awards/Memorials gal Services he Instruction Gu | se Expense | Loan Repa Office Ove Polling Ex Printing Ex Salaries/W | aymer rhead pense (pense (ages/ | t/Reimbursement /Rental Expense e /Contract Labor | | Transportation E Travel in District Travel Out of Di | | se |
| 1 | Total pages Schedule F1: | 2 | | | | | | | 3 | Filer ID | (Ethics Commission F | -ilers) |
| - | Sch: 17/113 Rpt: | | | ster (The Hon | orable) | | | | ľ | 00020872 | | lieloy |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 06/18/2015 | | Caughman, C | arla | | | | | | | | |
| 6 | Amount (\$) \$969.66 | | Payee address 7518 Rolling I Houston, TX 3 | Fork Lane | State | ; Zip Co | de | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | Category (See | Categories listed at the state of the state | | nedule) | | | ı, ТХ, | officeholder living | nplete Schedule T. g expense | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Office | holder name | (| Office sou | ght | | | Office h | eld | |
| | Date | | Payee name | | | | | | | | | |
| | 06/04/2015 | | Chandler, Suz | zanne | | | | | | | | |
| | Amount (\$) \$1,870.09 | | Payee address 3433 West Da Apt 1147 Houston, TX | allas Street | State | ; Zip Co | de | | | | | |
| | PURPOSE OF EXPENDITURE | | | Categories listed at the state of the state | | nedule) | | | ı, ТХ, | officeholder living | nplete Schedule T. g expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Office | holder name | (| Office sou | ght | | | Office h | eld | |
| | Date | | Payee name | | | | | | | | | |
| | 06/18/2015 | | Chandler, Suz | zanne | | | | | | | | |
| | Amount (\$) \$1,870.09 | | Payee address 3433 West Da Apt 1147 Houston, TX 1 | allas Street | State | ; Zip Co | de | | | | | |
| | PURPOSE OF EXPENDITURE | | | Categories listed at the state of the state | | nedule) | | | ı, ТХ, | officeholder living | nplete Schedule T. g expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Office | holder name | (| Office sou | ght | | | Office h | eld | |
| | | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|--|----------|-------------------------|--|----------------------------------|---|---|--|-------------|---|----------------------------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | nmittee | Event Expense Fees Food/Beverage Gift/Awards/Me Legal Services | e Expense emorials Expense | Loan Repa Office Ove Polling Exp Printing Ex Salaries/W | tymer rheac pense pens ages | nt/Reimbursement d/Rental Expense e /Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense | |
| 1 | Total pages Schedule F1: | 2 | 2 FILER NAME 3 Filer ID | | | | | | | | (Ethics Commission Filers) | |
| - | Sch: 18/113 Rpt: | | | | e Honorable) | | | | | 00020872 | (, | |
| 4 | Date | 5 | Payee name | ; | | | | | | | | |
| | 05/08/2015 | | Chandler, | Suzy | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; City | ; State | ; Zip Co | de | | | | | |
| | \$2,582.17 | | 1879 Alexa | andria St. | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Los Angele | es, CA 9002 | 28 | | | | | | | |
| 8 | PURPOSE | (a) | Category (S | See Categories li | sted at the top of this sch | nedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Salaries/W | ages/Contr | act Labor | | | | | de of Texas. Com | | |
| | | | Campaign payroll | | | | | | | | j expense | |
| | | | | | | | | Campaign pa | iyrc | Л | | |
| 9 | Complete ONLY if direct | | Candidate/Of | ficeholder na | ume (|) Office sou | thr | | | Office he | ald | |
| Ű | expenditure to benefit C/OI | | fundidate, or | | | | gin | | | Onice ne | | |
| | Date | | Payee name | 9 | | | | | | | | |
| | 05/21/2015 | | Chandler, | Suzy | | | | | | | | |
| | Amount (\$) | | Payee addre | ess; City | ; State | ; Zip Co | de | | | | | |
| | \$1,870.10 | | 1879 Alexa | andria St. | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Los Angele | es, CA 9002 | 28 | | | | | | | |
| | PURPOSE | (a) | Category (S | See Categories li | sted at the top of this sch | nedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Salaries/W | ages/Contr | act Labor | | | | | de of Texas. Com | • | |
| | | | | | | | | | | officeholder living |) expense | |
| | | | | | | | | Campaign pa | iyrc | DII | | |
| | Complete ONLY if direct | | Candidate/Of | ficebolder na | ime (| Office sou | aht | | Office held | | | |
| | expenditure to benefit C/OI | | Janaidate, Or | | | | gin | | | Office he | | |
| - | Date | | Payee name | 9 | | | | | | | | |
| | 05/01/2015 | 1 | Charter Fu | | tal | | | | | | | |
| | Amount (\$) | \vdash | Payee addre | ess; City | · State | ; Zip Co | de | | | | | |
| | \$421.46 | | 15101 Mid | | , 01410 | ,p ee | | | | | | |
| | ¢122.10 | | 10101 1110 | nay noud | | | | | | | | |
| | | | Addison, T | X 75001 | | | | | | | | |
| | PURPOSE | (a) | Category / | See Categories li | sted at the top of this sch | nedule) | (b) | Description | | | | |
| | | | | | al Expense | | | | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | - | - | | | | | | officeholder living | | |
| | | | | | | | | Furniture ren | tal | for Legislato | r's Austin apartment | |
| | Complete ONLY if direct | L | Candidate/Of | ficeholder na | umo (| Office sou | tdr | | | Office he | ald | |
| | expenditure to benefit C/OI | | anuiuale/UI | | | | ynt | | | Unice he | 5iu | |
| - | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | | | | EVE | | TEOOD | | | N/ 0/-) | | | | |
|---|--|----------------------------|---|---|--------------------------------------|--------|--|--|--|----------------------------|-------------------------------------|------------------------|--------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | nmittee | Event Expe Fees Food/Beve Gift/Awards Legal Servi | rage Expense s/Memorials Expen | nse | Loan Repa Office Ove Polling Ex Printing Ex Salaries/W | ymei rhead pense pens ages | nt/Reimbursement d/Rental Expense e se s/Contract Labor | | Travel in Distri Travel Out of I | n Equ ict Distri | ipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (E | | | | | | | | (Ethics Commission Filers) | | | |
| - | Sch: 19/113 Rpt: | | | | he Honorab | | | | | ľ | 00020872 | | |
| | | | Turner, Syr | | | ile) | | | | | 00020872 | <u>-</u> | |
| 4 | Date | 5 | Payee name | | | | | | | | | | |
| | 05/27/2015 | | Charter Fu | rniture R | ental | | | | | | | | |
| 6 | Amount (\$) \$367.94 | | Payee addre 15101 Midv Addison, T | way Roa | iity; d | State; | Zip Co | de | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | | | es listed at the top ental Expens | | edule) | (b) | X Check if Austin | ı, TX, | | ing e | xpense |
| | | | | | | | | | Furniture ren | tal 1 | for Legisla | tor' | s Austin apartment |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | iceholder | name | 0 | ffice sou | ght | | | Office | helo | 1 |
| | Date | | Payee name | | | | | | | | | | |
| | 01/29/2015 | I | City of Aus | | | | | | | | | | |
| _ | Amount (\$) | | Payee addre | | ity; | State. | Zip Co | de | | | | | |
| | \$97.44 | | P.O. Box 2 Austin, TX | 267 | | , | | | | | | | |
| | PURPOSE OF EXPENDITURE | | | | es listed at the top ental Expens | | edule) | (b) | Description Check if travel Check if Austin Utilities - Leg | ı, ТХ, | | ing e | xpense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Off | iceholder | name | 0 | ffice sou | ght | | | Office | helo | t |
| | Date | | Payee name | | | | | | | | | | |
| | 02/25/2015 | | City of Aus | | | | | | | | | | |
| | Amount (\$) | | | | ity: | Ctoto: | Zip Co | de | | | | | |
| | \$57.86 | | Payee addre P.O. Box 2 | | ity; | State, | ΖΙΡ ΟΟ | ue | | | | | |
| | | | Austin, TX | | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | | | es listed at the top ental Expens | | edule) | (b) | Description Check if travel Check if Austin Utilities - Leg | ı, ТХ, | | ing e | xpense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | Candidate/Off | iceholder | name | 0 | ffice sou | ght | | | Office | helo | 1 |
| | | | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|--|-----|---|---|--|---|------|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Loan Rep Office Ov Polling Ex Printing E Salaries/N | oayme erhea kpens Expens Wages | nt/Reimbursement d/Rental Expense e se s/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 20/113 Rpt: | | Turner, Sylvester (The Honorable) | | | | | 00020872 | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 03/30/2015 | | City of Austin | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; S | State; Zip Co | ode | | | | | | | |
| | \$75.49 | | P.O. Box 2267 | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Austin, TX 78783-2267 | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of th | nis schedule) | (b) | Description | | | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | | | | de of Texas. Complete Schedule T. | | | | |
| | | | | | | | | officeholder living expense ator's Austin apartment | | | | |
| | | | | | | Otinties - Leg | 1314 | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office sou | l ught | | | Office held | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 05/01/2015 | | City of Austin | | | | | | | | | |
| | Amount (\$) | | - | State; Zip Co | ode | | | | | | | |
| | \$49.14 | | P.O. Box 2267 | | | | | | | | | |
| | ¢ 10.11 1 | | | | | | | | | | | |
| | | | Austin, TX 78783-2267 | | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of th | nis schedule) | (b) | Description | | | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | | | | de of Texas. Complete Schedule T. | | | | |
| | | | | | | | | TX, officeholder living expense slator's Austin apartment | | | | |
| | | | | | | Ounties - Leg | 1314 | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Office sou | l Ight | | | Office held | | | | |
| | expenditure to benefit C/OF | | | Office Sol | iym | | | Office field | | | | |
| | | - | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 05/27/2015 | | City of Austin | | | | | | | | | |
| | Amount (\$) | | | State; Zip Co | ode | | | | | | | |
| | \$50.83 | | P.O. Box 2267 | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Austin, TX 78783-2267 | | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of th | nis schedule) | (b) | Description | | | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | | | | de of Texas. Complete Schedule T. | | | | |
| | | | | | | | | officeholder living expense | | | | |
| | | | | | | ounues - Leg | isia | tor's Austin apartment | | | | |
| | Operation Objective in | | | 011 | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office sou | ught | | | Office held | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|--|-----|---|---|---|---|-------|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Loan Rep Office Ov Polling E Printing E Salaries/ | oayme verhea xpense Expense Wages | nt/Reimbursement d/Rental Expense e se s/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) | | | |
| | Sch: 21/113 Rpt: | | Turner, Sylvester (The Honorable) | | | | | 00020872 | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 06/26/2015 | | City of Austin | | | | | | | | |
| 6 | Amount (\$) \$56.70 | | Payee address; City; S P.O. Box 2267 Austin, TX 78783-2267 | State; Zip Co | ode | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of t | | (b) | Description | | | | | |
| | OF | (4) | Office Overhead/Rental Expense | ns schedule) | () | Check if travel | , тх, | de of Texas. Complete Schedule T. officeholder living expense tor's Austin apartment | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office sou | ught | | | Office held | | | |
| | Date | | Payee name | | | | | | | | |
| | 03/26/2015 | | City of Houston | | | | | | | | |
| | Amount (\$) \$55.04 | | Payee address; City; S PO Box 1562 | State; Zip Co | ode | | | | | | |
| | | | Houston, TX 77256 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of t Fees | nis schedule) | (b) | | | de of Texas. Complete Schedule T. officeholder living expense | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office sou | ught | | | Office held | | | |
| | Date | | Payee name | | | | | | | | |
| | 03/03/2015 | | City of Houston | | | | | | | | |
| | Amount (\$) \$12.50 | | Payee address; City; S Planning & Development DeptGI P.O. Box 1562 Houston, TX 77002 | State; Zip Co S Division | ode | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of t Office Overhead/Rental Expense | nis schedule) | (b) | | , тх, | de of Texas. Complete Schedule T. officeholder living expense ccinct maps | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office sou | l Jght | | | Office held | | | |
| | | | | | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | | | | |
| - | Sch: 22/113 Rpt: | Turner, Sylvester (The Honorable) 00020872 | | | | | | | | | |
| _ | | | | | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | | |
| | 05/17/2015 | City of Houston | | | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | | |
| | \$37.50 | Planning & Development Dept GIS Division | | | | | | | | | |
| | | P.O. Box 1562 | | | | | | | | | |
| | | Houston, TX 77002 | | | | | | | | | |
| 8 | PURPOSE | | | | | | | | | | |
| ° | OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | | | | | | | | |
| | EXPENDITURE | Office Overhead/Rental Expense | | | | | | | | | |
| | | Precinct maps | | | | | | | | | |
| | | | | | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| Ĵ | expenditure to benefit C/OF | | | | | | | | | | |
| | | | | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 06/10/2015 | City of Houston - HHS Dept | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$145.64 | P.O. Box 1562 | | | | | | | | | |
| | | | | | | | | | | | |
| | | Houston, TX 77002 | | | | | | | | | |
| | PURPOSE | | | | | | | | | | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. | | | | | | | | | |
| | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | | | |
| | | Rental of Acres Homes Multi-Service Center | | | | | | | | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| | expenditure to benefit C/OF | | | | | | | | | | |
| | | | | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 05/17/2015 | Comcast | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$348.72 | P.O.Box 660618 | | | | | | | | | |
| | | | | | | | | | | | |
| | | Dallas, TX 75266-0618 | | | | | | | | | |
| | PURPOSE | | | | | | | | | | |
| | OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. | | | | | | | | | |
| | EXPENDITURE | | | | | | | | | | |
| | | Campaign headquarters cable service | | | | | | | | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| | expenditure to benefit C/OF | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| _ | | | |
|---|--|---|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Fees Office Overhead/Rental Expense Tran Food/Beverage Expense Polling Expense Trav - Gift/Awards/Memorials Expense Printing Expense Trav | itation/Fundraising Expense sportation Equipment & Related Expense el in District el Out of District ER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 File | r ID (Ethics Commission Filers) |
| - | Sch: 23/113 Rpt: | | 020872 |
| 4 | Date | 5 Payee name | |
| - | 06/11/2015 | Comcast | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| - | \$131.88 | P.O.Box 660618 | |
| | | Dallas, TX 75266-0618 | |
| 8 | PURPOSE OF EXPENDITURE | Check if Austin, TX, office | Texas. Complete Schedule T. holder living expense ICCESS - Legislator's Austin |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 06/01/2015 | Corjulo, Michael | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$100.00 | 4635 Wild Indigo Dr. | |
| | | Building 30 Unit 519 | |
| | | Houston, TX 77027 | |
| | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Check if Austin, TX, office Cell phone allowance | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought | Office held |
| F | Date | Payee name | |
| | 05/01/2015 | Corjulo, Michael | |
| | Amount (\$) \$100.00 | Payee address; City; State; Zip Code 4635 Wild Indigo Dr. Building 30 Unit 519 Houston, TX 77027 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Check if Austin, TX, office Cell phone allowance | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought | Office held |
| | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|--|-----|---|-----------------------|---|---|-------|---|----------------------------|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | L C F F S | Loan Repay Office Overl Polling Expe Printing Exp Salaries/Wa | ment/Reimbursement ead/Rental Expense nse ense ges/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense | | |
| 1 | Total pages Schedule F1: | 5 | | · · · | | | | | (Ethics Commission Filers) | | |
| T | | 2 | | | | | 3 | | (Ethics Commission Filers) | | |
| | Sch: 24/113 Rpt: | | Turner, Sylvester (The Honorable | 2) | | | | 00020872 | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 05/21/2015 | | Corjulo, Michael | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; | Zip Cod | е | | | | | |
| | \$2,125.90 | | 4635 Wild Indigo Dr. | | | | | | | | |
| | | | Building 30 Unit 519 | | | | | | | | |
| | | | Houston, TX 77027 | | | | | | | | |
| 8 | PURPOSE | (2) | | | | | | | | | |
| ° | OF | (a) | Category (See Categories listed at the top of Salaries/Wages/Contract Labor | this sched | ule) | Description Check if travel | outs | ide of Texas. Com | plete Schedule T. | | |
| | EXPENDITURE | | Salaries/Wages/Contract Labor | | | | | , officeholder living | | | |
| | | | | | | Campaign pa | ayro | oll | | | |
| | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Off | fice soug | nt | | Office he | əld | | |
| | Date | | Payee name | | | | | | | | |
| | 06/04/2015 | | Corjulo, Michael | | | | | | | | |
| _ | Amount (\$) | | Payee address; City; | State: | Zip Cod | 9 | | | | | |
| | \$2,125.89 | | 4635 Wild Indigo Dr. | | | | | | | | |
| | +_, | | Building 30 Unit 519 | | | | | | | | |
| | | | - | | | | | | | | |
| | | | Houston, TX 77027 | | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of | this sched | ule) (| b) Description | | ide of Tourse Oran | alata Oshadula T | | |
| | EXPENDITURE | | Salaries/Wages/Contract Labor | | | | | tside of Texas. Complete Schedule T. TX, officeholder living expense | | | |
| | | | | | | Campaign pa | | | | | |
| | | | | | | 1.1.2 | ., | | | | |
| - | Complete ONLY if direct | | Candidate/Officeholder name | Off | fice soug | nt | | Office he | h | | |
| | expenditure to benefit C/Oł | | | - Ch | live boug | | | | | | |
| _ | Data | _ | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 06/18/2015 | | Corjulo, Michael | | | | | | | | |
| | Amount (\$) | | | State; | Zip Cod | 9 | | | | | |
| | \$2,125.90 | | 4635 Wild Indigo Dr. | | | | | | | | |
| | | | Building 30 Unit 519 | | | | | | | | |
| | | | Houston, TX 77027 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of | this schod | | b) Description | | | | | |
| | OF | | Salaries/Wages/Contract Labor | | uie) | · | outs | ide of Texas. Com | plete Schedule T. | | |
| | EXPENDITURE | | | | | Check if Austir | ı, TX | , officeholder living |) expense | | |
| | | | | | | Campaign pa | ayro | oll | | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Off | fice soug | nt | | Office he | eld | | |
| | expenditure to benefit C/OI | Н | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|--|-----|---|--|--|---|-------|---|--|-------|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Loan Repa Office Ove Polling Ex Printing Ex Salaries/W | aymei erhead pense xpens Vages | nt/Reimbursement d/Rental Expense e e /Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expens | e | | |
| 1 | Total pages Schedule F1: | 2 | | | | | 3 | Filer ID | (Ethics Commission Fi | lers) | | |
| - | Sch: 25/113 Rpt: | [| Turner, Sylvester (The Honorable) | | | | ľ | 00020872 | (| , | | |
| 1 | Date | 5 | Payee name | | | | | | | | | |
| 7 | 05/11/2015 | ľ | Corjulo, Michael | | | | | | | | | |
| _ | | | - | 7:- 0- | -1 - | | | | | | | |
| 6 | Amount (\$) | ľ | 5 . 5. | ; Zip Co | ae | | | | | | | |
| | \$3,050.40 | | 4635 Wild Indigo Dr. | | | | | | | | | |
| | | | Building 30 Unit 519 | | | | | | | | | |
| | | | Houston, TX 77027 | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sch | nedule) | (b) | Description | | | | | | |
| | OF EXPENDITURE | | Salaries/Wages/Contract Labor | | | | | de of Texas. Com | | | | |
| | | | | | | Campaign pa | | officeholder living | expense | | | |
| | | | | | | Cumpaign pa | yıc | /// | | | | |
| 9 | Complete ONLY if direct | | Candidate/Officeholder name | Office sou | aht | | | Office he | ald and a second s | | | |
| 9 | expenditure to benefit C/OF | | | Jince sou | yn | | | Once ne | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 03/16/2015 | | Cricket Wireless | | | | | | | | | |
| | Amount (\$) | | Payee address; City; State | ; Zip Co | de | | | | | | | |
| | \$360.00 | | 2533 Southmore Blvd. | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Houston, TX 77004 | | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sch | (aluba | (b) | Description | | | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | icuaic) | | | outsi | de of Texas. Com | plete Schedule T. | | | |
| | EXPENDITORE | | | | | | | officeholder living | | | | |
| | | | | | | Cell phones f | or | campaign fie | eld organizers | | | |
| | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name | Office sou | ght | | | Office he | eld | | | |
| | | _ | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 04/10/2015 | | Cricket Wireless | | | | | | | | | |
| | Amount (\$) | | Payee address; City; State | ; Zip Co | de | | | | | | | |
| | \$443.00 | | 2533 Southmore Blvd. | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Houston, TX 77004 | | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sch | nedule) | (b) | Description | | | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | ŗ | | | | de of Texas. Com | | | | |
| | EXPENDITORE | | | | | | | officeholder living | | | | |
| | | | | | | Cell phones f | or | campaign fie | eld organizers | | | |
| | 0 1.1 0.111 | | | | Ļ | | | ~~~ | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office sou | ght | | | Office he | eld | | | |
| | , | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|--|-----|--|------------------------|--|--|------|--|----------------------------|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Exp Gift/Awards/Memori mmittee Legal Services | ense als Expense | Loan Repa Office Over Polling Exp Printing Exp Salaries/Wa | /ment/Reimbursement head/Rental Expense ense | | Travel in District Travel Out of Dis | quipment & Related Expense | | | |
| - | T-tel rerec Cohodulo E1 | 1 | | Guiue explaine | 11000 10 00. | | 1 | | (Ethics Commission Filors) | | | |
| 1 | Total pages Schedule F1: | Ż | | | | | 3 | Filer ID 00020872 | (Ethics Commission Filers) | | | |
| | Sch: 26/113 Rpt: | | Turner, Sylvester (The Ho | phorable) | | | | 00020872 | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 04/14/2015 | | Cricket Wireless | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; | ; Zip Coo | le | | | | | | |
| | \$100.00 | | 2533 Southmore Blvd. | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Houston, TX 77004 | | | | | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed a | | iedule) | (b) Description | | | | | | |
| | EXPENDITURE | | Office Overhead/Rental E | xpense | | | | ide of Texas. Com , officeholder living | | | | |
| | | | | | | | | | eld organizers | | | |
| | | | | | | p | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Officeholder name | (| Office soug | ht | | Office he | eld | | | |
| - | expenditure to benefit C/OF | | | | | | | | | | | |
| - | Date | | Payee name | | | | | | | | | |
| | 05/12/2015 | | Cricket Wireless | | | | | | | | | |
| | Amount (\$) | - | Payee address; City; | State | ; Zip Coo | le | | | | | | |
| | \$100.00 | | 2533 Southmore Blvd. | olalo, | , <u>Lip</u> 000 | | | | | | | |
| | \$100.00 | | | | | | | | | | | |
| | | | Houston, TX 77004 | | | | | | | | | |
| | PURPOSE | (2) | | | | (b) Description | | | | | | |
| | OF | (a) | Category (See Categories listed a Office Overhead/Rental E | | iedule) | | outs | ide of Texas. Com | plete Schedule T. | | | |
| | EXPENDITURE | | onice overneud/itental E | лрепос | | Check if Austin, TX, officeholder living expense | | | | | | |
| | | | | | | Cell phones | for | campaign fie | eld organizers | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | C | Office soug | ht | | Office he | eld | | | |
| | expenditure to benefit C/OI | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 05/13/2015 | | Cricket Wireless | | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | ; Zip Coo | le | | | | | | |
| | \$105.00 | | 2533 Southmore Blvd. | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Houston, TX 77004 | | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed a | at the top of this sch | edule) | (b) Description | | | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental E | | | | | ide of Texas. Com | | | | |
| | | | | | | | | , officeholder living | | | | |
| | | | | | | Cell phones | 101 | campaign ne | eld organizers | | | |
| | Complete ONL V if direct | Ľ | Candidate/Officeholder name | | | ht | | Office he | ald | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | | (| Office soug | nit | | Unice he | nu - | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | | |
|---|--|-------------|--------------------------|--|-------------------------------------|--|--|---|-------|--|--------|----------------------------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | nmittee | Event Expens Fees Food/Beverag Gift/Awards/N Legal Service | e e Expense lemorials Expense | Loan Rep Office Ove Polling Ex Printing E Salaries/V | aymer erhead pense xpense Vages/ | t/Reimbursement I/Rental Expense e /Contract Labor | | Transportatio Travel in Dist Travel Out of | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAM | E | | | | | 3 | Filer ID | | (Ethics Commission Filers) | |
| - | Sch: 27/113 Rpt: | | | | e Honorable) | | | | - | 0002087 | | ```` | |
| 4 | Date | 5 | Payee name | <i>i</i> | | | | | | | | | |
| | 05/26/2015 | | Cricket Wi | | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; City | /; State | ; Zip Co | ode | | | | | | |
| | \$1,000.00 | | 2533 Sout | nmore Blvc | I. | | | | | | | | |
| | | | Houston, T | X 77004 | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (| Soo Cotogorios | isted at the top of this sc | hodulo) | (b) | Description | | | | | |
| - | OF | | | | tal Expense | neuule) | | <u> </u> | outsi | de of Texas. C | ompl | ete Schedule T. | |
| | EXPENDITURE | | | | | | | Check if Austin, | , тх, | officeholder liv | ving e | expense | |
| | | | | | | | | Cell phones f | or o | campaign | fiel | d organizers | |
| | | | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Of | ficeholder na | ame | Office sou | ight | | | Office | hel | d | |
| | Date | | Payee name | ; | | | | | | | | | |
| | 06/10/2015 | | Cricket Wi | eless | | | | | | | | | |
| | Amount (\$) | | Payee addre | ess; City | r; State | ; Zip Co | ode | | | | | | |
| | \$100.00 | | 2533 Sout | nmore Blvc | l. | | | | | | | | |
| | | | Houston, T | X 77004 | | | | | | | | | |
| | PURPOSE | (a) | Category (| Soo Catogorios | isted at the top of this sc | hodulo) | (b) | Description | | | | | |
| | OF | `´ | | | | neudic) | | | outsi | de of Texas. C | ompl | ete Schedule T. | |
| | EXPENDITURE | | | | | | Check if Austin, TX, officeholder living expense | | | | | | |
| | | | | | | | | Cell phones f | or | campaign | fiel | d organizers | |
| | | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Of | ficeholder na | ame | Office sou | ight | | | Office | hel | d | |
| _ | Data | r | | | | | | | | | | | |
| | Date 06/12/2015 | | Payee name Cricket Wi | | | | | | | | | | |
| | | | | | " Ctota | ; Zip Co | do | | | | | | |
| | Amount (\$) | | Payee addre 2533 Sout | | - | e, zip co | Jue | | | | | | |
| | \$100.00 | | 2555 50uu | IIIOIE DIVU | I. | | | | | | | | |
| | | | Houston, T | X 77004 | | | - | | | | | | |
| | PURPOSE | (a) | Category (| See Categories | isted at the top of this sc | hedule) | (b) | Description | _ | | _ | | |
