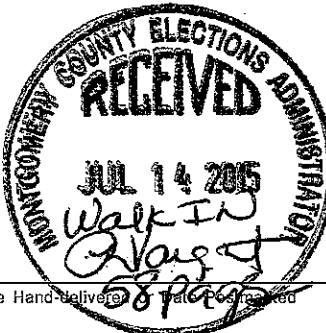


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 58	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST James	MI L.	OFFICE USE ONLY Date Received  Date Hand-Delivered: _____ Date E-Filed: _____
	NICKNAME	LAST Noack	SUFFIX Jr.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2 Dancing Breeze Pl The Woodlands, Texas 77382			
<input type="checkbox"/> Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 382-8828	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Billy	MI R.	Receipt #
	NICKNAME	LAST Smith	SUFFIX	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 28803 Champions Ridge Rd Magnolia, Texas 77354			Date Processed
(Residence or Business)				Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 201-4598	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officet holder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 01 / 01 / 2015		THROUGH	Month Day Year 06 / 30 / 2015
11 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) County Commissioner Pct 3 Montgomery County		13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2
2 of 48

13 C / OH NAME Noack, James	14 Filer ID
------------------------------------	--------------------

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

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

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
--	--

16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	111,104.34
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	2,004.98
	4.	TOTAL POLITICAL EXPENDITURES	\$	17,919.31
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	186,583.92
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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

James Noack

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James Noack, this the 13th day of July, 2015, to certify which, witness my hand and seal of office.