| | OF EXPENDITURE | | Office Ove | rhead/Ren | tal Expense | | | | | | | ete Schedule T. | |
| | | | | | | | | Cell phones f | | | | | |
| | | | | | | | | | 010 | Janpaigh | nel | u organizers | |
| | Complete ONLY if direct | | Candidate/Of | ficeholder n | ame | Office sou | l Iaht | | | Office | hel | d | |
| | expenditure to benefit C/OI | | | | | 2 | | | | 01100 | | - | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|--|--|---|---------------------------------------|----------------|---|---|--------|---|---------------------------|---|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Eve Fee Foo Gift/ mmittee Leg | nt Expense | pense | Loan Repa Office Ove Polling Exp Printing Ex Salaries/W | yment/Reimburseme 'head/Rental Expense ense pense ages/Contract Labor | | Transportation E Travel in District Travel Out of Dis | | | |
| 1 | Total pages Schedule F1: | 1 | | | e copiume | 11000 10 00. | | 12 | | (Ethics Commission Filers | | |
| 1 | Sch: 28/113 Rpt: | | | ter (The Honora | obla) | | | | Filer ID 00020872 | |) | |
| Ļ | | Ļ | | | | | | | 00020012 | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 06/22/2015 | | Cricket Wireles | 3S | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; | City; | State; | ; Zip Co | de | | | | | |
| | \$100.00 | | 2533 Southmo | re Blvd. | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Houston, TX 7 | 7004 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Ca | ategories listed at the t | op of this sch | iedule) | (b) Description | | | | | |
| | OF EXPENDITURE | | | ad/Rental Expe | | | | | side of Texas. Com | | | |
| | | | | | | | | | (, officeholder living | | | |
| | | | | | | | Cell priorie | S IUI | campaign m | eld organizers | | |
| Ļ | | L | | · · · · · · · · · · · · · · · · · · · | | - // | • • | | Office h | • • | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeh | older name | | Office sou | 9ht | | Office h | eld | | |
| | Date | Γ | Payee name | | | | | | | | | |
| | 06/22/2015 | | Cricket Wireles | SS | | | | | | | | |
| | Amount (\$) | ┢ | Payee address; | City; | State; | ; Zip Co | de | | | | | |
| | \$100.00 | | 2533 Southmo | | | · - | | | | | | |
| | | | | | | | | | | | | |
| | | | Houston, TX 7 | 7004 | | | | | | | | |
| | PURPOSE | (a) | Category (See C | ategories listed at the t | op of this sch | edule) | (b) Description | | | | | |
| | OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Office Overhead/Rental Expense | | | | Check if tra | Check if travel outside of Texas. Complete Schedule T. | | | | | |
| | | | | | | | Cell phones for campaign field organizers | | | | | |
| | | | | | | | Cell phone | es toi | campaign in | eld organizers | | |
| | | | | • • • • • • • | | - // | • . | | Office h | • • | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeh | older name | Ĺ | Office sou | jht | | Office he | eld | | |
| | | — | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 06/22/2015 | | Cricket Wireles | 3S | | | | | | | | |
| | Amount (\$) | | Payee address; | City; | State; | ; Zip Co | de | | | | | |
| | \$1,000.00 | | 2533 Southmo | re Blvd. | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Houston, TX 7 | 7004 | | | | | | | | |
| | PURPOSE | (a) | Category (See Ca | ategories listed at the t | op of this sch | edule) | (b) Description | | | | | |
| | OF EXPENDITURE | | | ad/Rental Expe | | | | | side of Texas. Com | | | |
| | | | | | | | | | (, officeholder living | | | |
| | | | | | | | Cell phone | es toi | campaign in | eld organizers | | |
| | | L | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeh | older name | C | Office sou | ght | | Office he | eld | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|--|----------|--|---|---|---|-------|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Loan Rep Office Ov Polling E Printing B Salaries/ | oayme verhea xpens Expen Wage | ent/Reimbursement Id/Rental Expense e se s/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | 2 | · · · | | | | 3 | Filer ID (Ethics Commission Filers) | | | | |
| _ | Sch: 29/113 Rpt: | | Turner, Sylvester (The Honorable) | | | | | 00020872 | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 05/11/2015 | | Dennis, Shekira | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; St | ate; Zip C | ode | | | | | | | |
| | \$1,100.00 | | 5825 Gulfton Rd. | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this | s schedule) | (b) | Description | | | | | | |
| | OF EXPENDITURE | | Salaries/Wages/Contract Labor | | | | | de of Texas. Complete Schedule T. | | | | |
| | | | | | | | | officeholder living expense each services | | | | |
| | | | | | | Constituent o | uut | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office so | lught | | | Office held | | | | |
| | Data | <u> </u> | 2 | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 06/01/2015 | | Dennis, Shekira | | | | | | | | | |
| | Amount (\$) | | | ate; Zip C | ode | | | | | | | |
| | \$1,100.00 | | 5825 Gulfton Rd. | | | | | | | | | |
| | | | Houston, TX 77081 | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this Salaries/Wages/Contract Labor | s schedule) | (b) | Check if Austin | , тх, | de of Texas. Complete Schedule T. officeholder living expense each services | | | | |
| | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office so | ught | | | Office held | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 06/05/2015 | | Dukes, Meaghan | | | | | | | | | |
| | Amount (\$) | | | ate; Zip C | odo | | | | | | | |
| | \$514.69 | | 6102 Winsom Ln. | ale, Zip C | oue | | | | | | | |
| | <i>ф</i> 514.09 | | | | | | | | | | | |
| | | | Apt. 136 | | | | | | | | | |
| | | | Houston, TX 77057 | | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this | s schedule) | (b) | Description | | | | | | |
| | OF EXPENDITURE | | Salaries/Wages/Contract Labor | | | | , тх, | de of Texas. Complete Schedule T. officeholder living expense | | | | |
| - | Complete ONLY if direct | Ļ | Candidate/Officeholder name | Office so | | | | Office held | | | | |
| | expenditure to benefit C/OF | | | Unice Sol | uynt | | | | | | | |
| | | | | | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|--|----------|---|--|--|--|-------|---|----------------------------|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Loan Repa Office Ove Polling Ex Printing Ex Salaries/W | aymer erhead pense xpens Vages | nt/Reimbursement I/Rental Expense e /Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense | | | |
| 1 | Total pages Schedule F1: | 2 | | | | | 3 | Filer ID | (Ethics Commission Filers) | | | |
| - | Sch: 30/113 Rpt: | [| Turner, Sylvester (The Honorable) | | | | ľ | 00020872 | | | | |
| Δ | Date | 5 | Payee name | | | | | | | | | |
| | 06/20/2015 | ľ | Dukes, Meaghan | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State | ; Zip Co | de | | | | | | | |
| | \$969.66 | | 6102 Winsom Ln. | | | | | | | | | |
| | | | Apt. 136 | | | | | | | | | |
| | | | Houston, TX 77057 | | | | | | | | | |
| 8 | PURPOSE | <u> </u> | · · · · · · · · · · · · · · · · · · · | | (h) | Description | | | | | | |
| ľ | OF | (") | Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor | nedule) | (5) | | outsi | de of Texas. Com | plete Schedule T. | | | |
| | EXPENDITURE | | Salaries, Wages, Contract Labor | | | | | officeholder living | | | | |
| | | | | | | Campaign pa | yrc | oll | | | | |
| | | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name | Office sou | ght | | | Office he | eld | | | |
| | Date | | Payee name | | | | | | | | | |
| | 01/15/2015 | | Dupree II, Lawrence Lee | | | | | | | | | |
| | Amount (\$) | | Payee address; City; State | ; Zip Co | de | | | | | | | |
| | \$204.00 | | 5238 Canterway Dr. | · | | | | | | | | |
| | | | Houston, TX 77048 | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor | nedule) | (b) | | , тх, | de of Texas. Com , officeholder living each service |) expense | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Office sou | aht | | | Office he | ٩d | | | |
| | expenditure to benefit C/Oł | | | 0 | g | | | | | | | |
| _ | Date | | Payee name | | | | | | | | | |
| | 06/05/2015 | | Environcon Termite & Pest Control | | | | | | | | | |
| _ | Amount (\$) | | | ; Zip Co | do | | | | | | | |
| | \$162.38 | | 23306 Roberts Cemetery Rd. | , ziμ co | ue | | | | | | | |
| | ψ102.30 | | 23300 Roberts Cemetery Rd. | | | | | | | | | |
| | | | Hockley, TX 77447 | | | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this sch | nedule) | (b) | Description | | | | | | |
| | EXPENDITURE | | Office Overhead/Rental Expense | | | | | de of Texas. Com officeholder living | • | | | |
| | | | | | | Exterminator | | | | | | |
| | | | | | | | | Janpagni | | | | |
| - | Complete ONLY if direct | <u>_</u> | Candidate/Officeholder name | Office sou | aht | | | Office he | ۶ld | | | |
| | expenditure to benefit C/OI | | | -mec 300 | aur | | | Unice fit | 514 | | | |
| - | | | | | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|--|----------------|---|--|--|--|---------------------------------------|---|----------------------------|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Loan F Office Polling Printing Salarie | epayme Dverhea Expens I Expen s/Wage | ent/Reimbursement ad/Rental Expense se se s/Contract Labor | | Transportation E Travel in District Travel Out of Dis | | | | |
| 1 | Total pages Schedule F1: | 2 | • | | | | 2 | Filer ID | (Ethics Commission Filers) | | | |
| 1 | | 2 | | | | | 3 | | | | | |
| | Sch: 31/113 Rpt: | | Turner, Sylvester (The Honorable) | | | | | 00020872 | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 02/25/2015 | | FBO Dwight Bazile | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; Sta | te; Zip | Code | | | | | | | |
| | \$1,000.00 | | 4919 Reed Rd. | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Houston, TX 77033 | | | | | | | | | |
| | | | | | | | | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the top of this s | schedule) | (b) | Description | | | | | | |
| | EXPENDITURE | | Contributions/Donations Made By | | | | | ide of Texas. Com , officeholder living | nplete Schedule T. | | | |
| | | | Candidate/Officeholder/Political Corr | imiliee | | | | | for HFD firefighter killed | | | |
| | | | | | | in line of duty | | | ior fil D menginer killed | | | |
| _ | | | | 0.0 | | | | 0111 | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office s | ought | | | Office he | eld | | | |
| | | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 02/09/2015 | | Fairbank, Maslin, Maullin, Metz & As | SOC. | | | | | | | | |
| | Amount (\$) | | Payee address; City; Sta | te; Zip | Code | | | | | | | |
| | \$26,530.00 | | 1999 Harrison St. | | | | | | | | | |
| | | | Suite 2020 | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Oakland, CA 94612-3598 | | | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this s | schedule) | (b) | Description | autoida of Towar, Complete Cohodula T | | | | | |
| | EXPENDITURE | | Polling Expense | | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| | | | | | | Voter survey | | | | | | |
| | | | | | | votor ourvey | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Office s | ought | | | Office he | old | | | |
| | expenditure to benefit C/Oł | | | Onice 3 | Jugin | | | Once ne | ciù | | | |
| | | _ | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 04/02/2015 | | Fast Frame Houston | | | | | | | | | |
| | Amount (\$) | | Payee address; City; Sta | te; Zip | Code | | | | | | | |
| | \$238.98 | | 6535 Woodway Dr. | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Houston, TX 77057 | | | | | | | | | |
| | PURPOSE | (a) | | | (h) | Description | | | | | | |
| | OF | ^(a) | Category (See Categories listed at the top of this s | schedule) | | • | outs | ide of Texas. Com | nplete Schedule T. | | | |
| | EXPENDITURE | | Office Overhead/Rental Expense | | | | | , officeholder living | | | | |
| | | | | | Frame article | | | | | | | |
| | | | | | | | | | | | | |
| - | Complete ONLY if direct | L(| Candidate/Officeholder name | Office s | L Duaht | | | Office he | eld | | | |
| | expenditure to benefit C/Oł | | | 2 | 9''' | | | 000 1 | | | | |
| - | | | | | | | | | | | | |
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| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense | Loan Repayment/Reimbursem Office Overhead/Rental Exper Polling Expense Printing Expense Salaries/Wages/Contract Labo | se Transportation Equipment & Related Expense Travel in District Travel Out of District r OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | | | 3 Filer ID (Ethics Commission Filers) | | | | | |
| 1 | Sch: 32/113 Rpt: | urner, Sylvester (The Honorable) | | 00020872 | | | | | |
| 4 | Date | 5 Payee name | | | | | | | |
| - | 03/27/2015 | irst Class Tours | | | | | | | |
| 6 | Amount (\$) \$547.50 | 7 Payee address; City; State; Zip Code 12703 Eastex Freeway Houston, TX 77039 | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bus for Seniors to attend campaign kick-off | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | | | | | | | |
| | Date Payee name | | | | | | | | |
| | 04/08/2015 Fort Bend County Ministers Coalition | | | | | | | | |
| | Amount (\$) \$300.00 | ayee address; City; State; 2.O. Box 1628 Richmond, TX 77406 | Zip Code | | | | | | |
| | PURPOSE OF EXPENDITURE | ategory (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm | n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense hip and table for event | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | ndidate/Officeholder name C | Office held | | | | | | |
| Date Payee name | | | | | | | | | |
| | 06/09/2015 | orward Times | | | | | | | |
| | Amount (\$) \$1,060.00 | ayee address; City; State; 411 Almeda | Zip Code | | | | | | |
| | Houston, TX 77004 | | | | | | | | |
| PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Juneteenth ads | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | ndidate/Officeholder name C | Dffice sought | Office held | | | | | |
| | | | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|---|--|--------------------------|---|--|-------|---|-------------------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | | | Loan Repa Office Ove Polling Exp Printing Ex Salaries/W | yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| | Total pages Schedule F1: | 2 | | | | | 2 | Filer ID (Ethics Commission Filers) | | |
| 1 | Sch: 33/113 Rpt: | | | lonorable) | | | ľ | 00020872 | | |
| 4 | Date | | | | | | | | | |
| 1 | 05/17/2015 | ľ | 5 Payee name Freestone Communications | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | |
| ľ | \$6,000.00 | P.O. Box 8943 | | | | | | | | |
| | , | | | | | | | | | |
| | | St Louis, MO 63101 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed | l at the ten of this ach | adula) | (b) Description | | | | |
| | OF EXPENDITURE | | Advertising Expense | r at the top of this son | ieuuie) | | outs | ide of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | 0 | | | | ı, TX | , officeholder living |) expense | |
| | | | | | | Autodialer | | | | |
| _ | | | | | 2.4% | | | 0111 | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | e (| Office sou | int | | Office he | 910 | |
| | Date | | Payee name | | | | | | | |
| | 01/19/2015 Frontier Airlines | | | | | | | | | |
| | Amount (\$) Payee address; City; State; Zip Code | | | | | | | | | |
| | \$342.50 7001 Tower Road | | | | | | | | | |
| | | Denver, CO 80249 | | | | | | | | |
| | PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF T = 1 + 0 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + | | | | | | | | | |
| OF Travel Out of District X Check if travel outside of Texas. Complete Schedu EXPENDITURE Check if Austin, TX, officeholder living expense | | | | | | | | | | |
| | | | | | Flight for Ben Tyson to interview in Houston | | | | | |
| | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | e (| Dffice sou | jht | | Office he | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | |
| | Date | | Payee name | | | | | | | |
| | 02/19/2015 | | Gay & Lesbian Victory F | und | | | | | | |
| | Amount (\$) Payee address; City; State; Zip Code | | | | | | | | | |
| | \$350.00 1133 15th St. NW | | | | | | | | | |
| Suite 350 | | | | | | | | | | |
| Washington, DC 20005 | | | | | | | | | | |
| PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | | |
| OF Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense | | | | | | | | plete Schedule T. | | |
| | | | | | | | |) expense | | |
| Donation for event tickets | | | | | | | | | | |
| | Complete ONIL V if direct | Ľ | Condidate/Officebalder | | | t | | 0#i | bld | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | . (| Office sou | jrit | | Office he | eiu | |
| _ | | | | | | | | | | |
| | | | | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|---|--------------------------|--|--------------------|------------|-----------------|---|---------------------|----------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | | | F F G mmittee L | Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | | | | | - | 3 | Filer ID | (Ethics Commission Filers) |
| - | Sch: 34/113 Rpt: | 2 FILER NAME 3 Filer ID (Ethics Comming the | | | | | | (| | |
| 4 | Date | 5 Payee name | | | | | | | | |
| | 06/20/2015 | | Goldberg, Reid | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | |
| | \$923.50 | 5127 Jackson St. | | | | | | | | |
| | | | | | | | | | | |
| | | | Houston, TX 77004 | | | | | | | |
| 8 | PURPOSE | (a) | Category (See | Categories listed at th | ne top of this sch | nedule) | (b) Description | | | |
| | OF EXPENDITURE | | Salaries/Wag | ges/Contract La | abor | | | | de of Texas. Com | |
| | | | | | | | Campaign pa | | officeholder living | expense |
| | | | | | | | Campaign pa | iyit | 711 | |
| 9 | Complete ONLY if direct | | Candidate/Offic | eholder name | (| Office sou | aht | | Office he | eld |
| - | expenditure to benefit C/OH | | | | | | | | | |
| | Date | | Payee name | | | | | | | |
| | 02/19/2015 Goode Co. | | | | | | | | | |
| | Amount (\$) | Dunt (\$) Payee address; City; State; Zip Code | | | | | | | | |
| | \$201.78 | | | | | | | | | |
| | | | | | | | | | | |
| | | Houston, TX 77098 | | | | | | | | |
| | PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | |
| | OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense | | | | | | | | | |
| | | | | | | | | | | expense |
| | | | | | | | | | | |
| _ | Complete ONLY if direct | | Candidato/Offic | aboldor namo | | Offico cou | abt | | Office he | ald |
| | expenditure to benefit C/Oł | | | | | | | | | |
| _ | | 1 | | | | | | | | |
| | Date Payee name | | | | | | | | | |
| | 02/19/2015 Greater Houston Partnership | | | | | | | | | |
| | Amount (\$) Payee address; City; State; Zip Code | | | | | | | | | |
| | \$100.00 | | 1200 Smith | | | | | | | |
| | Suite 700 | | | | | | | | | |
| | Houston, TX 77002 | | | | | | | | | |
| | PURPOSE | (a) | Category (See | Categories listed at th | ne top of this sch | nedule) | (b) Description | | | |
| | OF Contributions/Donations Made By | | | | | | | plete Schedule T. | | |
| | EXPENDITURE Candidate/Officeholder/Political Committee | | | | | | | | expense | |
| | Event tickets | | | | | | | | | |
| | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offic | eholder name | (| Office sou | ght | | Office he | eld |
| | expenditure to benefit C/OI | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|--|--|-----------------------|--|------------|------|---|---|---|----------------------------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | | ent/Reimbursement Id/Rental Expense e se s/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| | Total pages Schedule F1: | 2 | · · · · · · · · · · · · · · · · · · · | | | | 2 | Filer ID | (Ethics Commission Filers) | |
| Ľ | | ² | | | | | l 3 | 00020872 | | |
| | Sch: 35/113 Rpt: | | Turner, Sylvester (The Honorable) | | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 04/23/2015 | | Greater Houston Partnership | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State | ; Zip Co | ode | | | | | |
| | \$85.00 | | 1200 Smith | | | | | | | |
| | | | Suite 700 | | | | | | | |
| | | | Houston, TX 77002 | | | | | | | |
| | | | | | 1 | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the top of this sch | edule) | (b) | Description | | | | |
| | EXPENDITURE | | Contributions/Donations Made By | | | | | de of Texas. Com officeholder living | plete Schedule T. | |
| | | | Candidate/Officeholder/Political Comm | iiilee | | State of the C | | | | |
| | | | | | | | Jity | | | |
| | Operation ONITY if all an at | | | | | | | 0.45 | - 1 -1 | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name C | Office sou | ught | | | Office he | eid | |
| | Date | | Payee name | | | | | | | |
| 06/18/2015 Green Mountain Energy | | | | | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | | | | | |
| | \$528,99 | | Dept 1233 | • | | | | | | |
| | +0_0.00 | | P.O Box 121233 | | | | | | | |
| | | | | | | | | | | |
| | | | Dallas, TX 78312-1233 | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this sch | edule) | (b) | Description | | | | |
| | EXPENDITURE | | Office Overhead/Rental Expense | | | | | | plete Schedule T. | |
| | | | | | | Campaign he | | officeholder living | | |
| | | | | | | Campaign ne | au | quarters ele | Culcity | |
| | | | | | | | | 011 | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | ught | | | Office he | eld | |
| | | | | | | | | | | |
| | Date | | Payee name | | | | | | | |
| | 06/02/2015 | | Gutierrez, Enrique | | | | | | | |
| | Amount (\$) | | Payee address; City; State | ; Zip Co | ode | | | | | |
| | \$100.00 | | 9201 Friendly Rd. | | | | | | | |
| | | | | | | | | | | |
| | | | Houston, TX 77093 | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sch | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | | | | | plete Schedule T. | |
| | | | | | | | | officeholder living |) expense | |
| | | | | | | Cell phone a | NOI | ance | | |
| L | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name | Office sou | ught | | | Office he | eld | |
| | | | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|--|--|---------------------|---------------------------|------------|---|---|-----------------------|----------------------------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Loan Repayment/Reinbursement So Fees Office Overhead/Reintal Expense Tr Food/Beverage Expense Polling Expense Tr y - Gift/Awards/Memorials Expense Printing Expense Tr | | | | | Transportation E Travel in District Travel Out of Dis | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAM | = | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| - | Sch: 36/113 Rpt: | | Turner, Sylvester (The Honorable) 00020872 | | | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 06/05/2015 | | Gutierrez, I | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip Code | | | | | | | | |
| | \$1,113.78 | | 9201 Friendly Rd. | | | | | | | | |
| | | | Houston, T | X 77093 | | | | | | | |
| 8 | PURPOSE | (a) | Category (s | on Catogorios liste | ed at the top of this sch | odulo) | (b) Description | | | | |
| | OF | | | ages/Contra | | euule) | | outs | ide of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | | | | | Check if Austin | I, TX | , officeholder living |) expense | |
| | | Campaign payroll | | | | | | | | | |
| _ | | | | | | | 1. | | 011 | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Off | iceholder nam | ie C | Office sou | jnt | | Office he | eid | |
| | Date | | Payee name | | | | | | | | |
| | 06/18/2015 Gutierrez, Enrique | | | | | | | | | | |
| | Amount (\$) | | Payee addre | ess; City; | State | Zip Co | de | | | | |
| | \$1,400.64 | | 9201 Frien | - | | | | | | | |
| | ¢1,100101 | | 020211000 | ary rea. | | | | | | | |
| | | | Houston, T | X 77093 | | | | | | | |
| | PURPOSE | (a) | Category (S | ee Categories liste | ed at the top of this sch | edule) | (b) Description | | | | |
| | OF EXPENDITURE | | | ages/Contra | | | | | ide of Texas. Com | | |
| | | | | | | | | | , officeholder living | j expense | |
| | | | | | | | Campaign pa | ayro | DII | | |
| | | | | | | | | | 0.000 | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Off | iceholder nam | ie C | Office sou | Int | | Office he | ela | |
| | | 1 | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 05/17/2015 | | HEB | | | | | | | | |
| | Amount (\$) | | Payee addre | ess; City; | State; | ; Zip Co | de | | | | |
| | \$23.57 | | 2400 S. Co | ngress | | | | | | | |
| | | | | | | | | | | | |
| | | | Austin, TX | 78704 | | | | | | | |
| | PURPOSE | (a) | Category (S | ee Categories liste | ed at the top of this sch | edule) | (b) Description | | | | |
| | OF EXPENDITURE | | Food/Beve | rage Expens | e | | | | ide of Texas. Com | | |
| | | | | | | | | | , officeholder living | j expense | |
| | | | | | | | Snacks for le | gis | iative office | | |
| | Complete ONL V if direct | Ļ | andidata/04 | icoboldor nom | 0 | | t | | Office | ald | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhaed/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District | | | | | | | | |
| 1 | Total pages Schedule F1: | | | | | | | | | |
| - | Sch: 37/113 Rpt: | Turner, Sylvester (The Honorable) 00020872 | | | | | | | | |
| 4 | | | | | | | | | | |
| 4 | Date 04/13/2015 | 5 Payee name HEB | | | | | | | | |
| _ | | | | | | | | | | |
| 6 | Amount (\$) \$39.73 | 7 Payee address; City; State; Zip Code 2400 S. Congress Austin, TX 78704 | | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| | OF EXPENDITURE | Food/Beverage Expense | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 01/15/2015 | HEB | | | | | | | | |
| | Amount (\$) \$27.71 | Payee address; City; State; Zip Code 2400 S. Congress Austin, TX 78704 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Snacks for Capitol office | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 03/15/2015 | HEB | | | | | | | | |
| | Amount (\$) \$13.20 | Payee address; City; State; Zip Code 2400 S. Congress | | | | | | | | |
| | | Austin, TX 78704 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Snacks for Capitol office | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H | | | | | | | | |
| | | | | | | | | | | |

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | | | |
| Sch: 38/113 Rpt: | Turner, Sylvester (The Honorable) 00020872 | | | | | | | | |
| 4 Date | | | | | | | | | |
| | 5 Payee name | | | | | | | | |
| 04/01/2015 | HEB | | | | | | | | |
| 6 Amount (\$) \$30.51 | 7 Payee address; City; State; Zip Code 2400 S. Congress Austin, TX 78704 | | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description | | | | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| Date | Payee name | | | | | | | | |
| 06/18/2015 | HEB | | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| \$11.32 | 14540 Memorial Drive Houston, TX 77079 | | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign water and pens | | | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held H | | | | | | | | |
| Date | Payee name | | | | | | | | |
| 04/30/2015 | HEB Grocery Company, LP | | | | | | | | |
| Amount (\$) \$3,000.00 | Payee address; City; State; Zip Code P.O. Box 839955 | | | | | | | | |
| | San Antonio, TX 78283-3955 | | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign headquarters deposit | | | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held H | | | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|--|-----------------------------|---|---------------|---|-----------------------------|--------|--|----------------------------|---|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Ū. | se | Office Over Polling Exp Printing Exp Salaries/Wa | ense Iges/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense | | |
| | | | The Instruction Guide e | xplains ho | ow to con | plete this form. | | | | | |
| 1 | Total pages Schedule F1: Sch: 39/113 Rpt: | 2 | FILER NAME Turner, Sylvester (The Honorab | le) | | | 3 | Filer ID 00020872 | (Ethics Commission Filers) | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 04/30/2015 | | HEB Grocery Company, LP | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; | Zip Coo | е | | | | | |
| | \$12,000.00 | | P.O. Box 839955 | | | | | | | | |
| | | | | | | | | | | | |