Deborah Arrazate
Signature of officer administering

Deborah Arrazate
Printed name of officer administering

Admin Mar. I
Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Noack, James		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 102,863.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 8,241.34
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 17,919.31
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/21 Rpt: 4/48
2 FILER NAME Noack, James		3 Filer ID
4 Date 05/08/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Roger Lee <hr/> 6 Contributor address; City; State; Zip Code 16903 Walnut Pond Ct Houston, TX 77059	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, David B. <hr/> Contributor address; City; State; Zip Code 3915 Green Jade Dr Spring, TX 77386	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Betty <hr/> Contributor address; City; State; Zip Code 503 Rosewood Dr Shenandoah, TX 77381-1032	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baeza, Alexander <hr/> Contributor address; City; State; Zip Code 2 Golden Orchard Pl The Woodlands, TX 77354	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Battles, Tommie <hr/> Contributor address; City; State; Zip Code 343 Sawdust Rd Spring, TX 77380	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/21 Rpt: 5/48
2 FILER NAME Noack, James		3 Filer ID
4 Date 05/09/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauman, Jon	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code 66 S Flagstone Path Cir The Woodlands, TX 77381		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/13/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Kelli	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 418 Woodpecker Forest Ln Conroe, TX 77384		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Matt	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 418 Woodpecker Forest Ln Conroe, TX 77384		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benbow, Penny	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 28219 Kailees Ct Spring, TX 77386		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berg, Amber	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code 131 N Almondell Cir Magnolia, TX 77354		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/21 Rpt: 6/48
2 FILER NAME Noack, James		3 Filer ID
4 Date 04/13/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berg, Josh 6 Contributor address; City; State; Zip Code 131 N Almondell Cir Magnolia, TX 77354	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Besong, Brittany Contributor address; City; State; Zip Code 2111 W Lacey Oak Cir The Woodlands, TX 77380	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Besong, Evan Contributor address; City; State; Zip Code 2111 W Lacey Oak Cir The Woodlands, TX 77380	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourque, Gerald E. Contributor address; City; State; Zip Code 24 Waterway Avenue Suite 660 The Woodlands, TX 77380	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brast, Amanda Contributor address; City; State; Zip Code 23 West Isle Pl The Woodlands, TX 77381	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/21 Rpt: 7/48
2 FILER NAME Noack, James		3 Filer ID
4 Date 06/01/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bried, Frederick	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 27523 E Benders Landing Blvd Spring, TX 77386-2801	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buscha, Timothy E	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code 12714 New Kentucky Rd Cypress, TX 77429-0000	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Lisa M.	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code 1815 Canglelight Place Drive Houston, TX 77018	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooke, Clint	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 28111 Buena Way Spring, TX 77386	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Custer, Scott	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 34 E Artist Grove Cir The Woodlands, TX 77382	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/21 Rpt: 8/48
2 FILER NAME Noack, James		3 Filer ID
4 Date 02/19/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dannenbaum, James D. <hr/> 6 Contributor address; City; State; Zip Code 3100 W. Alabama St Houston, TX 77098	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dempsey, Stephen <hr/> Contributor address; City; State; Zip Code 3218 Clover Trace Dr Spring, TX 77386	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Peter G. <hr/> Contributor address; City; State; Zip Code 2403 Reba Drive Houston, TX 77019	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/08/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Earnest, Kenneth R. <hr/> Contributor address; City; State; Zip Code 11 Marquise Oaks Pl The Woodlands, TX 77382-1081	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eastwood, David A. <hr/> Contributor address; City; State; Zip Code 800 Victoria Drive Houston, TX 77022	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/21 Rpt: 9/48
2 FILER NAME Noack, James		3 Filer ID
4 Date 05/09/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Paul	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code 23 Marquise Oaks Pl The Woodlands, TX 77382	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Paul	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code 23 Marquise Oaks The Woodlands, TX 77382	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/11/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escott MD, Dr Mark E.	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code 16018 Abberton Hill Dr Spring, TX 77379-6803	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fillault, Laura	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 58 N Lansdowne Cir Spring, TX 77382	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Steve	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 28311 Whispering Maple Way Spring, TX 77386-3778	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/21 Rpt: 10/48
2 FILER NAME Noack, James		3 Filer ID
4 Date 06/01/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flynn, Nancy D.	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 47 W Matisse Meadow Ct The Woodlands, TX 77382		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Froehlich, Mark S.	Amount of Contribution (\$) \$1,250.00
Contributor address; City; State; Zip Code 22333 Mueschke Rd Tomball, TX 77377-3442		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrington, Eric	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3019 Hopeton Dr Spring, TX 77386		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gee, Ryan	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3714 W Benders Landing Blvd Spring, TX 77386-1770		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/08/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerber, Jeffrey P.	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 14 Estancia Place The Woodlands, TX 77389		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/21 Rpt: 11/48
2 FILER NAME Noack, James		3 Filer ID