| | | | San Antonio, TX 78283-3955 | | | | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the top | | dule) | b) Description | | | | | |
| | EXPENDITURE | | Office Overhead/Rental Expens | е | | | | ide of Texas. Com , officeholder living | • | | |
| | | | | | | Campaign he | | | | | |
| | | | | | | 1 3 | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name | Of | fice soug | ht | | Office he | əld | | |
| | Date | | Payee name | | | | | | | | |
| | 06/01/2015 | | HEB Grocery Company, LP | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | Zip Coo | е | | | | | |
| | \$12,000.00 | \$12,000.00 P.O. Box 839955 | | | | | | | | | |
| | | | San Antonio, TX 78283-3955 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top Office Overhead/Rental Expense | | dule) | | n, TX, | ide of Texas. Com , officeholder living quarters Rel | expense | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Of | fice soug | ht | | Office he | eld | _ | |
| | expenditure to benefit C/OI | | | | | | | | | | |
| | Date | 1 | Payee name | | | | | | | - | |
| | 03/19/2015 | | HOUEquality | | | | | | | | |
| | Amount (\$) | | | Stato: | Zip Coo | 0 | | | | | |
| | \$500.00 | | Payee address; City; P.O. Box 66693 | Siale, | Ζιμ Ουι | e | | | | | |
| | φ500.00 | | F.O. B0X 00093 | | | | | | | | |
| | | | Houston, TX 77266 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top | of this sched | dule) | b) Description | | | | | |
| | OF EXPENDITURE | | Contributions/Donations Made E | | | | | ide of Texas. Com | | | |
| | | | Candidate/Officeholder/Political | Commit | tee | Sponsorship | | , officeholder living | | | |
| | | | | | | oponsorsnip | 101 | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name | Of | fice soug | ht | | Office he | eld | _ | |
| | | • | | | | | | | | | |
| | | | | | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | | | |
| - | Sch: 40/113 Rpt: | Turner, Sylvester (The Honorable) 00020872 | | | | | | | | |
| | | | | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | |
| | 03/03/2015 | Harland Clarke Corp. | | | | | | | | |
| 6 | Amount (\$) \$198.92 | 7 Payee address; City; State; Zip Code 15955 La Cantera Parkway San Antonio, TX 78256 | | | | | | | | |
| _ | | | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign checks | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 04/16/2015 | Harris County Democratic Party | | | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | | | | | |
| | \$120.00 | 1445 N. Loop West Houston, TX 77008 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sustaining membership dues | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 05/27/2015 | Harris County Democratic Party | | | | | | | | |
| - | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$150.00 | 1445 N. Loop West | | | | | | | | |
| | DUDDOCE | Houston, TX 77008 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Living Legends event sponsorship | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|--|---|---|--------------------------|-----------------|-----------------|--|---|---|----------------------------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Loan Repayment/Reinbursement Solicita Fees Office Overhead/Rental Expense Transp Food/Beverage Expense Polling Expense Travel / - Gift/Awards/Memorials Expense Printing Expense Travel | | | | | Transportation E Travel in District Travel Out of Dis | Solicitation/Fundraising Expense Fransportation Equipment & Related Expense Travel in District Fravel Out of District DTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 FIL | FR NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| - | Sch: 41/113 Rpt: | | Turner, Sylvester (The Honorable) 00020872 | | | | | | | | |
| 4 | Date | 5 Pay | Payee name | | | | | | | | |
| | 04/04/2015 | · · | Harry's | | | | | | | | |
| 6 | Amount (\$) \$387.99 | 318 | 7 Payee address; City; State; Zip Code 318 Tuam St. Houston, TX 77006 | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | End/Beverage Expense | | | | | | | • | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | didate/Officehol | der name | Of | ffice soug | Jht | | Office he | eld | |
| | Date | Pay | /ee name | | | | | | | | |
| | 01/15/2015 | Но | use Democrat | ic Caucus | | | | | | | |
| | Amount (\$) \$1,500.00 | P.C | vee address; D. Box 2910 stin, TX 78768 | City; | State; | Zip Coo | le | | | | |
| | PURPOSE OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee | | | | Check if Austir | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Caucus membership donation | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought H | | | | ıht | Office held | | | | |
| - | Date | Pav | /ee name | | | | | | | | |
| | 02/24/2015 | 1 | uston Astros I | Baseball Club | | | | | | | |
| | Amount (\$) \$3,464.00 | - | vee address; 1 Crawford St. | City; | State; | Zip Coo | le | | | | |
| | | Но | uston, TX 770 | 02 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | egory _{(See Cate} ent Expense | gories listed at the top | o of this sched | dule) | | ı, TX | ide of Texas. Com , officeholder living Off event roo |) expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | didate/Officehol | der name | Of | ffice soug | Jht | | Office he | eld | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|
| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | | | | | | | |
| | | The Instruction Guide explains how to complete this form. | | | | | | | | | |
| 1 | Total pages Schedule F1: Sch: 42/113 Rpt: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Turner, Sylvester (The Honorable) 00020872 | | | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | | |
| - | 02/25/2015 | Houston Astros Baseball Club | | | | | | | | | |
| 6 | Amount (\$) \$135.31 | 7 Payee address; City; State; Zip Code 501 Crawford St. | | | | | | | | | |
| | | Houston, TX 77002 | | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Insurance coverage for kick-off event | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 01/15/2015 | Houston Black Real Estate Association | | | | | | | | | |
| | Amount (\$) \$120.00 | Payee address; City; State; Zip Code 11303 Chimney Rock Suite 110 Houston, TX 77035 | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Tickets to 66th annual Awards & Installation Gala | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 06/09/2015 | Houston Defender | | | | | | | | | |
| | Amount (\$) \$1,200.00 | Payee address; City; State; Zip Code 12401 S. Post Oak Suite 223 Houston, TX 77045 | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Juneteenth ads | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|--|--|-----------------------|--|---------------------|-----------------------|------------|---|---|--|----------------------------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Loan Repayment/Reimbursement S Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T Gift/Awards/Memorials Expense Printing Expense T | | | | Transportation E Travel in District Travel Out of Dis | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 12 | · · · · · · · · · · · · · · · · · · · | | | | | | | (Ethics Commission Filers) | |
| LT. | | ² | | -ter (Tho Ho | | | | ° | Filer ID | | |
| | Sch: 43/113 Rpt: | | Turner, Sylve | ster (The Ho | norable) | | | | 00020872 | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 03/19/2015 | | Houston GLBT Political Caucus | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip Code | | | | | | | | |
| | \$200.00 | D.00 P.O. Box 66664 | | | | | | | | | |
| | | | | | | | | | | | |
| | | | Houston, TX | 77266-6664 | | | | | | | |
| 8 | PURPOSE | <u> </u> | | | | | (b) Description | | | | |
| ° | OF | (a) | Category (See | | | nedule) | (b) Description | el nuts | ide of Texas. Com | nlete Schedule T | |
| | EXPENDITURE | | Contributions, Candidate/Of | | | nittee | | | , officeholder living | | |
| | | | oundidate/on | | | intee | Spring Fling | | | | |
| | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Office | holder name | (| Office sou | aht | | Office he | eld | |
| Ĩ | expenditure to benefit C/OF | | | | | | | | | | |
| ⊨ | Date | <u> </u> | | | | | | | | | |
| | | | Payee name | T Dolition C | | | | | | | |
| 06/22/2015 Houston GLBT Political Caucus | | | | | | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | | | | | | |
| | \$280.00 P.O. Box 66664 | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | Houston, TX | 77266-6664 | | | | | | | |
| | PURPOSE | (a) | Category (See | Categories listed a | t the top of this sch | nedule) | (b) Description | | | | |
| | OF | | Contributions | | | , | Check if trav | el outs | ide of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | Candidate/Of | | | nittee | | | , officeholder living | j expense | |
| | | | | | | | Membershi | p du | es | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Office | holder name | (| Office sou | ght | | Office he | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 04/22/2015 | | Houston ISD | Asian Adviso | ory Committe | e | | | | | |
| | Amount (\$) | | Payee address | ; City; | State | ; Zip Co | de | | | | |
| | \$250.00 | | 4400 W. 18th | | | , 1 | | | | | |
| | + | | | | | | | | | | |
| | | | Houston TV | 77002 | | | | | | | |
| | | | Houston, TX | | | | | | | | |
| | PURPOSE OF | (a) | Category (See | | | nedule) | (b) Description | | | | |
| | EXPENDITURE | | Contributions | | | | | | ide of Texas. Com , officeholder living | | |
| | | | Candidate/Of | licenoider/PC | nilical Comm | nitee | Community | | | Jexpense | |
| | | | | | | | Community | au | | | |
| ⊢ | Complete ONLV if direct | Ļ | Condidate/Office | boldernerer | | Office com | abt | | Office Is | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Office | noiuer name | (| Office sou | ynt | | Office he | eiu | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | | | |
| - | Sch: 44/113 Rpt: | Turner, Sylvester (The Honorable) 00020872 | | | | | | | | |
| | | | | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | |
| | 06/09/2015 | Houston Style Magazine | | | | | | | | |
| 6 | Amount (\$) \$1,000.00 | 7 Payee address; City; State; Zip Code P.O. Box 14035 | | | | | | | | |
| | | Houston, TX 77221 | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | Advertising Expense | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 01/29/2015 | Human Rights Campaign | | | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | | | | | |
| | \$264.50 | 1435 Lamonte Lane Houston, TX 77018 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 18th Annual Houston Gala tickets | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 02/24/2015 | Jason's Deli | | | | | | | | |
| - | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$8.64 | 1000 E. 41st St. | | | | | | | | |
| | | Austin, TX 78751 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Legislative Meeting | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Loan Repayment/Reimbursemen Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Glf/Awards/Memorials Expense Printing Expense | ense Transportation Equipment & Related Expense Travel in District Travel Out of District oor OTHER (enter a category not listed above) | | | | | | | |
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| 1 | Sch: 45/113 Rpt: | Turner, Sylvester (The Honorable) | 00020872 | | | | | | | |
| 4 | Date | Payee name | | | | | | | | |
| | 03/15/2015 | Jason's Deli | | | | | | | | |
| 6 | Amount (\$) \$8.64 | Payee address; City; State; Zip Code 1000 E. 41st St. Austin, TX 78751 | | | | | | | | |
| 8 | PURPOSE | (b) Description | | | | | | | | |
| 0 | OF | OF Cood/Boverage Expense | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 03/30/2015 Jason's Deli | | | | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | | | | | |
| | \$584.98 | 1200 Smith St. Houston, TX 77002 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense cod for Seniors | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 05/17/2015 | Jason's Deli | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$5.40 | 1000 E. 41st St. | | | | | | | | |
| | | Austin, TX 78751 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense Meeting | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|--|--|-----|--|-------------|------------|-----------------|--------|---|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Loan Repayment/Reimbursement Sc Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr Gift/Awards/Memorials Expense Printing Expense Tr | | | | | Transportation E Travel in District Travel Out of Dis | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| | Tatal same Oak adula 51 | | | , più lio | | | 1. | Eller ID | (Ethics Commission Filers) | | |
| 1 | Total pages Schedule F1: | 2 | | | | | 3 | Filer ID | (Ethics Commission Filers) | | |
| | Sch: 46/113 Rpt: | | Turner, Sylvester (The Honorable)00020872 | | | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 06/11/2015 | | Jewish Family Services | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip Code | | | | | | | | |
| - | \$500.00 | | 4131 S. Braeswood Blvd. | | | | | | | | |
| | + | | 0 | | | | | | | | |
| | | | | | | | | | | | |
| | | | Houston, TX 77025 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top | of this sch | edule) | (b) Description | | | | | |
| | OF EXPENDITURE | | Contributions/Donations Made E | | | | | ide of Texas. Com | | | |
| | - | | Candidate/Officeholder/Political | Comm | littee | | | , officeholder living | | | |
| | | | | | | Donation for | IVIE | eyenanu noo | | | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | C | Office sou | lht | | Office he | eld | | |
| | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| 03/26/2015 Johnson, Antron | | | | | | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | | | | | | |
| | \$213.10 5950 Antoine Drive | | | | | | | | | | |
| | | | Apt. 2007 | | | | | | | | |
| | | | | | | | | | | | |
| | | | Houston, TX 77091 | | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top | of this sch | edule) | (b) Description | | ide of Tourse Oran | whether Orabic advice T | | |
| | EXPENDITURE | | Salaries/Wages/Contract Labor | | | | | ide of Texas. Com , officeholder living | | | |
| | | | | | | Campaign p | | | j chpende | | |
| | | | | | | Campaign p | ayıt | 011 | | | |
| - | Complete <u>ONLY</u> if direct | | Candidate/Officeholder name | | Office sou | lbt | | Office he | ald | | |
| | expenditure to benefit C/OF | | candidate/Onicenoider name | C | Jince Sou | int | | Once no | eiu | | |
| ╘ | | - | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 04/09/2015 | | Johnson, Antron | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | ; Zip Co | le | | | | | |
| | \$946.58 | | 5950 Antoine Drive | | | | | | | | |
| | | | Apt. 2007 | | | | | | | | |
| | | | Houston, TX 77091 | | | | | | | | |
| _ | PURPOSE | (2) | | | | (b) Description | | | | | |
| | OF | (a) | Category (See Categories listed at the top | of this sch | iedule) | | l outs | ide of Texas. Com | plete Schedule T. | | |
| | EXPENDITURE | | Salaries/Wages/Contract Labor | | | | | , officeholder living | | | |
| | | | | | | Campaign p | | | | | |
| | | | | | | | | | | | |
| - | Complete ONLY if direct | L(| Candidate/Officeholder name | C | Office sou | Iht | | Office he | eld | | |
| | expenditure to benefit C/Oł | | | | | - | | 2 | | | |
| | | | | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|--|-----|---|------------|-----|-------------|-------|---------------------|----------------------------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | | | | | quipment & Related Expense | |
| 1 | Total pages Schedule F1: | 2 | | | - | | 3 | Filer ID | (Ethics Commission Filers) | |
| - | Sch: 47/113 Rpt: | | Turner, Sylvester (The Honorable) | | | | | 00020872 | (| |
| 4 | Date 04/23/2015 | 5 | Payee name Johnson, Antron | | | | | | | |
| 6 | Amount (¢) | 7 | | ; Zip Co | do | | | | | |
| 0 | Amount (\$) \$946.58 | ľ | 5950 Antoine Drive | ;, Zip Cu | ue | | | | | |
| | ψ940.30 | | | | | | | | | |
| | | | Apt. 2007 | | | | | | | |
| | | | Houston, TX 77091 | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sc | hedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Salaries/Wages/Contract Labor | | | | | de of Texas. Com | • | |
| | | | | | | Campaign pa | | officeholder living | expense | |
| | | | | | | Campaign pc | yıc | 711 | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | Office sou | ght | | | Office he | eld | |
| | Date | | Payee name | | | | | | | |
| | 03/30/2015 | | Johnson, Antron | | | | | | | |
| _ | Amount (\$) | | Payee address; City; State | ; Zip Co | de | | | | | |
| | \$969.66 | | 5950 Antoine Drive | | | | | | | |
| | | | Apt. 2007 | | | | | | | |
| | | | Houston, TX 77091 | | | | | | | |
| | | | | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this sc | hedule) | (b) | Description | outoi | de of Texas. Com | nlata Sahadula T | |
| | EXPENDITURE | | Salaries/Wages/Contract Labor | | | | | officeholder living | | |
| | | | | | | Campaign pa | | | | |
| | | | | | | | | | | |
| | Complete ONLY if direct | (| Candidate/Officeholder name | Office sou | aht | | | Office he | eld | |
| | expenditure to benefit C/OI | Н | | | 5 | | | | | |
| _ | Date | _ | | | | | | | | |
| | 05/07/2015 | | Payee name Johnson, Antron | | | | | | | |
| | | | | | | | | | | |
| | Amount (\$) | | | e; Zip Co | ae | | | | | |
| | \$946.59 | | 5950 Antoine Drive | | | | | | | |
| | | | Apt. 2007 | | | | | | | |
| | | | Houston, TX 77091 | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sc | hedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Salaries/Wages/Contract Labor | | | | | de of Texas. Com | | |
| | | | | | | | | officeholder living | expense | |
| | | | | | | Campaign pa | iyiC | ш | | |
| | 0 1 1 0 11 1 1 | | | 0.11 | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office sou | ght | | | Office he | 9IQ | |
| | | • | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|--|----------------|--|--------|-------------|-----------------|------|-----------------------|---------------------------------------|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | | | | | Equipment & Related Expense strict | | |
| 1 | Total pages Schedule F1: | 2 | | | | | 2 | Filer ID | (Ethics Commission Filers) | | |
| - | Sch: 48/113 Rpt: | | Turner, Sylvester (The Honora | ble) | | | | 00020872 | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 05/21/2015 | | Johnson, Antron | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; | Zip Co | de | | | | | |
| | \$946.58 | | 5950 Antoine Drive | | | | | | | | |
| | | | Apt. 2007 | | | | | | | | |
| | | | Houston, TX 77091 | | | | | | | | |
| | PURPOSE | | | | | (b) p | | | | | |
| 8 | OF | (a) | Category (See Categories listed at the to | | edule) | (b) Description | oute | ide of Texas. Com | nlete Schedule T | | |
| | EXPENDITURE | | Salaries/Wages/Contract Labo |)r | | | | , officeholder living | | | |
| | | | | | | Campaign p | | - | | | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name | 0 |)ffice sou | ght | | Office he | eld | | |
| | Date | | Payee name | | | | | | | | |
| | 06/04/2015 | | Johnson, Antron | | | | | | | | |
| _ | Amount (\$) | | Payee address; City; | State: | Zip Co | de | | | | | |
| | \$946.58 | | 5950 Antoine Drive | , | 1 | | | | | | |
| | \$540.00 | | | | | | | | | | |
| | | | Apt. 2007 | | | | | | | | |
| | | | Houston, TX 77091 | | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the to | | edule) | (b) Description | | | | | |
| | EXPENDITURE | | Salaries/Wages/Contract Labo | r | | | | ide of Texas. Com | | | |
| | | | | | | Campaign p | | , officeholder living | j expense | | |
| | | | | | | Campaign p | ayn | | | | |
| | Complete ONIL V if direct | | Condidate/Officeholder name | | | vb+ | | Office by | ald | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name | 0 | office sou | jni | | Office he | eid | | |
| | | _ | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 06/18/2015 | | Johnson, Antron | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | Zip Co | de | | | | | |
| | \$946.58 | | 5950 Antoine Drive | | | | | | | | |
| | | | Apt. 2007 | | | | | | | | |
| | | | Houston, TX 77091 | | | | | | | | |
| | PURPOSE | (a) | | | | (b) Description | | | | | |
| | OF | ^(a) | Category (See Categories listed at the to Salaries/Wages/Contract Labo | | eaule) | | outs | ide of Texas. Com | plete Schedule T. | | |
| | EXPENDITURE | | Salaries/Wages/Contract Labo | 1 | | | | , officeholder living | | | |
| | | | | | | Campaign p | ayro | oll | | | |
| | | | | | | - | | | | | |
| - | Complete ONLY if direct | L(| Candidate/Officeholder name | 0 | office soug | ght | | Office he | eld | | |
| | expenditure to benefit C/OI | | | | | - | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Loan Repayment/Reimbursen Fees Office Overhead/Rental Exper Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | ISE Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above) | | | | | | | |
| 1 | Total pages Schedule F1: | · · · · | 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| - | Sch: 49/113 Rpt: | Turner, Sylvester (The Honorable) | 00020872 | | | | | | | |
| 4 | Date | 5 Payee name | · | | | | | | | |
| | 06/19/2015 | Jones, Ray | | | | | | | | |
| 6 | Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code P.O. Box 11071 Houston, TX 77016 | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | n Iravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense ity outreach services | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 03/19/2015 | KPFT | | | | | | | | |
| | Amount (\$) \$408.98 | Payee address; City; State; Zip Code 419 Lovett Houston, TX 77006 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | n Iravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense Comedy Roast tickets | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 04/23/2015 | Kinder Institute | | | | | | | | |
| | Amount (\$) \$250.00 | Payee address; City; State; Zip Code 6100 Main St | | | | | | | | |
| | | Houston, TX 77005 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | Candidate/Officeholder/Political Committee | n Iravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense Stitute luncheon ticket | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | | | | | | | | | | |

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic | |
|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 50/113 Rpt: | Turner, Sylvester (The Honorable) 00020872 |
| | |
| 4 Date | 5 Payee name |
| 04/22/2015 | LULAC District 8 |
| 6 Amount (\$) \$175.00 | 7 Payee address; City; State; Zip Code P.O. Box 8620 Houston, TX 77249 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parade entry fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 05/11/2015 | LeFebvre, Andrew |
| Amount (\$) \$609.71 | Payee address; City; State; Zip Code 2611 Silverado Trail Sherman, TX 75072 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held H |
| Date | Payee name |
| 05/22/2015 | LeFebvre, Andrew |
| Amount (\$) \$969.66 | Payee address; City; State; Zip Code 2611 Silverado Trail |
| | Sherman, TX 75072 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held |
| | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|--|---|---|--|---------------------|--|--|-------|---|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | nmittee | EXPENDITO Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction (| nse Is Expense | Loan Repa Office Ove Polling Ex Printing Ex Salaries/M | ayment/Reimbursement rhead/Rental Expense pense pense /ages/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 | | | | | - | 2 | Filer ID | (Ethics Commission Filers) |
| 1 | Sch: 51/113 Rpt: | <u>٦</u> | | ester (The Ho | norable) | | | ľ | 00020872 | |
| _ | | _ | | | norable) | | | | 00020072 | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 06/04/2015 | | Lefebvre, A | ndrew | | | | | | |
| 6 | Amount (\$) \$969.66 | 7 Payee address; City; State; Zip Code 2611 Silverado Trail Sherman, TX 75072 | | | | | | | | |
| - | DUDDOCE | | | | | | (h) p | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | | e Categories listed a ges/Contract I | | iedule) | | ı, TX | ide of Texas. Com , officeholder living D | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Offi | ceholder name | C | Office sou | ght | | Office he | eld |
| | Date | | Payee name | | | | | | | |
| | 06/18/2015 | | Lefebvre, A | ndrew | | | | | | |
| | Amount (\$) | | Payee addres | s; City; | State | ; Zip Co | de | | | |
| | \$969.66 | | 2611 Silvera Sherman, T | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | | e Categories listed a ges/Contract I | | iedule) | | ı, TX | ide of Texas. Com , officeholder living D II | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Offi | ceholder name | C | Office sou | ght | | Office he | eld |
| | Date | | Payee name | | | | | | | |
| | 01/22/2015 | | Legislative \$ | Study Group | | | | | | |
| | Amount (\$) \$600.00 | | Payee addres P.O. Box 12 Capitol Stat Austin, TX 7 | 943 ion | State | ; Zip Co | de | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category _{(Se} Fees | e Categories listed a | the top of this sch | iedule) | | ı, TX | ide of Texas. Com , officeholder living BS | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Offi | ceholder name | C | Office sou | ght | | Office he | eld |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|--|----------|---|--------------------------------|-------------|----------------|------|-----------------------|---|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Fees Office Overhead/Rental Expense Transpor Food/Beverage Expense Polling Expense Travel in Gift/Awards/Memorials Expense Printing Expense Travel or | | | | | | raising Expense quipment & Related Expense strict category not listed above) | |
| | Total pages Cabadula E1. | | | | | | 1 | Filer ID | (Ethias Commission Filors) | |
| ľ | Total pages Schedule F1: Sch: 52/113 Rpt: | | Turner, Sylvester (Th | ne Honorable) | | | 3 | Filer ID 00020872 | (Ethics Commission Filers) | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 01/15/2015 | | Lincoln Automotive F | inancial Services | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; Cit | y; State; | Zip Coc | е | | | | |
| | \$691.53 | | P.O. Box 542000 | | | | | | | |
| | | | | | | | | | | |
| | | | Omaha, NE 68154-8 | 000 | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories | listed at the top of this sch | edule) | b) Description | | | | |
| | OF | | Transportation Equip | | oddioj | | outs | ide of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | Expense | | | | | , officeholder living | • | |
| | | | | | | Auto lease fo | or c | ampaign and | legislative use | |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder r | ame C | Office soug | ht | | Office he | eld | |
| | Date | | Payee name | | | | | | | |
| | 02/06/2015 | | Lincoln Automotive F | inancial Services | | | | | | |
| ⊢ | Amount (\$) | | Payee address; Cit | v; State; | Zip Coc | е | | | | |
| | \$691.53 | | P.O. Box 542000 | , , | | | | | | |
| | +002.00 | | | | | | | | | |
| | | | Omaha, NE 68154-8 | 000 | | | | | | |
| | PURPOSE | (a) | Category (See Categories | listed at the top of this sche | edule) | b) Description | | | | |
| | OF EXPENDITURE | | Transportation Equip | ment & Related | | | | ide of Texas. Com | | |
| | | | Expense | | | | | , officeholder living | | |
| | | | | | | Auto lease to | or c | ampaign and | l legislative use | |
| | Complete ONIL V if direct | | andidate/Officeholder r | | | bt. | | Office by | Nd | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | anuluate/Onicenoider r | ame C | Office soug | m | | Office he | eiu | |
| | Data | <u> </u> | | | | | | | | |
| | Date 02/19/2015 | | Payee name Lincoln Automotive F | inanaial Comisso | | | | | | |
| | | | | | | | | | | |
| | Amount (\$) | | Payee address; Cit | y; State; | Zip Coo | е | | | | |
| | \$691.53 | | P.O. Box 542000 | | | | | | | |
| | | | | | | | | | | |
| | | | Omaha, NE 68154-8 | 000 | | | | | | |
| | PURPOSE | (a) | Category (See Categories | listed at the top of this sche | edule) | b) Description | | | | |