4 Date 06/02/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grellner, Kerri	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 4003 Boden Ln Spring, TX 77386	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/13/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hagerman, John	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 24800 Interstate 45 North #100 Spring, TX 77388	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harmon, Robert	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 13246 Summer Rose Ln Conroe, TX 77302	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heidaker, Mark W.	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code 7703 Breezeway Bend Lane Katy, TX 77494	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/11/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Home-PAC	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code 9511 W Sam Houston Pkwy N Houston, TX 77064-5398	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/21 Rpt: 12/48
2 FILER NAME Noack, James		3 Filer ID
4 Date 02/03/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huitt-Zollars, Inc Texas PAC 6 Contributor address; City; State; Zip Code 1717 McKinney Ave, Ste 1400 Dallas, TX 75202	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston Jr, David C. Contributor address; City; State; Zip Code 4023 Oak Grove Court Sugar Land, TX 77479	Amount of Contribution (\$) \$1,250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joskowicz, Isaac Contributor address; City; State; Zip Code 1803 Talcott Ln Sugarland, TX 77479	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karrenbrock, Zach Contributor address; City; State; Zip Code 18427 Forest Elms Dr Spring, TX 77388	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Shaukat Contributor address; City; State; Zip Code 5707 Black Canyon Ct Sugar Land, TX 77479	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/21 Rpt: 13/48
2 FILER NAME Noack, James		3 Filer ID
4 Date 03/05/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolluru, Hemachandra P. <hr/> 6 Contributor address; City; State; Zip Code 94 Heathrow Ln Sugarland, TX 77479	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kunneman, Dale E. <hr/> Contributor address; City; State; Zip Code 5302 Pinewood Meadows Spring, TX 77386	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lackey, Allen <hr/> Contributor address; City; State; Zip Code 31 West Isle Pl The Woodlands, TX 77381	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazzaro, Paul <hr/> Contributor address; City; State; Zip Code 51 N Cochrans Green Cir The Woodlands, TX 77381	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/03/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazzaro, Paul <hr/> Contributor address; City; State; Zip Code 51 N Cochrans Green Cir The Woodlands, TX 77381-6208	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/21 Rpt: 14/48
2 FILER NAME Noack, James		3 Filer ID
4 Date 05/05/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leahey, Shane	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 15 Planchard Ct Spring, TX 77382		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipar, Thomas E.	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 1450 Lake Robbins Drive Ste 430 The Woodlands, TX 77380		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipar, Thomas E.	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 1450 Lake Robbins Drive Ste 430 The Woodlands, TX 77380		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipar, Thomas E.	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 1450 Lake Robbins Drive Ste 430 The Woodlands, TX 77380		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/10/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Jean	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 63 W New Avery Pl Spring, TX 77382		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/21 Rpt: 15/48
2 FILER NAME Noack, James		3 Filer ID
4 Date 06/01/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Peggy	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 28219 Kailees Ct Spring, TX 77386		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGee, Michael	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 27419 Buena Way Spring, TX 77386		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGee, Sharon	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 27419 Buena Way Spring, TX 77386		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/24/2015	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00225342</u>) McGuireWoods Federal PAC Fund	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 901 East Cary Street Richmond, VA 23219-4030		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McManus, Mark	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 6 Lagato PI The Woodlands, TX 77382		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/21 Rpt: 16/48
2 FILER NAME Noack, James		3 Filer ID
4 Date 04/14/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Leslie	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 34 Keelrock Pl The Woodlands, TX 77382	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Jason	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code 6 Churchdale Pl Spring, TX 77382	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Scott	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 5346 Pinewood Hill Ct Spring, TX 77386	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Sullivan Jr, William J.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 14 Petalcup Pl The Woodlands, TX 77381	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odenweller, Misty	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code 27610 Siandra Creek Ln Spring, TX 77386	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/21 Rpt: 17/48
2 FILER NAME Noack, James		3 Filer ID
4 Date 03/26/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Othon, F. William <hr/> 6 Contributor address; City; State; Zip Code 10802 Overbrook Houston, TX 77042	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patchell, Lindsey <hr/> Contributor address; City; State; Zip Code 7 Switchbud Pl The Woodlands, TX 77380	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petroleum Wholesale LP <hr/> Contributor address; City; State; Zip Code P. O. Box 4456 Houston, TX 77210	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Cathy McMillan <hr/> Contributor address; City; State; Zip Code 28702 Fox Lynn Dr Spring, TX 77386	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnapureddy, Sujatha R. <hr/> Contributor address; City; State; Zip Code 51 Highland Circle The Woodlands, TX 77381	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/21 Rpt: 18/48
2 FILER NAME Noack, James		3 Filer ID
4 Date 06/01/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rabel, Cayce 6 Contributor address; City; State; Zip Code 38 Montfair Park Cir The Woodlands, TX 77382	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ready Jr, John E. Contributor address; City; State; Zip Code 27606 Ossineke Dr Spring, TX 77386-3782	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/12/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richmond, Michael H. Contributor address; City; State; Zip Code 59 North Royal Fern Dr The Woodlands, TX 77380	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riddle, Kathryn Lee Contributor address; City; State; Zip Code 5583 Bright Timber Landing Dr Spring, TX 77386-4097	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Paul B. Contributor address; City; State; Zip Code 28122 E Benders Landing Blvd Spring, TX 77386-2816	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/21 Rpt: 19/48
2 FILER NAME Noack, James		3 Filer ID
4 Date 06/08/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Jay	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 23715 Lenox Knoll Drive Spring, TX 77389		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/08/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Landie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 23715 Lenox Knoll Drive Spring, TX 77389		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Jo Ann	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 15 West Isle Pl The Woodlands, TX 77381		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/10/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodrigo, C. S.	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code 15514 Turtle Oak Court Houston, TX 77059		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Larry	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code 114 N Country Gate Cir Conroe, TX 77384		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/21 Rpt: 20/48
2 FILER NAME Noack, James		3 Filer ID
4 Date 05/09/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Suzanne	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code 114 N Country Gate Cir Conroe, TX 77384		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/08/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudolph, Bernhart	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code 3 Crested Cloud Ct The Woodlands, TX 77380		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sammons, Melody	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code 30563 Riverstone Springs Dr Spring, TX 77386-3252		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scanlan, Andrew	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 411 Heather Ln Conroe, TX 77385		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/11/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Page & Harding, LLP	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 1300 Post Oak Blvd Suite 1400 Houston, TX 77056		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/21 Rpt: 21/48
2 FILER NAME Noack, James		3 Filer ID
4 Date 06/01/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheldon, W. C.	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 3911 Boden Lane Spring, TX 77386		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/10/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith Revocable Trust	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 16800 Falcon Sound Rd Montgomery, TX 77356		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/13/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strauss, David J.	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code 645 Mosswood Dr Conroe, TX 77302		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, Alex	Amount of Contribution (\$) \$800.00
Contributor address; City; State; Zip Code 8 Waterway Ct The Woodlands, TX 77380-2641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taraborelli, Jennie	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 2 Clubview Court The Woodlands, TX 77382		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/21 Rpt: 22/48
2 FILER NAME Noack, James		3 Filer ID
4 Date 03/10/2015	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00457853) Terracon Political Action Committee	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code 18001 W. 106th Street Olathe, KS 66061		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/11/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) The Blair Law Firm, P.C.	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 7 Grogan's Park Drive, Redbud Bldg 3 The Woodlands, TX 77380		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) The Woodlands Development Co PAC	Amount of Contribution (\$) \$1,203.00
Contributor address; City; State; Zip Code 2201 Timberloch Pl The Woodlands, TX 77380		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Tomlinson, Kimberly	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 27610 Quiet Sky Pl Spring, TX 77386		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Toth, Babette	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code 23 E Sundance Cir The Woodlands, TX 77382		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/21 Rpt: 23/48
2 FILER NAME Noack, James		3 Filer ID
4 Date 05/09/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toth, Conner	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code 23 E Sundance Cir The Woodlands, TX 77382		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toth, Steve	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code 23 E Sundance Cir The Woodlands, TX 77382		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Use, Susan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 28511 Waterbend Way Spring, TX 77386-1794		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn, Kenneth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 9002 Navigation Cir Montgomery, TX 77316		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/08/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Eric A.	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 630 Hedwig Rd Houston, TX 77024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/21 Rpt: 24/48
2 FILER NAME Noack, James		3 Filer ID
4 Date 06/07/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welling, Michael	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 3 Lovenote Ct The Woodlands, TX 77382	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wertz, John	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code 74 N Veranda Ridge Dr The Woodlands, TX 77382	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willmann, Karl D.	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code 11414 Dunbeath Drive Houston, TX 77024	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zarinkel, Giti	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code 18 Berry Blossom The Woodlands, TX 77380	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 25/48	
2 FILER NAME Noack, James		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/26/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balmos, David C.	8 Amount of contribution (\$) \$4,760.11	9 In-kind contribution description Cost of Dinner Fundraiser
7 Contributor address; City; State; Zip Code 13623 Waverly Crest Ct Cypress, TX 77429-6830		<input type="checkbox"/> 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)	
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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 05/07/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balmos, David C.	Amount of contribution (\$) \$3,481.23	In-kind contribution description Cost of Dinner Fundraiser
Contributor address; City; State; Zip Code 13623 Waverly Crest Ct Cypress, TX 77429-6830		<input type="checkbox"/> 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 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)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/23 Rpt: 26/48	2 FILER NAME Noack, James	3 Filer ID