| | OF EXPENDITURE | | Transportation Equip | ment & Related | | | | ide of Texas. Com | • | |
| | | | Expense | | | | | , officeholder living | | |
| | | | | | | Auto lease fo | or C | ampaign and | l legislative use | |
| ⊢ | 0 1 4 0 1 1 4 1 | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder r | ame C | Office soug | ht | | Office he | eid | |
| | , | | | | | | | | | |
| | | | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Loan Repayment/Reimbursement Solicitatio Fees Office Overhead/Rental Expense Transport Food/Beverage Expense Polling Expense Travel in By - Gift/Awards/Memorials Expense Printing Expense Travel Out | n/Fundraising Expense ation Equipment & Related Expense District it of District enter a category not listed above) | | | | | | | |
| | Total pages Schedule F1: | | (Ethics Commission Filers) | | | | | | | |
| Ľ | | | · · · · · · | | | | | | | |
| | Sch: 53/113 Rpt: | Turner, Sylvester (The Honorable)000208 | 872 | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | |
| | 03/20/2015 | Lincoln Automotive Financial Services | | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | |
| | \$691.53 | | | | | | | | | |
| | +002.00 | | | | | | | | | |
| | | | | | | | | | | |
| | | Omaha, NE 68154-8000 | | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| | OF EXPENDITURE | Transportation Equipment & Related | | | | | | | | |
| | | Expense Check if Austin, TX, officehold | | | | | | | | |
| | | Auto lease for campaig | h and legislative use | | | | | | | |
| | | | | | | | | | | |
| 9 | Complete ONLY if direct | | ice held | | | | | | | |
| | expenditure to benefit C/OI | OH | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 04/04/2015 | Lincoln Automotive Financial Services | | | | | | | | |
| ⊢ | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$691.53 | | | | | | | | | |
| | φ001.00 | | | | | | | | | |
| | | | | | | | | | | |
| | | Omaha, NE 68154-8000 | | | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| | OF EXPENDITURE | Transportation Equipment & Related | | | | | | | | |
| | | Expense Check if Austin, TX, officehold | • • | | | | | | | |
| | | Auto lease for campaig | i and legislative use | | | | | | | |
| | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | 5 | ice held | | | | | | | |
| | | | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 04/23/2015 | Lincoln Automotive Financial Services | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$691.53 | B P.O. Box 542000 | | | | | | | | |
| | | | | | | | | | | |
| | | Ometra NE 69154 9000 | | | | | | | | |
| | | Omaha, NE 68154-8000 | | | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| | EXPENDITURE | Transportation Equipment & Related | | | | | | | | |
| | | Expense Check if Austin, TX, officehold | | | | | | | | |
| | | Auto lease for campaign | i anu iegisialive use | | | | | | | |
| | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | 0 | ice held | | | | | | | |
| | superioratione to beliefit C/OI | | | | | | | | | |
| | | | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|--|-----|---|------------------------|--|---|------|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Ex Gift/Awards/Memo nmittee Legal Services | pense | Loan Repa Office Over Polling Exp Printing Ex Salaries/W | ment/Reimbursement head/Rental Expense ense jense ages/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 54/113 Rpt: | | Turner, Sylvester (The H | onorable) | | | | 00020872 | `````````````````````````````````````` | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 06/05/2015 | | Lincoln Automotive Finar | ncial Services | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; | ; Zip Coo | le | | | | |
| | \$691.53 | | P.O. Box 542000 | | | | | | | |
| | | | | | | | | | | |
| | | | Omaha, NE 68154-8000 | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed | at the top of this sch | edule) | (b) Description | | | | |
| | OF EXPENDITURE | | Transportation Equipmer | | , | | outs | ide of Texas. Com | plete Schedule T. | |
| | EXPENDITORE | | Expense | | | | | , officeholder living | | |
| | | | | | | Auto lease fo | r c | ampaign and | d legislative use | |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | andidate/Officeholder name | C | Office souç | ht | | Office he | eld | |
| | Date | | Payee name | | | | | | | |
| | 02/02/2015 | | Locke Lord LLP | | | | | | | |
| _ | Amount (\$) | | Payee address; City; | State: | ; Zip Coo | le | | | | |
| | \$2,550.00 | | P.O. Box 301170 | , | , | | | | | |
| | Ψ2,000.00 | | 1.0. Box colling | | | | | | | |
| | | | Dallas, TX 75303-1170 | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed | at the top of this sch | edule) | (b) Description | | | | |
| | OF EXPENDITURE | | Legal Services | | | | | ide of Texas. Com | | |
| | | | | | | | | , officeholder living | expense | |
| | | | | | | Legal consult | tati | on tee | | |
| | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name | c c | Office soug | ht | | Office he | eld | |
| | experialitate to benefit C/OI | | | | | | | | | |
| | Date | | Payee name | | | | | | | |
| | 04/06/2015 | | Memorial Hermann Heal | th Insurance | | | | | | |
| - | Amount (\$) | | Payee address; City; | State: | ; Zip Coo | le | | | | |
| | \$968.80 | | 7737 Southwest Freewa | | | | | | | |
| | +++++++++++++++++++++++++++++++++++++++ | | #C-97 | , | | | | | | |
| | | | | | | | | | | |
| | | | Houston, TX 77074 | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed | | edule) | (b) Description | | | | |
| | EXPENDITURE | | Salaries/Wages/Contract | Labor | | | | ide of Texas. Com | | |
| | - | | | | | | | , officeholder living | | |
| | | | | | | Campaign sta | all | nealui Insult | | |
| | _ | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | C | Office soug | ht | | Office he | eld | |
| | | • | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|--|--|---|---|---------|------------|----|-------|---|----------------------------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District | | | | | | quipment & Related Expense | | |
| 1 | Total pages Schedule F1: | 2 6 | | | | | 2 | Filer ID | (Ethics Commission Filers) | |
| - | Sch: 55/113 Rpt: | | urner, Sylvester (The Honor | able) | | | ľ | 00020872 | () | |
| 4 | Date | 5 F | Payee name | | | | | | | |
| | 04/29/2015 | Ν | Memorial Hermann Health Ins | surance | | | | | | |
| 6 Amount (\$) \$30.70 \$30.70 T Payee address; City; State; Zip Code 7737 Southwest Freeway #C-97 Houston, TX 77074 | | | | | | | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign staff health insurance | | | | | | | | expense | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Office sou | ht | | Office he | eld | |
| | Date | F | Payee name | | | | | | | |
| | 05/29/2015 | N | /emorial Hermann Health Ins | surance | | | | | | |
| | Amount (\$) \$1,771.47 | 7 # | Payee address; City; 737 Southwest Freeway C-97 Houston, TX 77074 | State; | ; Zip Co | le | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the Salaries/Wages/Contract Lab | | iedule) | | ı, TX | ide of Texas. Com , officeholder living health insura | expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Office sou | ht | | Office he | eld | |
| | Date | F | Payee name | | | | | | | |
| | 06/29/2015 | N | Memorial Hermann Health Ins | surance | | | | | | |
| | Amount (\$) \$2,558.79 | 7 | Payee address; City; 737 Southwest Freeway 4C-97 Houston, TX 77074 | State; | ; Zip Co | le | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the Salaries/Wages/Contract Lab | • | iedule) | | ı, TX | ide of Texas. Com , officeholder living health insura | expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Office sou | ht | | Office he | eld | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|--|--|-----|---|--|--|--|---|-------|---|----------------------|-------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event I Fees Food/E Gift/Aw nmittee Legal S | Expense everage Expense ards/Memorials Expense services nstruction Guide exp | Loan Re Office O Polling E Printing Salaries | epayme verhea Expens Expen: /Wage: | ent/Reimbursement Id/Rental Expense e se s/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related E | |
| | Total pages Schedule F1: | 2 | | • | | · · | | 2 | Filer ID | (Ethics Commiss | ion Eilers) |
| ľ | Sch: 56/113 Rpt: | | | r (The Honorable) |) | | | | 00020872 | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 03/19/2015 | | | nn Health Insurar | nce | | | | | | |
| 6 | 5 Amount (\$) 7 Payee address; City; State; Zip Code \$968.80 7737 Southwest Freeway #C-97 Houston, TX 77074 | | | | | | | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign staff health insurance | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officehol | der name | Office so | ught | | | Office he | eld | |
| Γ | Date | | Payee name | | | | | | | | |
| | 01/22/2015 | | NGP VAN, Inc. | | | | | | | | |
| ⊢ | Amount (\$) | | Payee address; | City; | State; Zip C | ode | | | | | |
| | \$960.00 | | 1101 15th Street Suite 500 Washington, DC | NW | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Cate Office Overhead | gories listed at the top of t Rental Expense | his schedule) | (b) | | I, TX | de of Texas. Com , officeholder living are lease | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officehol | der name | Office so | ught | | | Office he | eld | |
| | Date | | Payee name | | | | | | | | |
| | 03/30/2015 | | NGP VAN, Inc. | | | | | | | | |
| | Amount (\$) \$960.00 | | Payee address; 1101 15th Street Suite 500 Washington, DC | NW | State; Zip C | ode | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category _{(See Cate} Office Overhead | gories listed at the top of t 'Rental Expense | his schedule) | (b) | | n, TX | de of Texas. Com , officeholder living are lease | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officehol | der name | Office so | ught | | | Office he | eld | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|--|---------------|---|-----------------|---|--|-----|--|----------------------------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp | oense | Loan Repa Office Ove Polling Exp Printing Ex Salaries/W | yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense | |
| _ | T | 0 | | e explains i | | ipiete tills form. | | | | |
| 1 | Total pages Schedule F1: | | | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 57/113 Rpt: | Τι | Irner, Sylvester (The Honora | able) | | | | 00020872 | | |
| 4 | Date | 5 Pa | iyee name | | | | | | | |
| | 06/26/2015 | N | GP VAN, Inc. | | | | | | | |
| 6 | Amount (\$) | 7 Pa | yee address; City; | State; | Zip Co | le | | | | |
| | \$960.00 | 11 | .01 15th Street NW | | | | | | | |
| | | Si | uite 500 | | | | | | | |
| | | | ashington, DC 20005 | | | | | | | |
| | | | - | | | | | | | |
| 8 | PURPOSE OF | | ategory (See Categories listed at the t | | edule) | (b) Description | | | | |
| | EXPENDITURE | O | fice Overhead/Rental Expe | nse | | | | ide of Texas. Com , officeholder living | | |
| | | | | | | Database so | | | Jexpense | |
| | | | | | | Dulubuse so | | | | |
| _ | | | alialata (Office helder reeree | | | | | Office he | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | didate/Officeholder name | 0 | ffice sou | int | | Office he | 910 | |
| | Date | Pa | iyee name | | | | | | | |
| | 05/04/2015 | Na | ational Office Liquidators | | | | | | | |
| | Amount (\$) | Pa | yee address; City; | State: | Zip Co | le | | | | |
| | \$622.98 | | '00 N. Freeway | , | | | | | | |
| | \$022.00 | | oonay | | | | | | | |
| | | | | | | | | | | |
| | | H | ouston, TX 77037 | | | | | | | |
| | PURPOSE OF | | ategory (See Categories listed at the t | | edule) | (b) Description | | | | |
| | EXPENDITURE | O | fice Overhead/Rental Expe | nse | | | | ide of Texas. Com | | |
| | | | | | | Tables and fo | | , officeholder living | | |
| | | | | | | Tables and h | | ampaign ne | auquarters | |
| | | | | | <i>cc</i> : | | | 011 | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | ididate/Officeholder name | 0 | ffice sou | Int | | Office he | ela | |
| | | | | | | | | | | |
| | Date | Pa | iyee name | | | | | | | |
| | 04/22/2015 | Ne | ew Bethel MBC | | | | | | | |
| | Amount (\$) | Pa | yee address; City; | State; | Zip Co | le | | | | |
| | \$150.00 | 77 | '31 Schneider St. | | | | | | | |
| | | | | | | | | | | |
| | | Но | ouston, TX 77093 | | | | | | | |
| | PURPOSE | (a) Ca | ategory (See Categories listed at the t | op of this sche | edule) | (b) Description | | | | |
| | OF EXPENDITURE | | ontributions/Donations Made | | | | | ide of Texas. Com | | |
| | | Ca | andidate/Officeholder/Politic | al Commi | ittee | | | , officeholder living | | |
| | | | | | | Pastor's anni | ver | sary donatio | n | |
| | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct | | ididate/Officeholder name | 0 | ffice sou | Jht | | Office he | eld | |
| | expenditure to benefit C/OI | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|--|--|---|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Loan Repayment/l Fees Office Overhead/R Food/Beverage Expense Polling Expense Gitf/Awards/Memorials Expense Printing Expense | Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ontract Labor OTHER (enter a category not listed above) | | | | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| - | Sch: 58/113 Rpt: | Turner, Sylvester (The Honorable) | 00020872 | | | | | | | |
| 4 | Date 03/03/2015 | Payee name Office Depot | | | | | | | | |
| 6 | Amount (\$) \$16.13 | Payee address; City; State; Zip Code 1576 West Gray Houston, TX 77019 | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign office supplies | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | andidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 03/26/2015 | Office Depot | | | | | | | | |
| | Amount (\$) \$695.20 | Payee address; City; State; Zip Code 1576 West Gray Houston, TX 77019 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign office supplies | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | andidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 05/04/2015 | Office Depot | | | | | | | | |
| | Amount (\$) \$253.27 | Payee address; City; State; Zip Code 1576 West Gray | | | | | | | | |
| | | Houston, TX 77019 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | Office Overhead/Rental Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign office supplies | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | andidate/Officeholder name Office sought | Office held | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|--|--|---|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | | |
| 1 | Total pages Schedule F1: | · · · · · | 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| - | Sch: 59/113 Rpt: | Turner, Sylvester (The Honorable) | 00020872 | | | | | | | |
| 4 | Date 05/28/2015 | Payee name Office Depot | | | | | | | | |
| 6 | Amount (\$) \$62.19 | Payee address; City; State; Zip Code 3443 Kirby Drive Houston, TX 77098 | | | | | | | | |
| 8 PURPOSE OF OF OF EXPENDITURE Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedul Check if travel outside of Texas. Complete Schedul Check if Austin, TX, officeholder living expense Campaign office supplies | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 06/01/2015 | Office Depot | | | | | | | | |
| | Amount (\$) \$212.16 | Payee address; City; State; Zip Code 1576 West Gray Houston, TX 77019 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. h, TX, officeholder living expense fice supplies | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 06/01/2015 | Office Depot | | | | | | | | |
| | Amount (\$) \$212.16 | Payee address;City;State; Zip Code1576 West Gray | | | | | | | | |
| | | Houston, TX 77019 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. h, TX, officeholder living expense fice supplies | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|--|--|---|---|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | | |
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| 1 | Sch: 60/113 Rpt: | Turner, Sylvester (The Honorable) | 00020872 | | | | | | | |
| 4 | Date 06/04/2015 | Payee name Office Depot | | | | | | | | |
| 6 | Amount (\$) \$476.52 | Payee address; City; State; Zip Code 1576 West Gray Houston, TX 77019 | | | | | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign office supplies | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 06/18/2015 | Office Depot | | | | | | | | |
| | Amount (\$) \$48.60 | Payee address; City; State; Zip Code 3443 Kirby Drive Houston, TX 77098 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense Ce supplies | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date 06/19/2015 | Payee name Office Depot | | | | | | | | |
| | Amount (\$) \$228.44 | Payee address; City; State; Zip Code 1576 West Gray | | | | | | | | |
| | | Houston, TX 77019 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense Ce supplies | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|----|--|------------|-----------------------------|-------------------------|--------------------|-------------|---------|---|---|---|--------------------|---------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 - | | | | | inpicto | | 2 | Filer ID | (Ethics Commission | Filore) |
| T | Sch: 61/113 Rpt: | 1 | | ter (The Hono | rable) | | | | 3 | 00020872 | (Ethics Commission | File(S) |
| 4 | Date | 5 P | ayee name | | | | | | | | | |
| | 06/20/2015 | | Dliver, Emma | | | | | | | | | |
| 6 | Amount (\$) | 7 P | ayee address; | City; | State; | Zip Co | de | | | | | |
| | \$946.58 | 1 | 0314 Five Oa | ks Lane | | | | | | | | |
| | | | | | | | | | | | | |
| | | N | lissouri City, ⁻ | TX 77459 | | | | | | | | |
| 8 | PURPOSE OF | | | ategories listed at the | | edule) | (b) [| Description | | | | |
| | EXPENDITURE | 5 | alaries/Wage | s/Contract Lab | oor | | Ļ | | | de of Texas. Com officeholder living | nplete Schedule T. | |
| | | | | | | | L | Lampaign pa | | | gexpense | |
| | | | | | | | | | ., | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ndidate/Officeh | older name | C | Office soug | ght | | | Office h | eld | |
| | Date | P | ayee name | | | | | | | | | |
| | 01/15/2015 | F | appadeauxs | | | | | | | | | |
| | Amount (\$) | P | ayee address; | City; | State; | Zip Co | de | | | | | |
| | \$12.42 | 6 | 319 I-35 | | | | | | | | | |
| | | | | | | | | | | | | |
| | | A | ustin, TX 787 | 52 | | | | | | | | |
| | PURPOSE OF | (a) C | ategory (See C | ategories listed at the | top of this sche | edule) | (b) [| Description | | | | |
| | EXPENDITURE | F | ood/Beverage | e Expense | | | Ļ | | | | nplete Schedule T. | |
| | | | | | | | | Check if Austin, TX, officeholder living expense Legislative Meeting | | | | |
| | | | | | | | _ | | | 9 | | |
| | Complete ONLY if direct | l Ca | ndidate/Officeh | older name | C | Office sou | aht | | | Office h | eld | |
| | expenditure to benefit C/OI | Н | | | | | , | | | | | |
| ╞─ | Date | P | ayee name | | | | | | | | | |
| | 02/19/2015 | | appadeauxs | | | | | | | | | |
| | Amount (\$) | | ayee address; | City; | State [.] | Zip Co | he | | | | | |
| | \$112.28 | 1 | 410 Richmon | - | otato, | 2.0 000 | | | | | | |
| | <i>QIILIO</i> | | | 4,40 | | | | | | | | |
| | | + | louston, TX 7 | 7098 | | | | | | | | |
| | PURPOSE | (a) (| ategory (See C | ategories listed at the | top of this sche | edule) | (b) [| Description | | | | |
| | OF EXPENDITURE | F | ood/Beverage | e Expense | | | Ē | | | | plete Schedule T. | |
| | | | | | | | Ļ | Check if Austin, _egislative M | | officeholder living | g expense | |
| | | | | | | | L | -cyisialive ivi | હ્ટા | шg | | |
| - | Complete ONLY if direct | | ndidate/Officeh | older name | | Office soug | thr | | | Office h | eld | |
| | expenditure to benefit C/OI | | | | C | 2000 3000 | | | | Once In | | |
| - | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District | | | | | | | | |
| 1 | Total pages Cabadula F1 | | | | | | | | | |
| Т | Total pages Schedule F1: | | | | | | | | | |
| | Sch: 62/113 Rpt: | Turner, Sylvester (The Honorable) 00020872 | | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | |
| | 06/08/2015 | Park Plaza Hospital | | | | | | | | |
| 6 | Amount (\$) \$450.00 | 7 Payee address; City; State; Zip Code P.O. Box 849988 Dallas, TX 75284 | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Check up for injured field worker | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 06/17/2015 | Pharms, Cynthia | | | | | | | | |
| | Amount (\$) \$1,100.00 | Payee address; City; State; Zip Code 4700 Wenda, # 236 Houston, TX 77033 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Community outreach services | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 04/22/2015 | Pharms Helping Arms Foundation | | | | | | | | |
| | Amount (\$) \$200.00 | Payee address; City; State; Zip Code 4700 Wenda Suite 236 Houston, TX 77033 | | | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| | OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Sponsorship donation for human services charity | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|--|---|---|--------------|------|----------------|------|--|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Loan Repayment/Reimbursement Soli Fees Office Overhead/Rental Expense Trav Food/Beverage Expense Polling Expense Trav y - Gift/Awards/Memorials Expense Printing Expense Trav | | | | | | Transportation E Travel in District Travel Out of Di | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| | Total names Cabadula 51. | 1 | · · · | 511011 10 00 | mpi | | 1 | | (Ethico Commission Filoro) | | |
| | Total pages Schedule F1: | 2 | | | | | 3 | Filer ID | (Ethics Commission Filers) | | |
| | Sch: 63/113 Rpt: | | Turner, Sylvester (The Honorable) | | | | | 00020872 | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 03/30/2015 | | Photo Rental Source | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State | e; Zip Co | ode | | | | | | |
| | \$169.95 | | 8584 Katy Freeways | | | | | | | | |
| | | | Suite 322 | | | | | | | | |
| | | | | | | | | | | | |
| | | | Houston, TX 77024 | | | | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the top of this so | chedule) | (b) | Description | | | | | |
| | EXPENDITURE | | Event Expense | | | | | ide of Texas. Corr , officeholder living | nplete Schedule T. | | |
| | | | | | | Film Equipme | | | y expense | | |
| | | | | | | r inn Equipini | un | Renta | | | |
| Ļ | Complete ONIL V if direct | | Condidate/Officebolder.com | 0#:00 | | | | Office h | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office sou | ignt | | | Office h | eid | | |
| | Date | | Payee name | | | | | | | | |
| | 06/01/2015 | | Pressley, Nicholas | | | | | | | | |
| | Amount (\$) | ┢ | Payee address; City; State | e; Zip Co | ode | | | | | | |
| | \$100.00 | | 20031 RollingHills Lane | | | | | | | | |
| | | | | | | | | | | | |
| | | | Katy, TX 77449 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this so | chedule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | | | | | nplete Schedule T. | | |
| | - | | | | | | | , officeholder living | g expense | | |
| | | | | | | Cell phone a | IIUW | vance | | | |
| ⊢ | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name | Office sou | ught | | | Office h | eld | | |
| | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 04/01/2015 | | Pressley, Nicholas | | | | | | | | |
| | Amount (\$) | | Payee address; City; State | e; Zip Co | ode | | | | | | |
| | \$100.00 | | 20031 RollingHills Lane | | | | | | | | |
| | | | | | | | | | | | |
| | | | Katy, TX 77449 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this so | chedule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | | | | | nplete Schedule T. | | |
| | | | | | | | | , officeholder living | g expense | | |
| | | | | | 1 | Cell phone a | IIOV | vance | | | |
| L | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct | | Candidate/Officeholder name | Office sou | ught | | | Office h | eld | | |
| | expenditure to benefit C/OI | n | | | | | | | | | |
| | | | | | | | | | | | |
| Í | | | | | | | | | | | |

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | | | |
| Sch: 64/113 Rpt: | Turner, Sylvester (The Honorable) 00020872 | | | | | | | | |
| 4 Date | 5 Payee name | | | | | | | | |
| 05/01/2015 | Pressley, Nicholas | | | | | | | | |
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 20031 RollingHills Lane Katy, TX 77449 | | | | | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cell phone allowance | | | | | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held H | | | | | | | | |
| Date | Payee name | | | | | | | | |
| 03/12/2015 | Pressley, Nicholas | | | | | | | | |
| Amount (\$) \$880.41 | Payee address; City; State; Zip Code 20031 RollingHills Lane Katy, TX 77449 | | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll | | | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held H | | | | | | | | |
| Date | Payee name | | | | | | | | |
| 03/26/2015 | Pressley, Nicholas | | | | | | | | |
| Amount (\$) \$1,659.63 | Payee address; City; State; Zip Code 20031 RollingHills Lane | | | | | | | | |
| | Katy, TX 77449 | | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll | | | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held H | | | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|--|---|---|--------|--|--|--|-----|--|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp | ense | Loan Repa Office Over Polling Exp Printing Ex Salaries/W | yment 'head/ ense pense ages/C | /Reimbursement Rental Expense Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 | 2 FILER NAME 3 | | | | | | | (Ethics Commission Filers) |
| - | Sch: 65/113 Rpt: | | Turner, Sylvester (The Honora | ble) | | | | Ū | 00020872 | () |
| 4 | Date | 5 | Payee name | | | | • | | | |
| | 04/09/2015 | | Pressley, Nicholas | | | | | | | |
| 6 | Amount (\$) \$1,659.62 | | Payee address; City; 20031 RollingHills Lane Katy, TX 77449 | State; | ; Zip Coo | de | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign payroll | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Office sou | ght | | | Office he | eld |
| | Date | | Payee name | | | | | | | |
| | 04/23/2015 | | Pressley, Nicholas | | | | | | | |
| | Amount (\$) \$1,659.63 | | Payee address; City; 20031 RollingHills Lane Katy, TX 77449 | State; | ; Zip Coo | de | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the to Salaries/Wages/Contract Labo | | nedule) | [| | ΤX, | de of Texas. Comp officeholder living | |
| | Complete ONLY if direct expenditure to benefit C/OF | - | andidate/Officeholder name | C | Dffice soug | ght | | | Office he | eld |
| | Date | | Payee name | | | | | | | |
| | 05/07/2015 | | Pressley, Nicholas | | | | | | | |
| | Amount (\$) \$1,659.62 | | Payee address; City; 20031 RollingHills Lane | State; | ; Zip Coo | de | | | | |
| | | | Katy, TX 77449 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the to Salaries/Wages/Contract Labo | | iedule) | [| | ΤX, | de of Texas. Comp officeholder living | |
| | Complete ONLY if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Dffice sou | ght | | | Office he | eld |
| | | | | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| Advertising Expense Accounting/Banking | Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense | | | | | | | | | |
| Consulting Expense Contributions/ Donations Made B | | | | | | | | | | |
| Candidate/Officeholder/Politica | | | | | | | | | | |
| 1 Total pages Cabadula 51. | The Instruction Guide explains how to complete this form. | | | | | | | | | |
| 1 Total pages Schedule F1: | | | | | | | | | | |
| Sch: 66/113 Rpt: | Turner, Sylvester (The Honorable) 00020872 | | | | | | | | | |
| 4 Date | 5 Payee name | | | | | | | | | |
| 05/21/2015 | Pressley, Nicholas | | | | | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | | |
| \$1,659.63 | 20031 RollingHills Lane | | | | | | | | | |
| | | | | | | | | | | |
| | Katy, TX 77449 | | | | | | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | |
| OF | Salaries/Wages/Contract Labor | | | | | | | | | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | | | | | | |
| | Campaign payroll | | | | | | | | | |
| | | | | | | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| | | | | | | | | | | |
| Date | Payee name | | | | | | | | | |
| 06/04/2015 | Pressley, Nicholas | | | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| \$1,659.62 | 20031 RollingHills Lane | | | | | | | | | |
| | | | | | | | | | | |
| | Katy, TX 77449 | | | | | | | | | |
| PURPOSE | | | | | | | | | | |
| OF | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. | | | | | | | | | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | | | | | | |
| | Campaign payroll | | | | | | | | | |
| | | | | | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| expenditure to benefit C/O | H | | | | | | | | | |
| Date | Payee name | | | | | | | | | |
| 06/18/2015 | Pressley, Nicholas | | | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| \$1,659.64 | 20031 RollingHills Lane | | | | | | | | | |
| | | | | | | | | | | |
| | Katy, TX 77449 | | | | | | | | | |
| PURPOSE | | | | | | | | | | |
| OF | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. | | | | | | | | | |
| EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. | | | | | | | | | |
| | Campaign payroll | | | | | | | | | |
| | | | | | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| expenditure to benefit C/O | H | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | | | |
| - | Sch: 67/113 Rpt: | Turner, Sylvester (The Honorable) 00020872 | | | | | | | | |
| | | | | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | |
| | 03/12/2015 | Pressley, Nicholas | | | | | | | | |
| 6 | Amount (\$) \$862.41 | Payee address; City; State; Zip Code 20031 RollingHills Lane Katy, TX 77449 | | | | | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign mileage | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 02/02/2015 | Pride Houston 2015 | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$905.00 | P.O. Box 66071 Houston, TX 77266 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parade entry fee | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 03/24/2015 | Print Source | | | | | | | | |
| | Amount (\$) \$250.00 | Payee address; City; State; Zip Code 14019 Southwest Freeway Suite 301-734 Sugar Land, TX 77478 | | | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|--|---|---|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | | |
| 1 | Total pages Schedule F1: | · · · · · · · · · · · · · · · · · · · | 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| _ | Sch: 68/113 Rpt: | Turner, Sylvester (The Honorable) | 00020872 | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | |
| | 03/27/2015 | Quattro | | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | |
| | \$1,361.11 | 1300 Lamar St. | | | | | | | | |
| | | Houston, TX 77010 | | | | | | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Campaign committee meeting Campaign committee meeting | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 05/01/2015 | Quattro | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$350.00 | 1300 Lamar St. Houston, TX 77010 | | | | | | | | |
| | DUDDOCE | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense mmittee meeting | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 04/04/2015 | Quattro | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$175.06 | 1300 Lamar St. | | | | | | | | |
| | | Houston, TX 77010 | | | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| | EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense Peting | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|--|---|---|---|--------|---|----------------------------|--|----------------------------|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Loan R Office C Polling Printing Salaries | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Cabadula E1; | 1 | · · · · · | | Joinpi | | 2 | Filer ID | (Ethics Commission Filers) | | | |
| | Total pages Schedule F1: Sch: 69/113 Rpt: | 2 | Turner, Sylvester (The Honorable) | | | | 3 | 00020872 | (Eulics Commission Filers) | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 02/04/2015 | | ROADwomen | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; S | State; Zip C | Code | | | | | | | |
| | \$200.00 | 0.00 P.O. Box 22678 | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Houston, TX 77227 | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of th | nis schedule) | (b) | Description | | | | | | |
| | OF EXPENDITURE | | Contributions/Donations Made By | | | | | de of Texas. Com | | | | |
| | - | | Candidate/Officeholder/Political Co | ommittee | | | | officeholder living | | | | |
| | | | | | | Sponsorship | uui | Iation for bit | ue Ribbon Lobby Day | | | |
| 9 | Complete ONLY if direct | | Candidate/Officeholder name | Office so | l | | | Office he | ld | | | |
| - | expenditure to benefit C/OI | | | | Jugin | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 03/26/2015 | | ROADwomen | | | | | | | | | |
| | Amount (\$) | | Payee address; City; S | State; Zip C | Code | | | | | | | |
| | \$1,000.00 | | P.O. Box 22678 | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Houston, TX 77227 | | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of th | nis schedule) | (b) | Description | | | | | | |
| | OF EXPENDITURE | | Contributions/Donations Made By | , | | Check if travel | outsi | de of Texas. Com | plete Schedule T. | | | |
| | EXPENDITORE | | Candidate/Officeholder/Political Co | e/Officeholder/Political Committee | | | | Check if Austin, TX, officeholder living expense | | | | |
| | | | | | | Heart of the C Sponsorship | City brunch Founders Level | | | | | |
| | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | | | eld | | | |
| | | _ | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 05/11/2015 | | Rhodes, Brandon | | | | | | | | | |
| | Amount (\$) | | | State; Zip C | Code | | | | | | | |
| | \$1,326.65 | | 10010 Cullen | | | | | | | | | |
| | | | Apt 1122 | | | | | | | | | |
| | | | Houston, TX 77051 | | -1 | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of th | nis schedule) | (b) | Description | | | | | | |
| | EXPENDITURE | | Salaries/Wages/Contract Labor | | | | | de of Texas. Com officeholder living | | | | |
| | | | | | | Campaign pa | | | expense | | | |
| | | | | | | po.gri po | | | | | | |
| - | Complete ONLY if direct | L(| Candidate/Officeholder name | Office so | bught | | | Office he | ld | | | |
| | expenditure to benefit C/OI | | | | 0 | | | | | | | |
| | | | | | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|--|--|--|-------------------------|--------------------|-------------------|-----|-------------|------------------------------------|--------------------|--------------------|----------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Fe Fo Gi nmittee Le | Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & F Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not | | | | | | Equipment & Relate t istrict | | | |
| 1 | Total pages Schedule F1: | 2 | | | | | | | | Filer ID | (Ethics Commi | ssion Filers) |
| 1 | Sch: 70/113 Rpt: | [| Turner, Sylve | stor (The Hon | orable) | | | | ľ | 00020872 | | 3510111 11013) |
| _ | | | | | | | | | | 00020072 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 05/21/2015 | | Rhodes, Bran | don | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address | ; City; | State | ; Zip Co | de | | | | | |
| | \$969.66 | | 10010 Cullen | | | | | | | | | |
| | | | Apt 1122 | | | | | | | | | |
| | | | Houston, TX | 77027 | | | | | | | | |
| 8 | PURPOSE | (0) | | | | | (h) | Description | | | | |
| ° | OF | (a) | Category (See | | | nedule) | (u) | Description | outsi | de of Texas. Cor | nplete Schedule T. | |
| | EXPENDITURE | | Salaries/Wag | es/Contract La | ador | | | | | officeholder livir | • | |
| | | | | | | | | Campaign pa | | | | |
| | | | | | | | | | - | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Office | holder name | (| Office sou | ght | | | Office h | eld | |
| | Date | | Payee name | | | | | | | | | |
| | 06/04/2015 | | Rhodes, Bran | don | | | | | | | | |
| | Amount (\$) | | Payee address | ; City; | State | ; Zip Co | de | | | | | |
| | \$969.66 | | 10010 Cullen | | otato | , <u>_</u> , p ee | | | | | | |
| | \$303.00 | | | | | | | | | | | |
| | | | Apt 1122 | | | | | | | | | |
| | | | Houston, TX | //02/ | | | | | | | | |
| | PURPOSE OF | (a) | Category (See | Categories listed at th | ne top of this sch | nedule) | (b) | Description | | | | |
| | EXPENDITURE | | Salaries/Wag | es/Contract La | abor | | | | | | nplete Schedule T. | |
| | | Check if Austin, TX, officeholder living expense Campaign payroll | | | | | | | | | | |
| | | | | | | | | Campaign pa | iyic | | | |
| | | | | | | | | | | Office k | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Office | noider name | (| Office sou | gni | | | Office h | ieia | |
| | | _ | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 06/18/2015 | | Rhodes, Bran | don | | | | | | | | |
| | Amount (\$) | | Payee address | ; City; | State | ; Zip Co | de | | | | | |
| | \$969.66 | | 10010 Cullen | | | | | | | | | |
| | | | Apt 1122 | | | | | | | | | |
| | | | Houston, TX 7 | 77027 | | | | | | | | |
| | PURPOSE | | | | | | (h) | Description | | | | |
| | OF | (a) | Category (See | | | nedule) | (u) | Description | outsi | de of Texas. Cor | nplete Schedule T. | |
| | EXPENDITURE | | Salaries/Wag | es/Contract La | ador | | | | | officeholder livir | | |
| | | | | | | | | Campaign pa | | | | |
| | | | | | | | | | - | | | |
| - | Complete ONLY if direct | <u>ر</u> | Candidate/Office | holder name | (| Office sou | aht | | | Office h | eld | |
| | expenditure to benefit C/OI | | | | (| | gin | | | Onice I | | |
| - | | | | | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|--|-----------------------|---|--|--|---|-----|---|--------------------------------|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Loan Repa Office Ove Polling Ex Printing Ex Salaries/W | ayment/R erhead/Re pense xpense Vages/Co | Reimbursement ental Expense ontract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense | | |
| 1 | Total pages Schedule F1: | 2 | · · · · · | | • | | 2 | Filer ID | (Ethics Commission Filers) | | |
| 1 | | ² | | | | | 3 | | | | |
| | Sch: 71/113 Rpt: | | Turner, Sylvester (The Honorable) | | | | | 00020872 | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 06/09/2015 | | Riverside United Methodist Church | | | | | | | | |
| 6 | Amount (\$) \$200.00 | 7 | Payee address; City; State; 4920 Cullen Blvd. Houston, TX 77004 | ; Zip Co | ode | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sch Advertising Expense | edule) | | 4 | ΤX, | officeholder living | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name C | Office sou | ight | | | Office he | eld | | |
| | Date | | Payee name | | | | | | | | |
| | 05/11/2015 | | Roberts, Jonaphan | | | | | | | | |
| _ | Amount (\$) | | Payee address; City; State; | Zip Co | ode | | | | | | |
| | \$566.49 | | 1920 Calumet | | | | | | | | |
| | | | Apt 1 | | | | | | | | |
| | | | Houston, TX 77004 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor | edule) | | - | ΤX, | officeholder living | plete Schedule T. J expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name C | Office sou | ight | | | Office he | eld | | |
| | Date | | Payee name | | | | | | | | |
| | 05/26/2015 | | Roberts, Jonaphan | | | | | | | | |
| | Amount (\$) \$923.50 | | Payee address; City; State; 1920 Calumet Apt 1 Houston, TX 77004 | ; Zip Co | ode | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor | edule) | | | тx, | officeholder living | plete Schedule T. j expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | Candidate/Officeholder name C | Office sou | ight | | | Office he | eld | | |
| | | | | | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | | | | |
| 1 | | | | | | | | | | | |
| | Sch: 72/113 Rpt: | Turner, Sylvester (The Honorable)00020872 | | | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | | |
| | 06/04/2015 | Roberts, Jonaphan | | | | | | | | | |
| 6 | Amount (\$) \$923.50 | 7 Payee address; City; State; Zip Code 1920 Calumet Apt 1 | | | | | | | | | |
| | | Houston, TX 77004 | | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 06/18/2015 | Roberts, Jonaphan | | | | | | | | | |
| | | | | | | | | | | | |
| | Amount (\$) \$923.50 | Payee address; City; State; Zip Code 1920 Calumet Apt 1 Houston, TX 77004 | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 06/18/2015 | Robinson, Mack | | | | | | | | | |
| _ | Amount (\$) | | | | | | | | | | |
| | \$450.00 | Payee address; City; State; Zip Code 3102 Brill St. | | | | | | | | | |
| | | Houston, TX 77026 | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Headquarters carpet cleaning services | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| | | | | | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | | | | | | |
|----|--|---|--|--|--|--|--|--|--|--|
| | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | | | |
| 1± | | | | | | | | | | |
| | Sch: 73/113 Rpt: | Turner, Sylvester (The Honorable)00020872 | | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | |
| | 06/05/2015 | Royal Performance Group | | | | | | | | |
| | | | | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | |
| | \$220.97 | 2100 Western Court | | | | | | | | |
| | | Suite 80 | | | | | | | | |
| | | Lisle, IL 60532 | | | | | | | | |
| | | | | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. | | | | | | | | |
| | | Check if Austin, TX, officeholder living expense | | | | | | | | |
| | | Gas cards for campaign field organizers | | | | | | | | |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 01/03/2015 | Skyhouse Austin | | | | | | | | |
| - | | - | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$2,160.00 | 51 Rainey Street | | | | | | | | |
| | PURPOSE | Austin, TX 78701 | | | | | | | | |
| | OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense Rent - Legislator's Austin apartment | | | | | | | | |
| - | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | expenditure to benefit C/Oł | | | | | | | | | |
| | • | | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 01/29/2015 | Skyhouse Austin | | | | | | | | |
| ⊢ | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | | | | | | | | | | |
| | \$2,160.00 | 51 Rainey Street | | | | | | | | |
| | | | | | | | | | | |
| | | Austin, TX 78701 | | | | | | | | |
| - | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| | OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | | | |
| | EXPENDITURE | X Check if Austin, TX, officeholder living expense | | | | | | | | |
| | | Rent - Legislator's Austin apartment | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | expenditure to benefit C/OI | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|--|-----|---|--|---------------------------------------|--|-------|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Loan Repa Office Over Polling Exp Printing Ex Salaries/W | ymer rhead ense pens ages | ht/Reimbursement d/Rental Expense e /Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) | | | |
| | Sch: 74/113 Rpt: | | Turner, Sylvester (The Honorable) | | | | | 00020872 | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 02/28/2015 | | Skyhouse Austin | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State | ; Zip Co | de | | | | | | |
| | \$2,160.00 | | 51 Rainey Street | | | | | | | | |
| | | | - | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sch | nedule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | , | | - | outsi | de of Texas. Complete Schedule T. | | | |
| | EXPENDITORE | | | | | | | officeholder living expense | | | |
| | | | | | | Rent - Legisla | ator | r's Austin apartment | | | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office sou | ght | | | Office held | | | |
| | Date | | Payee name | | | | | | | | |
| | 03/09/2015 | | Skyhouse Austin | | | | | | | | |
| | Amount (\$) | | Payee address; City; State | ; Zip Co | de | | | | | | |
| | \$150.00 | | 51 Rainey Street | | | | | | | | |
| | | | | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sch | nedule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | , | | | | de of Texas. Complete Schedule T. | | | |
| | EXPENDITORE | | | | | | | officeholder living expense | | | |
| | | | | | | Parking - Leg | isla | ator's Austin apartment | | | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office sou | ght | | | Office held | | | |
| | | _ | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 03/30/2015 | | Skyhouse Austin | | | | | | | | |
| | Amount (\$) | | Payee address; City; State | ; Zip Co | de | | | | | | |
| | \$2,310.00 | | 51 Rainey Street | | | | | | | | |
| | | | | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sch | nedule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | | | | de of Texas. Complete Schedule T. | | | |
| | | | | | | | | officeholder living expense g - Legislator's Austin apartment | | | |
| | | | | | | Rent and pan | ĸinų | g - Legislator's Austin apartment | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Office soug | ght | | | Office held | | | |
| | expenditure to benefit C/OF | | | | - | | | | | | |
| | | | | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|--|----------|--|---------------------------------|-------------------------|-------------------|-------|--|----------------------------|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services | Office C Polling Printing | Overhe Exper Expe | | | Transportation E Travel in District Travel Out of Di | | | |
| | | | The Instruction Guide exp | plains how to | comp | lete this form. | - | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID | (Ethics Commission Filers) | | |
| | Sch: 75/113 Rpt: | | Turner, Sylvester (The Honorable | e) | | | | 00020872 | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 04/23/2015 | | Skyhouse Austin | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; Zip (| Code | ! | | | | | |
| | \$2,310.00 | | 51 Rainey Street | | | | | | | | |
| | | | | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | | | |
| 8 | PURPOSE | <u> </u> | Category (See Categories listed at the top of | this ashadula) | (b |) Description | | | | | |
| - | OF | | Office Overhead/Rental Expense | this schedule) | | | outsi | de of Texas. Com | nplete Schedule T. | | |
| | EXPENDITURE | | • | | | X Check if Austin | | | | | |
| | | | | | | Rent and par | kin | g - Legislato | or's Austin apartment | | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office so | ough | t | | Office h | eld | | |
| | Date | | Payee name | | | | | | | | |
| | 06/03/2015 | | Skyhouse Austin | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; Zip (| Code | ! | | | | | |
| | \$1,848.00 | | 51 Rainey Street | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of | this schedule) | (b |) Description | | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | | | | | nplete Schedule T. | | |
| | | | | | | X Check if Austin | | | | | |
| | | | | | | Rent and par | KILI | y - Leyisiau | or's Austin apartment | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Office so | | + | | Office h | old | | |
| | expenditure to benefit C/OF | | andidate/Onicendider name | Onice St | Jugn | L | | Onice In | eiu | | |
| | Data | <u> </u> | | | | | | | | | |
| | Date 06/20/2015 | | Payee name Smiley, Erika | | | | | | | | |
| | | | - | | | | | | | | |
| | Amount (\$) | | | State; Zip (| Code | 1 | | | | | |
| | \$923.50 | | 606 Northlawn Drive | | | | | | | | |
| | | | Houston, TX 77073 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of | this schedule) | (b |) Description | | | | | |
| | OF EXPENDITURE | | Salaries/Wages/Contract Labor | | | | | | nplete Schedule T. | | |
| | | | | | | Campaign pa | | officeholder living | g expense | | |
| | | | | | | Campaign pa | yrc | /11 | | | |
| - | Complete ONLY if direct | | Candidate/Officeholder name | Office so | | t | | Office h | eld | | |
| | expenditure to benefit C/OF | | | | Jugil | L | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | | | |
| - | | | | | | | | | | |
| | Sch: 76/113 Rpt: | Turner, Sylvester (The Honorable) 00020872 | | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | |
| | 01/22/2015 | Smiley, Erika | | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | |
| Ū | \$32.00 | 606 Northlawn Drive | | | | | | | | |
| | Φ32.00 | 606 Northiawn Drive | | | | | | | | |
| | ļ | | | | | | | | | |
| | ļ | Houston, TX 77073 | | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| Ŭ | OF | Transportation Equipment & Related | | | | | | | | |
| | EXPENDITURE | Expense | | | | | | | | |
| | | Parking reimbursement | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | expenditure to benefit C/OF | H | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 04/16/2015 | Sparkletts & Sierra Springs | | | | | | | | |
| | | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$178.08 | P.O. Box 660579 | | | | | | | | |
| | ļ | | | | | | | | | |
| | ļ | Dallas, TX 75266-0579 | | | | | | | | |
| | | | | | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| | EXPENDITURE | Office Overhead/Rental Expense | | | | | | | | |
| | | Check if Austin, TX, officeholder living expense | | | | | | | | |
| | | Water for state office | | | | | | | | |
| | | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | expenditure to benefit C/OF | н | | | | | | | | |
| ⊨ | D | T | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 05/17/2015 | Sparkletts & Sierra Springs | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$100.14 | P.O. Box 660579 | | | | | | | | |
| | • | | | | | | | | | |
| | | | | | | | | | | |
| | | Dallas, TX 75266-0579 | | | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| | OF | Office Overhead/Rental Expense | | | | | | | | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | | | | | |
| | ļ | Water for state office | | | | | | | | |
| | | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | expenditure to benefit C/OF | | | | | | | | | |
| L | - p | | | | | | | | | |
| | | | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|--|----------|---|---|-------------------------------------|---|--|--------|---|----------------------------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | mmittee | Event Expense Fees Food/Beverage E: Gift/Awards/Memo Legal Services | xpense | Loan Repa Office Ove Polling Exp Printing Ex Salaries/W | ayment/Reimbursement rhead/Rental Expense pense pense /ages/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense | |
| 1 | Total pages Schedule F1: | 2 | | = | | | | 2 | Filer ID | (Ethics Commission Filers) | |
| 1 | | | | | lonorable) | | | ľ | | | |
| | Sch: 77/113 Rpt: | | Turner, Syl | vester (The F | ionorable) | | | | 00020872 | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 06/18/2015 | | Sparkletts a | & Sierra Sprir | ngs | | | | | | |
| 6 | Amount (\$) \$15.16 | 7 | Payee addre P.O. Box 6 Dallas, TX | | State | ; Zip Co | de | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | | ee Categories lister 'head/Rental | d at the top of this sch Expense | iedule) | | in, TX | ide of Texas. Com , officeholder living Office | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | iceholder nam | e (| Dffice sou | ght | | Office he | eld | |
| | Date | | Payee name | | | | | | | | |
| | 03/30/2015 | | Spirit Airlin | es (via Priceli | ine) | | | | | | |
| ⊢ | Amount (\$) | - | Payee addre | - | - | ; Zip Co | do | | | | |
| | \$286.18 | | 2800 Exect Miramar, F | utive Way | | · • | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category _{(S} Travel Out | | d at the top of this sch | nedule) | Check if Austi | in, TX | ide of Texas. Com , officeholder living Chandler to V | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | iceholder nam | e (| Office sou | ght | | Office he | eld | |
| | Date | | Payee name | | | | | | | | |
| | 01/22/2015 | | 2 | | ons Group, LLC | 2 | | | | | |
| - | Amount (\$) | - | Payee addre | | • | ; Zip Co | de | | | | |
| | \$3,500.00 | | P.O. Box 3 | | State | , בוף כס | | | | | |
| | | | | X 77253-372 | | i | <u></u> | | | | |
| | PURPOSE OF EXPENDITURE | (a) | | ee Categories lister 'head/Rental | d at the top of this sch Expense | iedule) | | in, TX | ide of Texas. Com , officeholder living e maintenan | l expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | iceholder nam | e (| Office sou | ght | | Office he | əld | |
| | | | | | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense offt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | | | |
|---|--|--|---|--|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | | | |
| - | Sch: 78/113 Rpt: | Turner, Sylvester (The Honorable) | 00020872 | | | | | | | | |
| 4 | - | | 00020012 | | | | | | | | |
| 4 | Date 02/24/2015 | Payee name Starbucks | | | | | | | | | |
| | | | | | | | | | | | |
| 6 | Amount (\$) \$64.73 | Payee address; City; State; Zip Code 710 Meyerland Plaza Houston, TX 77035 | | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense r media event | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 06/13/2015 | Starbucks | | | | | | | | | |
| | Amount (\$) \$129.47 | Payee address; City; State; Zip Code 1801 Durham Houston, TX 77007 | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense /ake Up City Hall meeting | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 04/26/2015 | Storefront Political Media | | | | | | | | | |
| | Amount (\$) \$23,882.81 | Payee address; City; State; Zip Code 160 Pine Street Suite 700 San Francisco, CA 94111 San Francisco, CA 94111 | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense and printing | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|--|-----|---|--|---|--|-------|--|----------------------------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mmittee Legal Services | Loan Re Office Ov Polling E Printing B Salaries/ | payme verhea xpens Expen Wage | ent/Reimbursement ad/Rental Expense se se s/Contract Labor | | Transportation Travel in Distric Travel Out of D | | |
| | | _ | The Instruction Guide explains | | ompi | ete this form. | - | | | |
| 1 | Total pages Schedule F1: Sch: 79/113 Rpt: | 2 | FILER NAME Turner, Sylvester (The Honorable) | | | | 3 | Filer ID 00020872 | (Ethics Commission Filers) | |
| 4 | Date | 5 | Payee name | | | | 1 | | | |
| | 04/26/2015 | • | Storefront Political Media | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State | e; Zip C | ode | | | | | |
| | \$2,712.58 | | 160 Pine Street | | | | | | | |
| | | | Suite 700 | | | | | | | |
| | | | San Francisco, CA 94111 | | | | | | | |
| _ | DUDDOCE | (-) | | | (1-) | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the top of this so | hedule) | (a) | Description | outei | ido of Toyac, Cor | nplete Schedule T. | |
| | EXPENDITURE | | Advertising Expense | | | | | , officeholder livin | | |
| | | | | | | | | | printing and mailing | |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | Office so | ught | | | Office h | neld | |
| | Date | | Payee name | | | | | | | |
| | 05/04/2015 | | Storefront Political Media | | | | | | | |
| | Amount (\$) | | Payee address; City; State | e; Zip C | ode | | | | | |
| | \$15,074.03 | | 160 Pine Street | , I | | | | | | |
| | \$10,01 H00 | | Suite 700 | | | | | | | |
| | | | | | | | | | | |
| | | | San Francisco, CA 94111 | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this so | hedule) | (b) | Description | | | | |
| | EXPENDITURE | | Advertising Expense | | | | | ide of Texas. Cor , officeholder livin | mplete Schedule T. | |
| | | | | | | Advertising a | | | ig expense | |
| | | | | | | / avertising a | nu | printing | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Office so | ught | | | Office h | neld | |
| | expenditure to benefit C/OI | 1 | | | | | | | | |
| | Date | | Payee name | | | | | | | |
| | 05/04/2015 | | Storefront Political Media | | | | | | | |
| | Amount (\$) | | Payee address; City; State | e; Zip C | ode | | | | | |
| | \$11,999.00 | | 160 Pine Street | -, _,, - | | | | | | |
| | <i>411</i> ,000100 | | Suite 700 | | | | | | | |
| | | | | | | | | | | |
| | | | San Francisco, CA 94111 | | _ | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this so | hedule) | (b) | Description | | | | |
| | EXPENDITURE | | Advertising Expense | | | | | | mplete Schedule T. | |
| | | | | | | | | , officeholder livin | ng expense | |
| | | | | | | Advertising a | лu | hunning | | |
| | | | | | <u> </u> | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office so | ught | | | Office h | neld | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|--|-----------------------|---------------------------------|--------------------------|------------|-----|-----------------|-------|---------------------|-------------------|-----------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | | | | | quipment & Relate | | |
| | Total pages Schedule F1: | 2 | | • | | • | | 2 | Filer ID | (Ethics Comm | ission Eilers) |
| 1 | | ² | | lonoroblo) | | | | ľ | | | 13310111 11613) |
| | Sch: 80/113 Rpt: | | Turner, Sylvester (The H | ionorable) | | | | | 00020872 | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 01/02/2015 | | Storefront Political Media | a | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; | Zip Co | de | | | | | |
| | \$10,000.00 | | 160 Pine Street | | | | | | | | |
| | | | Suite 700 | | | | | | | | |
| | | | | | | | | | | | |
| | | | San Francisco, CA 9411 | .1 | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories lister | l at the top of this sch | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Consulting Expense | | | | | | de of Texas. Com | | |
| | | | | | | | | | officeholder living | | |
| | | | | | | | General politi | ical | consulting | services | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name | e C | Office sou | ght | | | Office he | eld | |
| | Date | | Payee name | | | | | | | | |
| | 02/02/2015 | | Storefront Political Media | a | | | | | | | |
| _ | Amount (\$) | - | Payee address; City; | State: | Zip Co | do | | | | | |
| | | | | State, | zip co | ue | | | | | |
| | \$10,000.00 | | 160 Pine Street | | | | | | | | |
| | | | Suite 700 | | | | | | | | |
| | | | San Francisco, CA 9411 | .1 | | | | | | | |
| | PURPOSE | (a) | Category (See Categories lister | I at the top of this sch | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Consulting Expense | · | ŗ | | Check if travel | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITORE | | . . | | | | | | officeholder living | | |
| | | | | | | | General politi | ical | consulting | services | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | e C | Office sou | ght | | | Office he | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | |
| | Date | Γ | Payee name | | | | | | | | |
| | 03/02/2015 | | Storefront Political Media | a | | | | | | | |
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| | Amount (\$) | | Payee address; City; | State; | Zip Co | de | | | | | |
| | \$10,000.00 | | 160 Pine Street | | | | | | | | |
| | | | Suite 700 | | | | | | | | |
| | | | San Francisco, CA 9411 | 1 | | | | | | | |
| | PURPOSE | (a) | Category (See Categories lister | l at the ten of this ach | odulo) | (b) | Description | | | | |
| | OF | (, | Consulting Expense | r at the top of this sch | edule) | , | • | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | | | | | Check if Austin | , TX | officeholder living | , expense | |
| | | | | | | | General politi | | | | |
| | | | | | | | | | 2 | | |
| - | Complete ONLY if direct | <u>ا</u> | Candidate/Officeholder name | , (| Office sou | aht | | | Office he | eld | |
| | expenditure to benefit C/OI | | | | | | | | Cince In | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|--|----------|---|------------------------|--|--|-------|---|----------------------------|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Ex Gift/Awards/Memo mmittee Legal Services | pense ials Expense | Loan Repa Office Ove Polling Ex Printing Ex Salaries/W | ayment/Reimbursement erhead/Rental Expense pense | | Travel in District Travel Out of Dis | quipment & Related Expense | | |
| 1 | Total pages Schedule F1: | 2 | | | | | 2 | Filer ID | (Ethics Commission Filers) | | |
| 1 | Sch: 81/113 Rpt: | | Turner, Sylvester (The H | onorable) | | | | 00020872 | | | |
| 1 | Date | 5 | Payee name | | | | | | | | |
| 7 | 04/01/2015 | ľ | Storefront Political Media | ι | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State | ; Zip Co | de | | | | | |
| ľ | \$15,000.00 | ľ | 160 Pine Street | State, | , 210 00 | uc | | | | | |
| | φ13,000.00 | | | | | | | | | | |
| | | | Suite 700 | _ | | | | | | | |
| | | | San Francisco, CA 9411 | 1 | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed | at the top of this sch | edule) | (b) Description | | | | | |
| | OF EXPENDITURE | | Consulting Expense | | | | | side of Texas. Com | | | |
| | | | | | | General polit | | , officeholder living | | | |
| | | | | | | General poin | lica | a consulary . | 50111005 | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | Candidate/Officeholder name | | Office sou | ght | | Office he | eld | | |
| | Date | | Payee name | | | | | | | | |
| | 04/26/2015 | | Storefront Political Media | ι | | | | | | | |
| | Amount (\$) | ┢ | Payee address; City; | State | ; Zip Co | de | | | | | |
| | \$5,000.00 | | 160 Pine Street | | | | | | | | |
| | | | Suite 700 | | | | | | | | |
| | | | San Francisco, CA 9411 | 1 | | | | | | | |
| _ | PURPOSE | (a) | Category (See Categories listed | | odulo) | (b) Description | | | | | |
| | OF | ľ | Consulting Expense | at the top of this sen | ieuuie) | | outs | side of Texas. Com | plete Schedule T. | | |
| | EXPENDITURE | | | | | Check if Austir | ı, TX | (, officeholder living |) expense | | |
| | | | | | | General polit | ica | l consulting | services | | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | (| Office sou | ght | | Office he | eld | | |
| | experiature to benefit C/Or | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 05/01/2015 | | Storefront Political Media | l | | | | | | | |
| | Amount (\$) | | Payee address; City; | State | ; Zip Co | de | | | | | |
| | \$15,000.00 | | 160 Pine Street | | | | | | | | |
| | | | Suite 700 | | | | | | | | |
| | | | San Francisco, CA 9411 | 1 | | | | | | | |
| - | PURPOSE | (a) | Category (See Categories listed | | edule) | (b) Description | | | | | |
| | OF | | Consulting Expense | at the top of this sen | ieuuie) | | outs | side of Texas. Com | plete Schedule T. | | |
| | EXPENDITURE | | eenedaang Experiee | | | Check if Austin | ı, TX | C, officeholder living |) expense | | |
| | | | | | | General polit | ica | l consulting | services | | |
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| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | C | Office sou | ght | | Office he | eld | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|--|-----------------------|--|-------------------|------------|---------|----------------|-----|--------------------------|--------------------|---------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | | | | | Equipment & Related Expe | | |
| | Total pages Schedule F1: | 2 | | | | | | 2 | Filer ID | (Ethics Commission | Eilors) |
| 1 | | ² | | rabla) | | | | ľ | | (Ethes Commission | File(S) |
| | Sch: 82/113 Rpt: | | Turner, Sylvester (The Hono | rable) | | | | | 00020872 | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 06/01/2015 | | Storefront Political Media | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State | ; Zip Co | ode | | | | | |
| | \$15,000.00 | | 160 Pine Street | | | | | | | | |
| | | | Suite 700 | | | | | | | | |
| | | | | | | | | | | | |
| | | | San Francisco, CA 94111 | | | | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the | e top of this sch | edule) | (b) | Description | | | | |
| | EXPENDITURE | | Consulting Expense | | | | | | | iplete Schedule T. | |
| | | | | | | | General politi | | , officeholder living | | |
| | | | | | | | General point | ica | consulting | 361 11663 | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name | (| Office sou | ight | | | Office h | eld | |
| | Date | | Payee name | | | | | | | | |
| | 01/02/2015 | | Storefront Political Media | | | | | | | | |
| ⊢ | Amount (\$) | | Payee address; City; | State | ; Zip Co | ode | | | | | |
| | \$20,458.71 | | 160 Pine Street | | , , | | | | | | |
| | \$20,400.11 | | | | | | | | | | |
| | | | Suite 700 | | | | | | | | |
| | | | San Francisco, CA 94111 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the | e top of this sch | iedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Research | | | | | | | plete Schedule T. | |
| | | | | | | | Political rese | | , officeholder living | g expense | |
| | | | | | | | Political lese | arc | II Services | | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name | (| Office sou | ight | | | Office h | eld | |
| | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 04/26/2015 | | Storefront Political Media | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State | ; Zip Co | ode | | | | | |
| | \$13,000.00 | | 160 Pine Street | | | | | | | | |
| | , | | Suite 700 | | | | | | | | |
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| | | | San Francisco, CA 94111 | | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the | e top of this sch | iedule) | (b) | Description | | | | |
| | EXPENDITURE | | Research | | | | | | | plete Schedule T. | |
| | | | | | | | Political rese | | , officeholder living | g expense | |
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| _ | Complete ONUX 5 diagons | | Doublishests (Office 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | | en krit | | | 0.45 | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name | (| Office sou | ignt | | | Office h | eid | |
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| | | | EXPENDITURE CA | TECO | | BO | N 8(a) | | | | |
|--|--|-----------------------|---|--------------|---|--|---|-------|---|----------------------------|------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen | se | Loan Repa Office Ove Polling Exp Printing Ex Salaries/W | ymer rhead pense pense ages/ | t/Reimbursement I/Rental Expense e /Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense | e |
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| Ľ | | ² | | | | | | 5 | | | (13) |
| | Sch: 83/113 Rpt: | | Turner, Sylvester (The Honorab | ie) | | | | | 00020872 | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 01/02/2015 | | Strong Strategies, LLC | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State: | Zip Co | de | | | | | |
| - | \$6,000.00 | | 5100 San Felipe | , | | | | | | | |
| | \$0,000.00 | | · | | | | | | | | |
| | | | #117-Е | | | | | | | | |
| | | | Houston, TX 77056 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top | of this sche | edule) | (b) | Description | | | | |
| | OF | | Consulting Expense | | , | | Check if travel | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | 0 | | | | | | officeholder living | | |
| | | | | | | | Fundraising a | and | compliance | services | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | C | Office sou | ght | | | Office he | eld | |
| ╞ | Data | <u> </u> | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| 02/02/2015 Strong Strategies, LLC | | | | | | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | | | | | | |
| | \$6,000.00 | | 5100 San Felipe | | | | | | | | |
| | | | #117-E | | | | | | | | |
| | | | Houston, TX 77056 | | | | | | | | |
| | | | | | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top | of this sche | edule) | (b) | Description | | | | |
| | EXPENDITURE | | Consulting Expense | | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| | | | | | | | | | | | |
| | | | | | | | Fundraising a | anu | compliance | Services | |
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| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name | C | Office sou | ght | | | Office he | eld | |
| | experiatione to benefit C/Or | | | | | | | | | | |
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| | 03/02/2015 | | Strong Strategies, LLC | | | | | | | | |
| ⊢ | | - | | Chata | 7:0 00 | da | | | | | |
| | Amount (\$) | | Payee address; City; | State; | Zip Co | ue | | | | | |
| | \$6,000.00 | | 5100 San Felipe | | | | | | | | |
| | | | #117-E | | | | | | | | |
| | | | Houston, TX 77056 | | | | | | | | |
| ⊢ | PURPOSE | (a) | Category (See Categories listed at the top | of this ash | odulo) | (b) | Description | | | | |
| | OF | (, | Consulting Expense | of this sche | edule) | (~) | • | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | Consulting Expense | | | | Check if Austin | , тх, | officeholder living | , expense | |
| | | | | | | | Fundraising a | and | compliance | services | |
| | | | | | | | - | | | | |
| - | Complete ONLY if direct | <u>_</u> | Candidate/Officeholder name | | Office sou | thr | | | Office he | hd ال | |
| | expenditure to benefit C/Oł | | | Ċ | 2.1100 3004 | <i>.</i> | | | Onice In | | |
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| | | | EXPENDITURE CAT | EGOR | | R BC | OX 8(a) | | | | |
|---|--|----------------|---|--------------------|--|---|---|-------|--|--------------------|---------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | 9 | Loan Rep Office Ove Polling Ex Printing E Salaries/V | ayme erhea pense xpens Xpens Vages | nt/Reimbursement d/Rental Expense e se s/Contract Labor | | Transportation E Travel in District Travel Out of Di | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | 3 | Filer ID | (Ethics Commission | Filers) |
| _ | Sch: 84/113 Rpt: | [⁻ | Turner, Sylvester (The Honorable | e) | | | | | 00020872 | , | , |
| 4 | Date | 5 | Payee name | , | | | | | | | |
| - | 04/01/2015 | | Strong Strategies, LLC | | | | | | | | |
| 6 | Amount (\$) | 7 | | State [.] | Zip Co | nde | | | | | |
| ľ | \$6,000.00 | ľ | 5100 San Felipe | Olulo, | 210 00 | Juc | | | | | |
| | +0,000.00 | | #117-E | | | | | | | | |
| | | | Houston, TX 77056 | | | | | | | | |
| _ | DUDDOCE | | | | | | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the top of Consulting Expense | this sche | edule) | (0) | Description | outsi | de of Texas. Con | nplete Schedule T. | |
| | EXPENDITURE | | Consularly Expense | | | | | | officeholder livin | | |
| | | | | | | | Fundraising a | and | compliance | e services | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | C | Office sou | ight | | | Office h | eld | |
| | Date | | Payee name | | | | | | | | |
| | 04/04/2015 | | Strong Strategies, LLC | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | Zip Co | ode | | | | | |
| | \$1,750.82 | | 5100 San Felipe | | | | | | | | |
| | | | #117-E | | | | | | | | |
| | | | Houston, TX 77056 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of | this sche | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Consulting Expense | | , | | | | | plete Schedule T. | |
| | | | | | | | Fundraising a | | officeholder livin | | |
| | | | | | | | Fundialsing a | anu | compliance | e services | |
| | Complete ONLY if direct | | Candidate/Officeholder name | | Office sou | laht | | | Office h | eld | |
| | expenditure to benefit C/Oł | | | Ŭ | | igin | | | Office II | | |
| | Date | Г | Payee name | | | | | | | | |
| | 05/01/2015 | | Strong Strategies, LLC | | | | | | | | |
| | Amount (\$) | | | Stato [.] | Zip Co | ohe | | | | | |
| | \$6,000.00 | | 5100 San Felipe | State, | 210 00 | Juc | | | | | |
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| | DUDDOCT | | Houston, TX 77056 | | | (1-) | D | | | | |
| | PURPOSE OF | ^(a) | Category (See Categories listed at the top of | this sche | edule) | (0) | Description | outsi | de of Texas. Con | nplete Schedule T. | |
| | EXPENDITURE | | Consulting Expense | | | | | | officeholder living | | |
| | | | | | | | Fundraising a | | | | |
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| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | C | Office sou | ight | | | Office h | eld | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|--|--|-----|--|------------------------------|--|--------------------------------------|---|-------|--|-------------------|----------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Gift/Awards/Me mmittee Legal Services | | Loan Repa Office Over Polling Exp Printing Ex Salaries/W | ymer head ense pens ages | nt/Reimbursement d/Rental Expense e e /Contract Labor | | Travel in District Travel Out of Dis | quipment & Relate | |
| | Total pages Schedule F1: | 2 | | | | | | 3 | Filer ID | (Ethics Commi | ission Filers) |
| Ľ | Sch: 85/113 Rpt: | [~ | Turner, Sylvester (The | Honorablo) | | | | ľ | 00020872 | (20.000 000.000 | |
| | SUI. 05/115 Rpl. | | Turrier, Sylvester (The | HUIIUIADIE) | | | | | 00020872 | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 06/01/2015 | | Strong Strategies, LLC | ; | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State: | Zip Co | de | | | | | |
| ľ | \$7,500.00 | [. | 5100 San Felipe | , | | | | | | | |
| | φ1,500.00 | | | | | | | | | | |
| | | | #117-Е | | | | | | | | |
| | | | Houston, TX 77056 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories lis | ted at the top of this sch | edule) | (b) | Description | | | | |
| | OF | | Consulting Expense | | , | | Check if travel | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | 5 1 | | | | Check if Austin | , TX | officeholder living | expense | |
| | | | | | | | Fundraising a | and | compliance | services | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder na | me C | Dffice sou | ght | | | Office he | eld | |
| | Date | | Payee name | | | | | | | | |
| 01/02/2015 Sue Davis Communications | | | | | | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | | | | | | |
| \$4,500.00 4721 Hummingbird St. | | | | | | | | | | | |
| | φ4,300.00 | | | | | | | | | | |
| | | | Houston, TX 77035-49 | 015 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories list Consulting Expense | ted at the top of this sch | edule) | (b) | | , TX | de of Texas. Com officeholder living nunications | expense | ervices |
| | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder na | me C | Office sou | ght | | | Office he | eld | |
| | expenditure to benefit C/OI | H | | | | | | | | | |
| - | Date | Γ | Payee name | | | | | | | | |
| | 01/29/2015 | | Sue Davis Communica | ations | | | | | | | |
| | | | | | | | | | | | |
| | Amount (\$) | | Payee address; City; | | ; Zip Co | de | | | | | |
| | \$5,000.00 | | 4721 Hummingbird St. | | | | | | | | |
| | | | | | | | | | | | |
| | | | Houston, TX 77035-49 | 15 | | | | | | | |
| | PURPOSE | (a) | Category (See Categories lis | tod at the ten of this s-t- | odulo) | (þ) | Description | | | | |
| | OF | (, | Consulting Expense | aeu al trie top of triis sch | edule) | (~) | • | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | | | | | Check if Austin | , тх | officeholder living | , expense | |
| | | | | | | | Media and co | | | | ervices |
| | | | | | | | | | | - | |
| - | Complete ONLY if direct | Ľ, | Candidate/Officeholder na | me c | Office sou | tht | | | Office he | ald | |
| | expenditure to benefit C/OI | | andiuale/Onicentituel lla | | | jiit | | | | .iu | |
| | | | | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | | |
|--|--|-----------------------|--------------|------------------|--------------------------|------------|----------|-----------------|------------------------|-------------------|---------|----------------------|------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | | | | | ment & Related Expense | e | | | |
| 1 | Total pages Schedule F1: | 2 | | | • | | <u> </u> | | 3 | Filer ID | (F | thics Commission Fil | ers) |
| - | | ² | | | | | | | ľ | | `` | | 613) |
| | Sch: 86/113 Rpt: | | rumer, sy | ivester (Th | e Honorable) | | | | | 00020872 | | | |
| 4 | Date | 5 | Payee name | e | | | | | | | | | |
| | 03/02/2015 | | Sue Davis | Communic | ations | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; City | /; St | ate; Zip C | ode | | | | | | |
| | \$5,000.00 | | 4721 Hum | minabird S | t. | | | | | | | | |
| | | | | 0 | | | | | | | | | |
| | | | | | 015 | | | | | | | | |
| | | | Houston, T | X //035-4 | 912 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (S | See Categories I | isted at the top of this | schedule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Consulting | Expense | | | | | | de of Texas. Co | • | | |
| | _/ | | | | | | | | | officeholder livi | | | |
| | | | | | | | | Media and co | omr | nunication | s coi | nsulting services | |
| | | | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Of | ficeholder na | ame | Office so | ught | | | Office | held | | |
| | | <u> </u> | | | | | | | | | | | |
| | Date | | Payee name | e | | | | | | | | | |
| 04/01/2015 Sue Davis Communications | | | | | | | | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | | | | | | | | |
| \$6,000.00 4721 Hummingbird St. | | | | | | | | | | | | | |
| | \$0,000.00 | | 4721 11011 | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Houston, T | X 77035-4 | 915 | | | | | | | | |
| | PURPOSE | (a) | Category (s | See Categories I | isted at the top of this | schedule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Consulting | | | | | Check if travel | outsi | de of Texas. Co | omplete | Schedule T. | |
| | EXPENDITORE | | | | | | | | | officeholder livi | | | |
| | | | | | | | | Media and co | omr | nunication | s cor | nsulting services | |
| | | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Of | ficeholder na | ame | Office so | ught | | | Office | held | | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | | |
| | Date | Γ | Payee name | | | | | | | | | | |
| | 05/01/2015 | | Sue Davis | | ations | | | | | | | | |
| | | | | | | | | | | | | | |
| | Amount (\$) | | Payee addre | ess; City | r; Sta | ate; Zip C | ode | | | | | | |
| | \$6,000.00 | | 4721 Hum | mingbird S | t. | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Houston, T | X 77035-4 | 915 | | | | | | | | |
| | PURPOSE | (a) | Category / | See Categories I | isted at the top of this | schedule) | (b) | Description | | | | | |
| | OF | Ľ | Consulting | | | Schedule) | Ľ | | outsi | de of Texas. Co | omplete | Schedule T. | |
| | EXPENDITURE | | eeneaning | | | | | Check if Austin | n, TX, | officeholder livi | ing exp | ense | |
| | | | | | | | | Media and co | omr | nunication | s cor | nsulting services | |
| | | | | | | | | | | | | | |
| - | Complete ONLY if direct | L(| Candidate/Of | ficeholder na | ame | Office so | uaht | | | Office | held | | |
| | expenditure to benefit C/Oł | | | | | 2 | 5 | | | 2 | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| | | | | EXPEN | DITURE CATEO | ORIES FO | R BO | OX 8(a) | | | | |
|---------------------------------|--|----------|---------------------------|---------------|--------------------------------------|------------|------|--|--------------------------|------------------|---------|---------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | | | | | ipment & Related Expense | | | |
| 1 | Total pages Schedule F1: | 2 | | | | | | | 3 | Filer ID | (| Ethics Commission Filers) |
| - | Sch: 87/113 Rpt: | | | | e Honorable) | | | | | 00020872 | | |
| 4 | Date | 5 | Payee name | | | | | | • | | | |
| | 06/01/2015 | | Sue Davis | | cations | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City | /; Sta | ate; Zip C | ode | | | | | |
| | \$7,500.00 | | 4721 Humi | ningbird S | t. | | | | | | | |
| | | | Houston, T | X 77035-4 | 915 | | | | | | | |
| 8 | PURPOSE | <u> </u> | | | | | (h) | Description | | | | |
| ľ | OF | (, | Consulting | | listed at the top of this | schedule) | (5) | Check if travel | outsi | de of Texas. C | omple | te Schedule T. |
| | EXPENDITURE | | Consuling | Expense | | | | Check if Austin | ı, ТХ, | officeholder liv | /ing ex | kpense |
| | | | | | | | | Media and co | omr | nunication | is co | onsulting services |
| 9 | Complete ONLY if direct | | Candidate/Off | iceholder n | ame | Office so | ught | | | Office | held | |
| | expenditure to benefit C/OI | Н | | | | | 5 | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 03/02/2015 | | Syptak, Jef | f | | | | | | | | |
| | Amount (\$) | | Payee addre | ss; City | /; Sta | ate; Zip C | ode | | | | | |
| \$1,400.00 6827 Cloudswept Lane | | | | | | | | | | | | |
| | | | Houston, T | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (s Salaries/W | | listed at the top of this ract Labor | schedule) | (b) | Description Check if travel Check if Austin Staffing at po | n, TX, | officeholder liv | | |
| | Complete ONLY if direct | | Candidate/Of | iceholder n | amo | Office so | l | | | Office | hold | 1 |
| | expenditure to benefit C/OI | | | | ame | Once so | ugnt | | | Once | neiu | |
| | Date | | Payee name | 1 | | | | | | | | |
| | 01/02/2015 | | Syptak, Jet | f | | | | | | | | |
| | Amount (\$) | | Payee addre | ss; City | /; Sta | ate; Zip C | ode | | | | | |
| | \$1,400.00 | | 6827 Cloud | | | · | | | | | | |
| | | | Houston, T | X 77086 | | | | | | | | |
| | PURPOSE | (a) | Category (S | ee Categories | listed at the top of this | schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Salaries/W | ages/Cont | ract Labor | | | Check if travel | | | • | |
| | | | | | | | | Check if Austin | | | | kpense |
| | | | | | | | | Staffing at ca | unp | aign even | เร | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Off | iceholder n | ame | Office so | ught | | | Office | held | I |
| - | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|-------------------------|--|--|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Pinting Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | |
| - | Sch: 88/113 Rpt: | Turner, Sylvester (The Honorable) | 00020872 | | | | |
| 4 | Date 02/02/2015 | Payee name Syptak, Jeff | | | | | |
| 6 | Amount (\$) \$1,400.00 | Payee address; City; State; Zip Code 6827 Cloudswept Lane Houston, TX 77086 | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense mpaign events | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| 04/01/2015 Syptak, Jeff | | | | | | | |
| | Amount (\$) \$1,600.00 | Payee address; City; State; Zip Code 6827 Cloudswept Lane Houston, TX 77086 | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense mpaign events | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date 05/01/2015 | Payee name Syptak, Jeff | | | | | |
| | Amount (\$) \$1,600.00 | Payee address; City; State; Zip Code 6827 Cloudswept Lane | | | | | |
| | | Houston, TX 77086 | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense mpaign events | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | | | | | | | |

| | | | EXPENDITURE CATEG | ORIES FOR | R BC | DX 8(a) | | |
|-------------------|--|-----|---|--|----------------------------------|------------------------|-------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai | Office Ove Polling Ex Printing E Salaries/V | erhea pense xpens Vages | se s/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) |
| | Sch: 89/113 Rpt: | I | Turner, Sylvester (The Honorable) | | | | - | 00020872 |
| 4 | Date | 5 | Payee name | | | | | |
| | 06/01/2015 | | Syptak, Jeff | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; Sta | ate; Zip Co | de | | | |
| | \$1,600.00 | | 6827 Cloudswept Lane | | | | | |
| | | | | | | | | |
| | | | Houston, TX 77086 | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this | schedule) | (b) | Description | | |
| | OF EXPENDITURE | | Salaries/Wages/Contract Labor | | | | | de of Texas. Complete Schedule T. |
| | | | | | | | | officeholder living expense |
| | | | | | | Staffing at ca | μh | aignevents |
| 9 | Complete ONLY if direct | | andidate/Officeholder name | Office sou | ght. | | | Office held |
| | expenditure to benefit C/OI | Н | | | 0 | | | |
| | Date | | Payee name | | | | | |
| 05/17/2015 Target | | | | | | | | |
| | Amount (\$) | | Payee address; City; Sta | ate; Zip Co | de | | | |
| | \$127.37 | | 4323 San Felipe St. | | | | | |
| | | | | | | | | |
| | | | Houston, TX 77027 | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this | schedule) | (b) | Description | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | | | | de of Texas. Complete Schedule T. |
| | | | | | | | | officeholder living expense ape and paper for HQ |
| | | | | | | Tables, Chairs | 5, 10 | ape and paper for HQ |
| | Complete ONLY if direct | | andidate/Officeholder name | Office sou | abt | | | Office held |
| | expenditure to benefit C/OI | | | Office Sou | iyni | | | Once neu |
| | Data | | | | | | | |
| | Date 05/28/2015 | | Payee name Target | | | | | |
| | | | Target | | | | | |
| | Amount (\$) | | | ate; Zip Co | ode | | | |
| | \$139.96 | | 4323 San Felipe St. | | | | | |
| | | | | | | | | |
| | | | Houston, TX 77027 | | | | | |
| | PURPOSE OF | | Category (See Categories listed at the top of this | schedule) | (b) | Description | | |
| | EXPENDITURE | | Office Overhead/Rental Expense | | | | | de of Texas. Complete Schedule T. officeholder living expense |
| | | | | | | Folding tables | | |
| | | | | | | . craing table | 2.0 | |
| - | Complete ONLY if direct | | andidate/Officeholder name | Office sou | l Ight | | | Office held |
| | expenditure to benefit C/OI | | | | 5 | | | |
| | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|--|--|---|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| 1 | | | 00020872 | | | | | | |
| | Sch: 90/113 Rpt: | Turner, Sylvester (The Honorable) | 00020872 | | | | | | |
| 4 | Date | Payee name | | | | | | | |
| | 03/19/2015 | Tejano Assoc. for Historical Preservation | | | | | | | |
| 6 Amount (\$) 7 Payee address; City; State; Zip Code \$150.00 P.O. Box 231021 Houston, TX 77223-1021 | | | | | | | | | |
| | | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | l outside of Texas. Complete Schedule T. in, TX, officeholder living expense y fee | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| 02/23/2015 Texas Democratic Party | | | | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | | | | |
| \$1,000.00 4818 E. Ben White Blvd. | | | | | | | | | |
| | | Suite 104 | | | | | | | |
| | | Austin, TX 78741 | | | | | | | |
| _ | PURPOSE | | | | | | | | |
| | OF | Check if Aust | l outside of Texas. Complete Schedule T. in, TX, officeholder living expense r file database access | | | | | | |
| | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 04/02/2015 | Texas Democratic Party | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$2,000.00 | 4818 E. Ben White Blvd. | | | | | | | |
| | | Suite 104 | | | | | | | |
| | | Austin, TX 78741 | | | | | | | |
| | | | | | | | | | |
| | PURPOSE OF | Category (See Categories listed at the top of this schedule) (b) Description | l outside of Texas. Complete Schedule T. | | | | | | |
| | EXPENDITURE | | in, TX, officeholder living expense | | | | | | |
| | | Fee for vote | r file database access | | | | | | |
| | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|--|--|---|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | | |
| | | The Instruction Guide explains how to complete this form. | | | | | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| | Sch: 91/113 Rpt: | Turner, Sylvester (The Honorable) | 00020872 | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | |
| | 03/14/2015 | Texas Democratic Women of the Harris County Metro Area | | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | |
| | \$250.00 | 766 Thornbranch Dr. | | | | | | | | |
| | | | | | | | | | | |
| | | Houston, TX 77079 | | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| | | Contributions/Donations Made By | utside of Texas. Complete Schedule T. | | | | | | | |
| | EXPENDITURE | Candidate/Officeholder/Political Committee | TX, officeholder living expense | | | | | | | |
| | | Event sponsor | ship donation | | | | | | | |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| F | Date | Payee name | | | | | | | | |
| | 01/12/2015 | The Houston Sun | | | | | | | | |
| ⊢ | Amount (\$) | | | | | | | | | |
| | Amount (\$) Payee address; City; State; Zip Code \$756.00 1520 Isabella St. | | | | | | | | | |
| | | | | | | | | | | |
| | | Houston, TX 77004 | | | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | title (Truce Orientate Cabadula T | | | | | | | |
| | EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | | | |
| | | MLK Day adve | | | | | | | | |
| | | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | expenditure to benefit C/OF | 1 | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 04/04/2015 | Tightline Strategies, Inc. | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$7,500.00 | P.O. Box 8943 | | | | | | | | |
| | | | | | | | | | | |
| | | St. Louis, MO 63101 | | | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| | EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | | | |
| | | Data consulting | | | | | | | | |
| | | | giservices | | | | | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | expenditure to benefit C/Oł | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| - | | |
| | Sch: 92/113 Rpt: | Turner, Sylvester (The Honorable) 00020872 |
| 4 | Date | 5 Payee name |
| | 05/01/2015 | Tightline Strategies, Inc. |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$2,500.00 | P.O. Box 8943 |
| | . , | |
| | | |
| | | St. Louis, MO 63101 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Data consulting services |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 06/01/2015 | Tightline Strategies, Inc. |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,500.00 | P.O. Box 8943 |
| | | |
| | | St. Louis, MO 63101 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Consulting Expense Consulting Ex |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Data consulting services |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 4 |
| _ | Data | Deveryone |
| | Date | Payee name |
| | 01/29/2015 | Time Warner Cable |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$142.44 | P.O. Box 60074 |
| | | |
| | | City of Industry, CA 91716 |
| | PURPOSE | |
| | OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Cable and Internet - Legislator's Austin apartment |
| | | |
| _ | Complete ONLV if direct | Candidate/Officeholder name Office sought Office held |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | 5 |
| | | |
| | | |
| | | |

| | | | EXPENDITURE CA | ATEGORIES FC | R B | OX 8(a) | | | | |
|---|--|---------------|--|---|------------------------------------|------------------------|------|---|----------------------------|------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper tee Legal Services The Instruction Guide 6 | Office O Polling E nse Printing Salaries | verhea xpens Expens Wages | se s/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense | |
| 1 | Total pages Schedule F1: | 2 FI | ER NAME | - | - | | 3 | Filer ID | (Ethics Commission File | ers) |
| - | Sch: 93/113 Rpt: | | irner, Sylvester (The Honorab | le) | | | | 00020872 | (| -, |
| 4 | Date | 5 Pa | yee name | | | | | | | |
| | 03/05/2015 | Ti | me Warner Cable | | | | | | | |
| 6 | Amount (\$) | 7 Pa | yee address; City; | State; Zip C | ode | | | | | |
| | \$142.44 | P. | O. Box 60074 | | | | | | | |
| | | | | | | | | | | |
| | | Ci | ty of Industry, CA 91716 | | | | | | | |
| 8 | PURPOSE | (a) Ca | tegory (See Categories listed at the top | of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | Of | fice Overhead/Rental Expens | e | | | | de of Texas. Com | | |
| | | | | | | Coblo and Int | | | | at |
| | | | | | | | lem | iel - Legisial | or's Austin apartmer | n. |
| _ | | | | o./// | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | didate/Officeholder name | Office so | ught | | | Office he | ald | |
| | Date | Pa | yee name | | | | | | | |
| | 03/30/2015 | Ti | me Warner Cable | | | | | | | |
| - | Amount (\$) | Pa | yee address; City; | State; Zip C | ode | | | | | |
| | \$142.44 | | O. Box 60074 | , | | | | | | |
| | <i>41111111111111</i> | | | | | | | | | |
| | | Ci | ty of Industry, CA 91716 | | | | | | | |
| | PURPOSE | (a) Ca | tegory (See Categories listed at the top | of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | Of | fice Overhead/Rental Expens | e | | | | de of Texas. Com | | |
| | | | | | | Check if Austin | | | | |
| | | | | | | Cable and in | lem | iet - Legisiat | or's Austin apartmer | ii. |
| | - | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | didate/Officeholder name | Office so | ught | | | Office he | eld | |
| | | - | | | | | | | | |
| | Date | Pa | iyee name | | | | | | | 1 |
| | 05/01/2015 | Ti | me Warner Cable | | | | | | | |
| | Amount (\$) | Pa | yee address; City; | State; Zip C | ode | | | | | |
| | \$142.44 | Р. | O. Box 60074 | | | | | | | |
| | | | | | | | | | | |
| | | Ci | ty of Industry, CA 91716 | | | | | | | |
| | PURPOSE | (a) Ca | tegory (See Categories listed at the top | of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | O | fice Overhead/Rental Expens | e | | | | de of Texas. Com | | |
| | | | | | | Check if Austin | | | | - |
| | | | | | | | lein | iei - Legislat | or's Austin apartmer | il I |
| | | | | | <u> </u> | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | didate/Officeholder name | Office so | ught | | | Office he | eld | |
| | | - | | | | | | | | |
| | | | | | | | | | | |

| | | | EX | PENDITURE CAT | regories | FOR E | 3OX 8(a) | | | |
|---|--|-----|--|----------------------------|----------------|----------|---|----------------------------|---|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T - Gift/Awards/Memorials Expense Printing Expense T | | | | Travel in District Travel Out of Dis | quipment & Related Expense | | |
| 1 | Total pages Schedule F1: | 2 | | | | o comp | | 2 | Filer ID | (Ethics Commission Filers) |
| 1 | Sch: 94/113 Rpt: | | Turner, Sylvester | (The Honorable | e) | | | | 00020872 | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 05/27/2015 | | Time Warner Cab | le | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; | City; | State; Zip | Code | ! | | | |
| | \$142.44 | | P.O. Box 60074 | | | | | | | |
| | | | | | | | | | | |
| | | | City of Industry, C | A 91716 | | | | | | |
| 8 | PURPOSE | | Category (See Categ | | | (b | Description | | | |
| | OF EXPENDITURE | | Office Overhead/ | Rental Expense | | | | | de of Texas. Com officeholder living | plete Schedule T. |
| | | | | | | | | | | tor's Austin apartment |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officehold | er name | Office | sough | t | | Office he | eld |
| | Date | | Payee name | | | | | | | |
| | 01/15/2015 | | Turner, Sylvester | | | | | | | |
| | Amount (\$) | | Payee address; | City; | State; Zip | Code | ! | | | |
| | \$502.02 | | 440 Louisiana | | | | | | | |
| | | | 18th Floor | | | | | | | |
| | | | Houston, TX 770 |)2 | | | | | | |
| | PURPOSE | | Category (See Categ | | this schodulo) | (b |) Description | | | |
| | OF | | Loan Repayment | | | | | outsi | de of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | | | | | | | officeholder living | |
| | | | | | | | Reimbursem | ent | of Schedule | e G expenses |
| | | | | | | <u> </u> | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officehold | er name | Office | sough | t | | Office he | eld |
| | | | | | | | | | | |
| | Date | | Payee name | | | | | | | |
| | 04/01/2015 | | Tyson, Benjamin | | | | | | | |
| | Amount (\$) | | Payee address; | City; | State; Zip | Code | | | | |
| | \$100.00 | | 1515 Missouri St | | | | | | | |
| | | | Apt 12 | | | | | | | |
| | | | Houston, TX 7700 | 06 | | | | | | |
| | PURPOSE OF | (a) | Category (See Categ | ories listed at the top of | this schedule) | (b |) Description | | | |
| | EXPENDITURE | | Office Overhead/ | Rental Expense | | | | | de of Texas. Com officeholder living | plete Schedule T. |
| | | | | | | | Cell phone al | | | Texpense |
| | | | | | | | | | | |
| ⊢ | Complete ONLY if direct | | andidate/Officehold | er name | Office | sough | t | | Office he | eld |
| | expenditure to benefit C/OI | Н | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|--|----------|--|-------------------------|-----------------|--|--|--|-------|---------------------------------------|--------------------------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Eve Fea Foo Gift mmittee Leg | ent Expense | xpense | Loan Repa Office Ove Polling Ex Printing Ex Salaries/W | aymei erhead pense xpens Vages | ht/Reimbursement d/Rental Expense e /Contract Labor | | Travel in Distric Travel Out of D | Equipn ct District | g Expense nent & Related Expense pory not listed above) |
| 1 | Total pages Schedule F1: | 2 | | | | | - | | 2 | Filer ID | (Et | hics Commission Filers) |
| 1 | Sch: 95/113 Rpt: | [| Turner, Sylves | ter (The Hono | rahle) | | | | ľ | 00020872 | | |
| 4 | Date | 6 | - | | | | | | | 00020012 | | |
| 4 | 05/01/2015 | 5 | Payee name Tyson, Benjan | nin | | | | | | | | |
| _ | | _ | | | | 7. 0 | <u> </u> | | | | | |
| 6 | Amount (\$) | 7 | Payee address; | City; | State | ; Zip Co | ode | | | | | |
| | \$100.00 | | 1515 Missouri | St | | | | | | | | |
| | | | Apt 12 | | | | | | | | | |
| | | | Houston, TX 7 | 7006 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See C | ategories listed at the | top of this sch | iedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Office Overhea | | | | | 브 | | de of Texas. Co | · | |
| | | | | | | | | | | officeholder livir | ng expe | ense |
| | | | | | | | | Cell phone al | llow | lance | | |
| | | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officel | older name | (| Office sou | ight | | | Office h | neld | |
| | Date | | Payee name | | | | | | | | | |
| | 06/01/2015 | | Tyson, Benjan | nin | | | | | | | | |
| | Amount (\$) | | Payee address; | City; | State | ; Zip Co | de | | | | | |
| | \$100.00 | | 1515 Missouri | St | | | | | | | | |
| | | | Apt 12 | | | | | | | | | |
| | | | Houston, TX 7 | 7006 | | | | | | | | |
| | PURPOSE | (2) | | | | | (h) | Description | | | | |
| | OF | (a) | Category (See C | | | iedule) | (0) | Description | outsi | de of Texas. Coi | mplete | Schedule T. |
| | EXPENDITURE | | Office Overhea | au/Rentai Expe | ense | | | | | officeholder livir | | |
| | | | | | | | | Cell phone al | llow | /ance | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | (| Candidate/Office | older name | (| Office sou | ght | | | Office h | neld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 03/02/2015 | | Tyson, Benjan | nin | | | | | | | | |
| | Amount (\$) | | Payee address; | City; | State | ; Zip Co | nde | | | | | |
| | \$350.00 | | 1515 Missouri | | outo | ,p 00 | | | | | | |
| | \$000100 | | Apt 12 | ot | | | | | | | | |
| | | | - | 7000 | | | | | | | | |
| | | | Houston, TX 7 | 7006 | | | | | | | | |
| | PURPOSE OF | (a) | Category (See C | | | edule) | (b) | Description | | . (7 0 | | o |
| | EXPENDITURE | | Salaries/Wage | s/Contract Lab | oor | | | | | de of Texas. Co officeholder livir | | |
| | | | | | | | | Health insura | | | | |
| | | | | | | | | . 194.61 113010 | | e onoor puy | , | |
| - | Complete ONLY if direct | Ļ | Candidate/Office | older name | | Office sou | abt | | | Office h | neld | |
| | expenditure to benefit C/OI | | | | (| 51100 30U | gin | | | Onice I | iciu | |
| - | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|--|-----|---|-------------------------------|---|---|-------|---|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Lo: Off Po Pri Sa | an Repay fice Overl Illing Expe inting Exp Ilaries/Wa | ment/Reimbursement lead/Rental Expense ense ense ges/Contract Labor | | Transportation E Travel in District Travel Out of Dis | |
| 1 | Total pages Schedule F1: | 2 | • | | | • | 5 | Filer ID | (Ethics Commission Filers) |
| 1 | | 2 | | | | | ľ | 00020872 | |
| | Sch: 96/113 Rpt: | | Turner, Sylvester (The Honorable |) | | | | 00020672 | |
| 4 | Date | 5 | Payee name | | | | | | |
| | 03/02/2015 | | Tyson, Benjamin | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; Z | ip Cod | е | | | |
| | \$2,125.90 | | 1515 Missouri St | | | | | | |
| | | | Apt 12 | | | | | | |
| | | | Houston, TX 77006 | | | | | | |
| 8 | PURPOSE | (2) | | | | b) Decemination | | | |
| ° | OF | (a) | Category (See Categories listed at the top of | this schedule | e) | b) Description Check if travel | outs | ide of Texas. Com | nplete Schedule T. |
| | EXPENDITURE | | Salaries/Wages/Contract Labor | | | | | , officeholder living | |
| | | | | | | Campaign pa | | | |
| | | | | | | 1.1.2 | , | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | Candidate/Officeholder name | Offic | e soug | ht | | Office h | eld |
| - | Date | | Payee name | | | | | | |
| | 03/12/2015 | | Tyson, Benjamin | | | | | | |
| | | | | 01-1 | | | | | |
| | Amount (\$) | | | State; Z | ip Coa | e | | | |
| | \$2,125.89 | | 1515 Missouri St | | | | | | |
| | | | Apt 12 | | | | | | |
| | | | Houston, TX 77006 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of | this schedule | e) (| b) Description | | | |
| | OF EXPENDITURE | | Salaries/Wages/Contract Labor | | -, | | outs | ide of Texas. Com | nplete Schedule T. |
| | EXPENDITORE | | - | | | Check if Austir | ı, TX | , officeholder living | g expense |
| | | | | | | Campaign pa | ayro | oll | |
| | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Offic | e soug | ht | | Office he | eld |
| | expenditure to benefit C/OI | - | | | | | | | |
| | Date | | Payee name | | | | | | |
| | 03/26/2015 | | Tyson, Benjamin | | | | | | |
| - | Amount (\$) | | | State; Z | in Cod | <u>م</u> | | | |
| | \$170.47 | | 1515 Missouri St | State, Z | ip cou | C . | | | |
| | Φ1/0.47 | | | | | | | | |
| | | | Apt 12 | | | | | | |
| | | | Houston, TX 77006 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of | this schedule | e) (| b) Description | | | |
| | OF EXPENDITURE | | Salaries/Wages/Contract Labor | | | | | | plete Schedule T. |
| | EXFENDITORE | | | | | | | , officeholder living | g expense |
| | | | | | | Campaign pa | ayro | II | |
| | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Offic | e soug | ht | | Office h | eld |
| | expenditure to benefit C/OI | H | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|--|-----|--|--------------------|---|---|------------------|-------|---|----------------------------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials | e Expense | Loan Repa Office Ove Polling Exp Printing Ex Salaries/W | yment/Reimbu head/Rental E ense pense ages/Contract | Expense Labor | | Travel in District Travel Out of Dis | quipment & Related Expense | |
| 1 | Total pages Schedule F1: | 2 | | • | | - | | 2 | Filer ID | (Ethics Commission Filers) | |
| 1 | Sch: 97/113 Rpt: | 2 | | oroblo) | | | | 3 | 00020872 | | |
| | | | Turner, Sylvester (The Hone | Jiable) | | | | | 00020672 | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 03/26/2015 | | Tyson, Benjamin | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State | ; Zip Co | le | | | | | |
| | \$2,125.89 | | 1515 Missouri St | | | | | | | | |
| | | | Apt 12 | | | | | | | | |
| | | | Houston, TX 77006 | | | | | | | | |
| 8 | PURPOSE | (0) | | | | (b) Desert | | | | | _ |
| ° | OF | (a) | Category (See Categories listed at th | | nedule) | (b) Descri | | nutsi | de of Texas. Com | nlete Schedule T | |
| | EXPENDITURE | | Salaries/Wages/Contract La | lDOI | | | | | officeholder living | • | |
| | | | | | | | aign pa | | - | | |
| | | | | | | | 5 1 | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | (| Dffice sou | Jht | | | Office he | eld | |
| | Date | | Payee name | | | | | | | | _ |
| | 04/09/2015 | | Tyson, Benjamin | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State | ; Zip Co | 10 | | | | | _ |
| | \$2,436.73 | | 1515 Missouri St | Oluie | , 20 00 | | | | | | |
| | φ2,430.73 | | | | | | | | | | |
| | | | Apt 12 | | | | | | | | |
| | | | Houston, TX 77006 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at th | ne top of this sch | nedule) | (b) Descri | ption | | | | |
| | OF EXPENDITURE | | Salaries/Wages/Contract La | abor | | | | | de of Texas. Com | • | |
| | | | | | | | | | officeholder living | expense | |
| | | | | | | Camp | aign pa | yro | DII | | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name | (| Office sou | jht | | | Office he | eld | |
| | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 04/23/2015 | | Tyson, Benjamin | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State | ; Zip Co | le | | | | | |
| | \$2,436.74 | | 1515 Missouri St | | · • | | | | | | |
| | | | Apt 12 | | | | | | | | |
| | | | | | | | | | | | |
| | | | Houston, TX 77006 | | i | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at th | | nedule) | (b) Descri | | | | | |
| | EXPENDITURE | | Salaries/Wages/Contract La | abor | | | | | de of Texas. Com | | |
| | | | | | | | | | officeholder living | expense | |
| | | | | | | Camp | aign pa | .yr0 | ЛІ | | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | (| Office sou | jht | | | Office he | eld | |
| | openditare to benefit C/Of | | | | | | | | | | |
| | | _ | | | | | | _ | | | |
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| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | | |
|---|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| 1 | | | | | | |
| | Sch: 98/113 Rpt: | Turner, Sylvester (The Honorable)00020872 | | | | |
| 4 | Date | 5 Payee name | | | | |
| | 05/07/2015 | Tyson, Benjamin | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| - | \$2,436.74 | 1515 Missouri St | | | | |
| | Ψ2,400.14 | | | | | |
| | | Apt 12 | | | | |
| | | Houston, TX 77006 | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. | | | | |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense | | | | |
| | | Campaign payroll | | | | |
| | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | |
| | Date | Payee name | | | | |
| | 05/21/2015 | Tyson, Benjamin | | | | |
| | | | | | | |
| | Amount (\$) | | | | | |
| | \$2,436.74 | 1515 Missouri St | | | | |
| | | Apt 12 | | | | |
| | | Houston, TX 77006 | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF | Salaries/Wages/Contract Labor | | | | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | |
| | | Campaign payroll | | | | |
| | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/OI | 4 | | | | |
| _ | Data | Deveryone | | | | |
| | Date | Payee name | | | | |
| | 06/04/2015 | Tyson, Benjamin | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$2,436.73 | 1515 Missouri St | | | | |
| | | Apt 12 | | | | |
| | | Houston, TX 77006 | | | | |
| | DUDDOOD | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| | | Campaign payroll | | | | |
| | | Campaign payron | | | | |
| | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | |
| | Superioration to benefit 0/01 | · | | | | |
| | | | | | | |
| | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | | |
|---|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| - | Sch: 99/113 Rpt: | Turner, Sylvester (The Honorable) 00020872 | | | | |
| | | | | | | |
| 4 | Date | 5 Payee name | | | | |
| | 06/18/2015 | Tyson, Benjamin | | | | |
| 6 | Amount (\$) \$2,436.73 | 7 Payee address; City; State; Zip Code 1515 Missouri St | | | | |
| | | Apt 12 Houston, TX 77006 | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | |
| | Date | Payee name | | | | |
| | 05/30/2015 | U-Haul Rental | | | | |
| _ | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$144.38 | 4217 San Felipe St. Houston, TX 77027 | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Vehicle lease to furniture to campaign HQ | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | |
| | Date | Payee name | | | | |
| | 05/28/2015 | U.S. Postal Service | | | | |
| | | | | | | |
| | Amount (\$) \$343.00 | Payee address; City; State; Zip Code 3740 Greenbriar Dr. | | | | |
| | | Houston, TX 77098 | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage for campaign mailing | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | |
| | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|--|---|--|--|---|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Loan Repayn Office Overhe Polling Expen Printing Expe Salaries/Wag | ent/Reimbursement ad/Rental Expense se ise es/Contract Labor | Travel in District Travel Out of Dist | quipment & Related Expense |
| 1 | Total pages Schedule F1: | | ······ | | 3 Filer ID | (Ethics Commission Filers) |
| 1 | Sch: 100/113 Rpt: | Turner, Sylvester (The Honorable | | | 00020872 | |
| | - | | ;) | | 00020872 | |
| 4 | Date | Payee name | | | | |
| | 05/01/2015 | U.S. Postal Service | | | | |
| 6 | Amount (\$) \$110.25 | Payee address; City; 2802 Timmons Lane Houston, TX 77027 | State; Zip Code | | | |
| _ | | | 10 | | | |
| 8 | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of Office Overhead/Rental Expense | <i>,</i> | | outside of Texas. Comp , TX, officeholder living | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | andidate/Officeholder name | Office sough | t | Office he | ld |
| | Date | Payee name | | | | |
| | 06/01/2015 | U.S. Postal Service | | | | |
| | Amount (\$) | Payee address; City; | State; Zip Code | | | |
| | \$27.81 | 3740 Greenbriar Dr. Houston, TX 77098 | | | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of Office Overhead/Rental Expense | <i>,</i> | | outside of Texas. Comp , TX, officeholder living | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | andidate/Officeholder name | Office sough | t | Office he | ld |
| | Date | Payee name | | | | |
| | 02/04/2015 | U.S. Postal Service | | | | |
| | Amount (\$) \$8.82 | Payee address; City; 4300 Speedway | State; Zip Code | | | |
| | | Austin, TX 78705 | | | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of Office Overhead/Rental Expense | , | | outside of Texas. Comp , TX, officeholder living | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | andidate/Officeholder name | Office sough | l . | Office he | ld |
| | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|--|---|---|--|--------|--|---|-------|--|----------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic | | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp | ense | Loan Repa Office Over Polling Exp Printing Ex Salaries/W | ment/Reimbursement head/Rental Expense ense pense ages/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 | | | | - | 2 | Filer ID | (Ethics Commission Filers) |
| 1 | Sch: 101/113 Rpt: | | Turner, Sylvester (The Honora | ble) | | | | 00020872 | |
| 4 | Date | 5 | Payee name | | | | I | | |
| | 02/19/2015 | | U.S. Postal Service | | | | | | |
| 6 | Amount (\$) \$92.00 | | Payee address; City; 11805 Chimney Rock Houston, TX 77035 | State | ; Zip Coo | le | | | |
| 8 | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the to Office Overhead/Rental Expen | | iedule) | | n, TX | ide of Texas. Com , officeholder living | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Office sou | ht | | Office he | eld |
| | Date | | Payee name | | | | | | |
| | 05/17/2015 | | U.S. Postal Service | | | | | | |
| _ | Amount (\$) | | Payee address; City; | State | ; Zip Co | le | | | |
| | \$5.75 | | 4300 Speedway Austin, TX 78705 | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the to Office Overhead/Rental Expen | | edule) | | | ide of Texas. Com , officeholder living | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | ו Dffice sou | ht | | Office he | eld |
| | Date | | Payee name | | | | | | |
| | 04/08/2015 | | University of Houston Democra | ats | | | | | |
| | Amount (\$) \$500.00 | | Payee address; City; 4100 University Drive Box 274 Houston, TX 77204 | State; | ; Zip Coo | le | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the to Contributions/Donations Made Candidate/Officeholder/Politica | Ву | iouulo) | | | ide of Texas. Com , officeholder living | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Dffice sou | ht | | Office he | eld |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|--|--|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | |
| | Sch: 102/113 Rpt: | Turner, Sylvester (The Honorable) | 00020872 | | |
| 4 | Date | Payee name | | | |
| | 05/26/2015 | Vasquez, Azlee | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$946.58 | 2601 Bandera Dr. | | | |
| | | | | | |
| | | Laredo, TX 78046 | | | |
| 8 | PURPOSE | a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | utside of Texas. Complete Schedule T. | | |
| | | | TX, officeholder living expense | | |
| | | Campaign pa | yroll | | |
| | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | |
| | Date | Payee name | | | |
| | 06/04/2015 | Vasquez, Azlee | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$946.58 | 2601 Bandera Dr | | | |
| | | | | | |
| | | Laredo, TX 78046 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | | utside of Texas. Complete Schedule T. | | |
| | - | | TX, officeholder living expense | | |
| | | Campaign pa | yroll | | |
| | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | |
| | | | | | |
| | Date | Payee name | | | |
| | 06/18/2015 | Vasquez, Azlee | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$946.59 | 2601 Bandera Dr | | | |
| | | | | | |
| | | Laredo, TX 78046 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | | utside of Texas. Complete Schedule T. | | |
| | | | TX, officeholder living expense | | |
| | | Campaign pa | угон | | |
| | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | |
| | onponditore to benefit 0/01 | | | | |
| | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|--|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District r - Gift/Awards/Memorials Expense Printing Expense Travel Out of District | | | |
| 1 | Total pages Schodule F1: | | | | |
| T | Total pages Schedule F1: Sch: 103/113 Rpt: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Turner, Sylvester (The Honorable) 00020872 | | | |
| 4 | Date | 5 Payee name | | | |
| | 03/26/2015 | Vasquez, Daniel | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$419.68 | 212 English St. | | | |
| | | | | | |
| | | Houston, TX 77009 | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | | | |
| | | Check if Austin, TX, officeholder living expense | | | |
| | | Campaign payroll | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| 9 | expenditure to benefit C/OI | | | | |
| | Date | Payee name | | | |
| | 06/26/2015 | Vasquez, Daniel | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$319.67 | 212 English St. | | | |
| | | | | | |
| | | Houston, TX 77009 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | | | |
| | | Check if Austin, TX, officeholder living expense | | | |
| | | Campaign payroll | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/OI | | | | |
| - | Date | Payee name | | | |
| | 03/30/2015 | Vasquez, Daniel | | | |
| | Amount (\$) | | | | |
| | \$946.58 | Payee address; City; State; Zip Code 212 English Street | | | |
| | \$940.56 | | | | |
| | | Houston, TX 77009 | | | |
| - | PURPOSE | | | | |
| | OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | | | | |
| | | Campaign payroll | | | |
| | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/OI | 1 | | | |
| | | | | | |
| | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|--|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glft/Awards/Memorials Expense Printing Expense Travel OUT of District | | | |
| 1 | Total pages Schedule F1: | | | | |
| - | Sch: 104/113 Rpt: | Turner, Sylvester (The Honorable) 00020872 | | | |
| 4 | Date | 5 Payee name | | | |
| | 04/09/2015 | Vasquez, Daniel | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$969.66 | 212 English Street | | | |
| | | | | | |
| | | Houston, TX 77009 | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | | | |
| | - | Check if Austin, TX, officeholder living expense Campaign payroll | | | |
| | | Campaign payron | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/OI | H | | | |
| | Date | Payee name | | | |
| | 05/04/2015 | Verizon Wireless | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$542.30 | P.O. Box 4005 | | | |
| | | | | | |
| | | Acworth, GA 30101 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense | | | |
| | | Check if Austin, TX, officeholder living expense | | | |
| | | Temporary internet access for campaign HQ | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/OI | H | | | |
| | Date | Payee name | | | |
| | 05/28/2015 | Verizon Wireless | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$479.23 | P.O. Box 4005 | | | |
| | | | | | |
| | | Acworth, GA 30101 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense | | | |
| | | Check if Austin, TX, officeholder living expense | | | |
| | | Campaign Internet services | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/OI | | | | |
| | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|--|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | ense Transportation Equipment & Related Expense Travel in District Travel Out of District bor OTHER (enter a category not listed above) | | |
| | | The Instruction Guide explains how to complete this for | m. | | |
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | |
| | Sch: 105/113 Rpt: | Turner, Sylvester (The Honorable) | 00020872 | | |
| 4 | Date | Payee name | | | |
| | 05/07/2015 | War on Drugs | | | |
| 6 | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$500.00 | 725 E. 41st St. | | | |
| | | | | | |
| | | Houston, TX 77002 | | | |
| 8 | PURPOSE | Category (See Categories listed at the top of this schedule) (b) Descript | on | | |
| | OF EXPENDITURE | | if travel outside of Texas. Complete Schedule T. | | |
| | | Candidate/Officeholder/Political Committee | if Austin, TX, officeholder living expense | | |
| | | Donauc | " | | |
| 9 | Complete ONLY if direct | andidate/Officeholder name Office sought | Office held | | |
| 5 | expenditure to benefit C/O | and date/Onicenoider name Onice sought | Onice nelu | | |
| | Date | Payee name | | | |
| | 06/15/2015 | Wells Fargo Bank, N.A. | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$31.00 | 1404 W. Gray St. | | | |
| | | Houston, TX 77019 | | | |
| | PURPOSE OF | Category (See Categories listed at the top of this schedule) (b) Descript | | | |
| | EXPENDITURE | | if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense | | |
| | | | eck stop payment fee | | |
| | | | | | |
| | Complete ONLY if direct | andidate/Officeholder name Office sought | Office held | | |
| | expenditure to benefit C/OI | | | | |
| | Date | Payee name | | | |
| | 06/23/2015 | Wells Fargo Bank, N.A. | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$12.00 | 1404 W. Gray St. | | | |
| | | | | | |
| | | Houston, TX 77019 | | | |
| | PURPOSE OF | Category (See Categories listed at the top of this schedule) (b) Descript | | | |
| | EXPENDITURE | | if travel outside of Texas. Complete Schedule T. | | |
| | | | if Austin, TX, officeholder living expense NSF donor check | | |
| | | | | | |
| - | Complete ONLY if direct | andidate/Officeholder name Office sought | Office held | | |
| | expenditure to benefit C/OI | | | | |
| | | | | | |
| | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| - | Sch: 106/113 Rpt: | Turner, Sylvester (The Honorable) 00020872 |
| | | |
| 4 | Date | 5 Payee name |
| | 06/30/2015 | Wells Fargo Bank, N.A. |
| 6 | Amount (\$) \$59.50 | 7 Payee address; City; State; Zip Code 1404 W. Gray St. |
| | | Houston, TX 77019 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transaction fee |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 03/02/2015 | Wells Fargo Business Payroll |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$31.98 | 1650 West 82nd Street Suite 300 Minneapolis, MN 55431 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll service fee |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 03/12/2015 | Wells Fargo Business Payroll |
| | Amount (\$) \$31.98 | Payee address; City; State; Zip Code 1650 West 82nd Street Suite 300 Minneapolis, MN 55431 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll service fee |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | | | |
|---|--|---|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | |
| 1 | | | | | | | |
| | Sch: 107/113 Rpt: | Turner, Sylvester (The Honorable)00020872 | | | | | |
| 4 | Date | 5 Payee name | | | | | |
| | 03/26/2015 | Wells Fargo Business Payroll | | | | | |
| 6 | Amount (\$) \$35.57 | 7 Payee address; City; State; Zip Code 1650 West 82nd Street Suite 300 Minneapolis, MN 55431 | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll service fee | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | |
| | Date | Payee name | | | | | |
| | 04/09/2015 | Wells Fargo Business Payroll | | | | | |
| ⊢ | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$135.57 | 1650 West 82nd Street Suite 300 Minneapolis, MN 55431 | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll service fee | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | |
| | Date | Payee name | | | | | |
| | 04/23/2015 | Wells Fargo Business Payroll | | | | | |
| | Amount (\$) \$35.57 | Payee address; City; State; Zip Code 1650 West 82nd Street Suite 300 Minneapolis, MN 55431 - | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll service fee | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | |
| | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | | | |
|---|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | |
| 1 | | | | | | | |
| | Sch: 108/113 Rpt: | Turner, Sylvester (The Honorable)00020872 | | | | | |
| 4 | Date | 5 Payee name | | | | | |
| | 05/07/2015 | Wells Fargo Business Payroll | | | | | |
| | Amount (\$) \$40.37 | 7 Payee address; City; State; Zip Code 1650 West 82nd Street Suite 300 Minneapolis, MN 55431 | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll service fee | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought Office held | | | | | |
| | Date | Payee name | | | | | |
| | 05/21/2015 | Wells Fargo Business Payroll | | | | | |
| - | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$43.97 | 1650 West 82nd Street Suite 300 Minneapolis, MN 55431 | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll service fee | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | |
| | Date | Payee name | | | | | |
| | 06/04/2015 | Wells Fargo Business Payroll | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$46.53 | 1650 West 82nd Street Suite 300 Minneapolis, MN 55431 | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll service fee | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | |
| | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | | | |
|---|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | |
| 1 | | | | | | | |
| | Sch: 109/113 Rpt: | Turner, Sylvester (The Honorable)00020872 | | | | | |
| 4 | Date | 5 Payee name | | | | | |
| | 06/18/2015 | Wells Fargo Business Payroll | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| ľ | \$53.25 | 1650 West 82nd Street | | | | | |
| | \$33.25 | | | | | | |
| | | Suite 300 | | | | | |
| | | Minneapolis, MN 55431 | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| ľ | OF | | | | | | |
| | EXPENDITURE | Salaries/Wages/Contract Labor | | | | | |
| | | Payroll service fee | | | | | |
| | | | | | | | |
| | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | |
| | Date | Payee name | | | | | |
| | 03/02/2015 | Wells Fargo Business Payroll | | | | | |
| | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$946.56 | 1650 West 82nd Street | | | | | |
| | | Suite 300 | | | | | |
| | | Minneapolis, MN 55431 | | | | | |
| | | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | EXPENDITURE | Salaries/Wages/Contract Labor | | | | | |
| | | Check if Austin, TX, officeholder living expense | | | | | |
| | | Payroll taxes | | | | | |
| | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| | expenditure to benefit C/OI | 1 | | | | | |
| - | Data | Davida marina | | | | | |
| | Date | Payee name | | | | | |
| | 03/12/2015 | Wells Fargo Business Payroll | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$1,218.33 | 1650 West 82nd Street | | | | | |
| | | Suite 300 | | | | | |
| | | | | | | | |
| | | Minneapolis, MN 55431 | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | OF | Salaries/Wages/Contract Labor | | | | | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | | |
| | | Payroll taxes | | | | | |
| | | | | | | | |
| - | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| | expenditure to benefit C/OH | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|--|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District | | | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | |
| - | Sch: 110/113 Rpt: | Turner, Sylvester (The Honorable) 00020872 | | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 03/26/2015 | Wells Fargo Business Payroll | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| | \$2,871.68 | 1650 West 82nd Street | | | | | | |
| | | Suite 300 | | | | | | |
| | | Minneapolis, MN 55431 | | | | | | |
| | | | | | | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| | | Payroll taxes | | | | | | |
| | | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/OI | 4 | | | | | | |
| | Date | Payee name | | | | | | |
| | 04/09/2015 | Wells Fargo Business Payroll | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$2,992.86 | 1650 West 82nd Street | | | | | | |
| | \$2,002.00 | Suite 300 | | | | | | |
| | | | | | | | | |
| | | Minneapolis, MN 55431 | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| | | Payroll taxes | | | | | | |
| | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/OI | | | | | | | |
| | Date | Pavee name | | | | | | |
| | 04/23/2015 | Wells Fargo Business Payroll | | | | | | |
| | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code 1650 West 82nd Street | | | | | | |
| | \$2,726.44 | | | | | | | |
| | | Suite 300 | | | | | | |
| | | Minneapolis, MN 55431 | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | | Salaries/Wages/Contract Labor | | | | | | |
| | Check if Austin, TX, officeholder living expense | | | | | | | |
| | | Payroll taxes | | | | | | |
| | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | | | |
|---|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | |
| 1 | | | | | | | |
| | Sch: 111/113 Rpt: | Turner, Sylvester (The Honorable)00020872 | | | | | |
| 4 | Date | 5 Payee name | | | | | |
| | 05/07/2015 | Wells Fargo Business Payroll | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| ľ | \$6,027.94 | 1650 West 82nd Street | | | | | |
| | Φ0,027.94 | | | | | | |
| | | Suite 300 | | | | | |
| | | Minneapolis, MN 55431 | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| ľ | OF | Salaries/Wages/Contract Labor | | | | | |
| | EXPENDITURE | | | | | | |
| | | Payroll taxes | | | | | |
| | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| 9 | expenditure to benefit C/OF | | | | | | |
| | Date | Payee name | | | | | |
| | 05/21/2015 | Wells Fargo Business Payroll | | | | | |
| ⊢ | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$6,405.92 | 1650 West 82nd Street | | | | | |
| | | Suite 300 | | | | | |
| | | Minneapolis, MN 55431 | | | | | |
| | PURPOSE | | | | | | |
| | OF | | | | | | |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| | | Payroll taxes | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | | |
| | experiatore to benefit 0/01 | | | | | | |
| | Date | Payee name | | | | | |
| | 06/04/2015 | Wells Fargo Business Payroll | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | () | | | | | | |
| | \$7,202.25 | 1650 West 82nd Street | | | | | |
| | | Suite 300 | | | | | |
| | | Minneapolis, MN 55431 | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | OF | | | | | | |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| | | Payroll taxes | | | | | |
| | | | | | | | |
| _ | Complete ONIL V if allowed | Condidate/Officeholder.nome | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|--|-----|--|------------|-----------------|----------------------------|--|----------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com | | | Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District | | | quipment & Related Expense | | |
| 1 | Total pages Schedule F1: | 2 | | | - | 3 | Filer ID | (Ethics Commission Filers) |
| 1 | Sch: 112/113 Rpt: | [| Turner, Sylvester (The Honorable) | | | ľ | 00020872 | |
| | - | | | | | | 00020012 | |
| 4 | Date | 5 | Payee name | | | | | |
| | 06/18/2015 | | Wells Fargo Business Payroll | | | | | |
| 6 | Amount (\$) | 7 | | Zip Co | de | | | |
| | \$9,339.51 | | 1650 West 82nd Street | | | | | |
| | | | Suite 300 | | | | | |
| | | | Minneapolis, MN 55431 | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sch | edule) | (b) Description | | | |
| | OF EXPENDITURE | | Salaries/Wages/Contract Labor | , | Check if trav | el outs | side of Texas. Com | plete Schedule T. |
| | | | | | | | C, officeholder living | expense |
| | | | | | Payroll taxe | S | | |
| | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | ght | | Office he | eld |
| | Date | | Payee name | | | | | |
| | 03/26/2015 | | Whitaker, John | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | de | | | |
| | \$213.10 | | 876 Birchwood Dr. | | | | | |
| | | | | | | | | |
| | | | Alliance, OH 44601 | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this sch | edule) | (b) Description | | | |
| | EXPENDITURE | | Salaries/Wages/Contract Labor | | | | side of Texas. Com (, officeholder living | |
| | | | | | Campaign p | | | lexpense |
| | | | | | Campaign | Juyi | | |
| | Complete ONLY if direct | | Candidate/Officeholder name C | Office sou | abt | | Office he | ald |
| | expenditure to benefit C/OI | | | Jince Sou | gin | | Once ne | fiu - |
| _ | | _ | | | | | | |
| | Date | | Payee name | | | | | |
| | 03/30/2015 | | Whitaker, John | | | | | |
| | Amount (\$) | | | Zip Co | de | | | |
| | \$946.58 | | 876 Birchwood Dr. | | | | | |
| | | | | | | | | |
| | | | Alliance, OH 44601 | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sch | edule) | (b) Description | | | |
| | OF EXPENDITURE | | Salaries/Wages/Contract Labor | | | | side of Texas. Com | |
| | | | | | | | C, officeholder living | expense |
| | | | | | Campaign p | Jayr | UII | |
| | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | ght | | Office he | eld |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|--|---|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District / - Gift/Awards/Memorials Expense Printing Expense Travel Out of District | | | | | |
| 1 | Total pages Schedule F1: | | | | | | |
| 1 | Sch: 113/113 Rpt: | Turner, Sylvester (The Honorable) 00020872 | | | | | |
| 4 | Date | 5 Payee name | | | | | |
| | 04/09/2015 | Whitaker, John | | | | | |
| 6 | Amount (\$) \$946.58 | 7 Payee address; City; State; Zip Code 876 Birchwood Dr. | | | | | |
| | | Alliance, OH 44601 | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H | | | | | |
| | Date | Payee name | | | | | |
| | 04/23/2015 | Whitaker, John | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$946.58 | 876 Birchwood Dr. Alliance, OH 44601 | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H | | | | | |
| | Date | Payee name | | | | | |
| | 05/07/2015 | Whitaker, John | | | | | |
| | Amount (\$) \$946.59 | Payee address; City; State; Zip Code 876 Birchwood Dr. | | | | | |
| | | Alliance, OH 44601 | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought Office held H | | | | | |
| | | | | | | | |

| UNPAID INCU | RRED OBLIGATIONS | SCHEDULE F2 |
|--|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic | EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense gift/Awards/Memorials Expense Printing Expense al Committee Legal Services The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F2: Sch: 1/3 Rpt: 224/229 | 2 FILER NAME Turner, Sylvester (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00020872 |
| ⁴ TOTAL OF UNITEMI | ZED UNPAID INCURRED OBLIGATIONS | \$ |
| 5 Date 06/22/2015 | 6 Payee name Copy.com | |
| 7 Amount (\$) \$53.04 | 8 Payee address; City; State; Zip Code 1201-F Westheimer Houston, TX 77006 | |
| 9 TYPE OF EXPENDITURE | Political Non-Political | |
| 10 PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense Dr event |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought H | Office held |
| Date 06/29/2015 | Payee name Storefront Political Media | |
| Amount (\$) \$2,809.34 | Payee address; City; State; Zip Code 160 Pine Street Suite 700 San Francisco, CA 94111 | |
| TYPE OF EXPENDITURE | Political Non-Political | |
| PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense :aStS |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought H | Office held |
| | | |

| | UNPAID INCU | RRED OBLIGATIONS | 5 | SCHEDULE F2 |
|----|--|---|---|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp I Committee Legal Services | CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor e explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| | Total pages Schedule F2: Sch: 2/3 Rpt: 225/229 | 2 FILER NAME Turner, Sylvester (The Honora | able) | 3 Filer ID (Ethics Commission Filers) 00020872 |
| 4 | TOTAL OF UNITEMIZ | ZED UNPAID INCURRED OBL | IGATIONS | \$ |
| 5 | Date 06/29/2015 | 6 Payee name Storefront Political Media | | |
| 7 | Amount (\$) \$2,965.34 | 8 Payee address; City; 160 Pine Street Suite 700 San Francisco, CA 94111 | State; Zip Code | |
| 9 | TYPE OF EXPENDITURE | Political | Non-Political | |
| 10 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the to Printing Expense | Check if travel | outside of Texas. Complete Schedule T. , TX, officeholder living expense emits, lapel stickers |
| 11 | . Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name H | Office sought | Office held |
| | Date 06/29/2015 | Payee name Storefront Political Media | | |
| | Amount (\$) \$4,168.18 | Payee address; City; 160 Pine Street Suite 700 San Francisco, CA 94111 | State; Zip Code | |
| | TYPE OF EXPENDITURE | Political | Non-Political | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the to Advertising Expense | Check if travel | outside of Texas. Complete Schedule T. , TX, officeholder living expense tising |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name H | Office sought | Office held |
| | | | | |

| UNPAID INCU | RRED OE | BLIGATIONS | | | SCHEDULE F2 |
|--|--|--|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | y - al Committee | EXPENDITURE CA Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e | Loan Rej Office Ov Polling E Ise Printing E Salaries/ | bayment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F2: Sch: 3/3 Rpt: 226/229 | | IE Ivester (The Honorab | le) | | 3 Filer ID (Ethics Commission Filers) 00020872 |
| ⁴ TOTAL OF UNITEMI | | | GATIONS | | \$ |
| 5 Date 06/29/2015 | 6 Payee nam Storefront | e Political Media | | | |
| 7 Amount (\$) \$373.75 | 8 Payee addr 160 Pine S Suite 700 San Franc | | State; Zip C | ode | |
| 9 TYPE OF EXPENDITURE | | Political | Non-Po | itical | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (Advertising | See Categories listed at the top og Expense | of this schedule) | | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | fficeholder name | Office so | ught | Office held |
| | | | | | |

| POLITICAL EX | PENDITURES FROM PERSON | AL FUNDS | SCHEDULE G |
|--|--|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Fees Office OV Food/Beverage Expense Polling E: y - Gift/Awards/Memorials Expense Printing E | bayment/Reimbursement rerhead/Rental Expense xpense Expense Wages/Contract Labor Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a catego | ent & Related Expense |
| 1 Total pages Schedule G: Sch: 1/1 Rpt: 227/229 | 2 FILER NAME Turner, Sylvester (The Honorable) | 3 Filer ID (Ethics 00020872 | Commission Filers) |
| 4 Date 02/16/2015 | 5 Payee name P.F. Chang's China Bistro | | |
| 6 Amount (\$) \$282.15 | 7 Payee address; City; State; Zip Co 201 San Jacinto Blvd. | ode | |
| X Reimbursement from political contributions intended | Austin, TX 78705 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Check if travel outside of T Check if Austin, TX, officeh | exas. Complete Schedule T. nolder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | L Candidate/Officeholder name | Office sought Office | held |
| Date | Payee name | | |
| 02/16/2015 | Raising Cane's | | |
| Amount (\$) \$74.75 | Payee address; City; State; Zip Co 415 W. Martin Luther King Blvd. | ode | |
| Reimbursement from political contributions intended | Austin, TX 78701 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description Check if travel outside of T Check if Austin, TX, officeh Staff luncheon | exas. Complete Schedule T. nolder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office | held |
| | | | |

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

| The Inst | ruction C | Guide explains I | how to complete t | this form. | 1 Total pages Schedule Sch: 1/2 Rpt: 228/22 | | | | | |
|---|---|------------------------|--------------------------|------------------------|--|---------------|--|--|--|--|
| 2 FILER NAME | | | | 3 Filer ID (Ethics Co | ommission Filers) | | | | | |
| Turner, Sylveste | r (The Ho | norable) | 00020872 | | | | | | | |
| 4 Name of Contribut | or / Corpor | ation or Labor Organ | ization / Pledgor /Paye | e | | | | | | |
| Frontier Airlines | | | | | | | | | | |
| 5 Contribution / Expe | Contribution / Expenditure reported on: | | | | | | | | | |
| Schedule A2 | | Schedule B | Schedule B(J) | Schedule C2 | Schedule D | X Schedule F1 | | | | |
| Schedule F2 | | Schedule G | Schedule H | Schedule COH-UC | C Schedule B - SS | | | | | |
| 6 Dates of Travel | 6 Dates of Travel 7 Name of person(s) traveling | | | | | | | | | |
| | Tyson | i, Ben | | | | | | | | |
| | 8 Depart | ture city or name of d | leparture location | | | | | | | |
| 01/22/2015 | Phoer | າix AZ | | | | | | | | |
| | 9 Destina | ation city or name of | destination location | | | | | | | |
| 01/22/2015 | Houst | on TX | | | | | | | | |
| 10 Means of transpor | tation | 11 Purpose of trave | el (including name of co | onference, seminar, or | other event) | | | | | |
| Commercial Airp | olane | Travel to Hous | ston for interview | | | | | | | |
| Name of Contribut | or / Corpora | ation or Labor Organ | ization / Pledgor /Paye | e | | | | | | |
| Frontier Airlines | | | | | | | | | | |
| Contribution / Expe | enditure rep | ported on: | | | | | | | | |
| Schedule A2 | : | Schedule B | Schedule B(J) | Schedule C2 | Schedule D | X Schedule F1 | | | | |
| Schedule F2 | ؛ 🗌 | Schedule G | Schedule H | Schedule COH-UC | C Schedule B - SS | | | | | |
| Dates of Travel | Name | of person(s) traveling | g | | | | | | | |
| | Tyson | ı, Ben | | | | | | | | |
| | Depart | ture city or name of d | leparture location | | | | | | | |
| 01/23/2015 | Houst | on TX | | | | | | | | |
| | Destina | ation city or name of | destination location | | | | | | | |
| 01/23/2015 | Phoer | nix AZ | | | | | | | | |
| Means of transpor | <u>I</u> tation | Purpose of trave | el (including name of co | onference, seminar, or | other event) | | | | | |
| Commercial Airp | | Return to Pho | enix | | , | | | | | |
| Name of Contribut | or / Corpor | Lation or Labor Organ | ization / Pledgor /Paye | ٩ | | | | | | |
| Spirit Airlines (vi | | | | 0 | | | | | | |
| Contribution / Expe | | - | | | | | | | | |
| Schedule A2 | | Schedule B | Schedule B(J) | Schedule C2 | Schedule D | X Schedule F1 | | | | |
| Schedule F2 | | Schedule G | Schedule H | Schedule COH-UC | | | | | | |
| | | | | | | | | | | |
| Dates of Travel | | of person(s) traveling | 9 | | | | | | | |
| | Chandler, Suzy | | | | | | | | | |
| 03/29/2015 Departure city or name of departure location Houston TX | | | | | | | | | | |
| | | | | | | | | | | |
| Destination city or name of destination location | | | | | | | | | | |
| 03/29/2015 Detroit MI | | | | | | | | | | |
| Means of transpor | | Purpose of trave | el (including name of co | onference, seminar, or | other event) | | | | | |
| Commercial Airp | olane | Return to Detr | oit | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

| 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee | | | | | | |
|---|--|------------|------------|-----------------|-----------------|--|
| Spirit Airlines (via Priceline) | | | | | | |
| 5 Contribution / Expenditure reported on: | | | | | | |
| Schedule A2 | Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule D | | | | X Schedule F1 | |
| Schedule F2 | | Schedule G | Schedule H | Schedule COH-UC | Schedule B - SS | |
| 6 Dates of Travel | 7 Name of person(s) traveling | | | | | |
| | Changler, Suzy | | | | | |
| | 8 Departure city or name of departure location | | | | | |
| 03/25/2015 | | | | | | |
| | 9 Destination city or name of destination location | | | | | |
| 03/25/2015 | Houston TX | | | | | |
| 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) | | | | | | |
| Commercial Airplane Assist with campaign kick-off event | | | | | | |
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