4 Date 04/15/2015	5 Payee name All Ears	
6 Amount (\$) \$220.00	7 Payee address; City; State; Zip Code 2003 Aldine Bender Houston, TX 77032	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/10/2015	Payee name Children's Safe Harbor	
Amount (\$) \$785.00	Payee address; City; State; Zip Code 1500 North Frazier Conroe, TX 77301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/15/2015	Payee name CorkScrew BBQ	
Amount (\$) \$123.49	Payee address; City; State; Zip Code 24930 Budde Rd Spring, TX 77380	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Lunch
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/23 Rpt: 27/48	2 FILER NAME Noack, James	3 Filer ID
4 Date 03/04/2015	5 Payee name D & K Photography	
6 Amount (\$) \$108.25	7 Payee address; City; State; Zip Code 11014 Ole Mint House Ln Tomball, TX 77375	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Photograph
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/23/2015	Payee name Facebook Advertising	
Amount (\$) \$500.01	Payee address; City; State; Zip Code 1601 S California Ave Palo Alto, CA 94304-1111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/09/2015	Payee name Facebook Advertising	
Amount (\$) \$499.22	Payee address; City; State; Zip Code 1601 S California Ave Palo Alto, TX 94304-1111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/23 Rpt: 28/48		2 FILER NAME Noack, James		3 Filer ID	
4 Date 02/28/2015		5 Payee name Facebook Advertising			
6 Amount (\$) \$266.86		7 Payee address; City; State; Zip Code 1601 S California Ave Palo Alto, TX 94304-1111			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/30/2015		Payee name Facebook Advertising			
Amount (\$) \$95.05		Payee address; City; State; Zip Code 1601 S California Ave Palo Alto, TX 94304-1111			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/01/2015		Payee name Facebook Advertising			
Amount (\$) \$53.60		Payee address; City; State; Zip Code 1601 S California Ave Palo Alto, TX 94304-1111			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/23 Rpt: 29/48	2 FILER NAME Noack, James	3 Filer ID
4 Date 04/24/2015	5 Payee name Facebook Advertising	
6 Amount (\$) \$750.11	7 Payee address; City; State; Zip Code 1601 S California Ave Palo Alto, TX 94304-1111	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/31/2015	Payee name Facebook Advertising	
Amount (\$) \$162.02	Payee address; City; State; Zip Code 1601 S California Ave Palo Alto, TX 94304-1111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/24/2015	Payee name Facebook Advertising	
Amount (\$) \$750.23	Payee address; City; State; Zip Code 1601 S California Ave Palo Alto, TX 94304-1111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/23 Rpt: 30/48	2 FILER NAME Noack, James	3 Filer ID
4 Date 06/10/2015	5 Payee name GoFundMe	
6 Amount (\$) \$6.13	7 Payee address; City; State; Zip Code 1010 Second Ave Suite 1770 San Diego, CA 92101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fund Me Processing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/04/2015	Payee name GoFundMe	
Amount (\$) \$8.20	Payee address; City; State; Zip Code 1010 Second Ave Suite 1770 San Diego, CA 92101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fund Me Processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/20/2015	Payee name GoFundMe	
Amount (\$) \$66.37	Payee address; City; State; Zip Code 1010 Second Ave Suite 1770 San Diego, CA 92101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fund Me Processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/23 Rpt: 31/48	2 FILER NAME Noack, James	3 Filer ID
4 Date 05/08/2015	5 Payee name GoFundMe	
6 Amount (\$) \$4.25	7 Payee address; City; State; Zip Code 1010 Second Ave Suite 1770 San Diego, CA 92101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fund Me Processing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/03/2015	Payee name GoFundMe	
Amount (\$) \$41.00	Payee address; City; State; Zip Code 1010 Second Ave Suite 1770 San Diego, CA 92101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fund Me Processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/09/2015	Payee name GoFundMe	
Amount (\$) \$8.20	Payee address; City; State; Zip Code 1010 Second Ave Suite 1770 San Diego, CA 92101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fund Me Processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/23 Rpt: 32/48	2 FILER NAME Noack, James	3 Filer ID
4 Date 04/28/2015	5 Payee name Grimaldi's Pizzeria	
6 Amount (\$) \$154.80	7 Payee address; City; State; Zip Code 20 Waterway Ave #100 The Woodlands, TX 77380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Dinner
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/04/2015	Payee name HEB	
Amount (\$) \$71.96	Payee address; City; State; Zip Code 10777 Kuykendahl Rd The Woodlands, TX 77382	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Employee Breakfast
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/28/2015	Payee name HEB	
Amount (\$) \$19.88	Payee address; City; State; Zip Code 130 Sawdust Rd Spring, TX 77380	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advisory Council Breakfast
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/23 Rpt: 33/48	2 FILER NAME Noack, James	3 Filer ID
4 Date 04/22/2015	5 Payee name HEB #579	
6 Amount (\$) \$36.67	7 Payee address; City; State; Zip Code 9595 Six Pines Drive The Woodlands, TX 77380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advisory Council Drinks
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2015	Payee name Honor Trophies	
Amount (\$) \$130.00	Payee address; City; State; Zip Code 26111 I-45 North The Woodlands, TX 77380	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other-Awards/Recognition	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Employee Recognition
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/08/2015	Payee name Honor Trophies	
Amount (\$) \$120.00	Payee address; City; State; Zip Code 26111 I-45 North The Woodlands, TX 77380	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other-Awards/Recognition	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Employee Recognition
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/23 Rpt: 34/48		2 FILER NAME Noack, James		3 Filer ID	
4 Date 05/15/2015		5 Payee name Houston Chronicle			
6 Amount (\$) \$30.20		7 Payee address; City; State; Zip Code P. O. Box 4260 Houston, TX 77210			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Other-Overhead		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/17/2015		Payee name Houston Chronicle			
Amount (\$) \$30.20		Payee address; City; State; Zip Code P. O. Box 4260 Houston, TX 77210			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Other-Overhead		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/22/2015		Payee name Houston Chronicle			
Amount (\$) \$30.20		Payee address; City; State; Zip Code P. O. Box 4260 Houston, TX 77210			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Other-Overhead		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/23 Rpt: 35/48	2 FILER NAME Noack, James	3 Filer ID
4 Date 03/23/2015	5 Payee name Houston Chronicle	
6 Amount (\$) \$30.20	7 Payee address; City; State; Zip Code P. O. Box 4260 Houston, TX 77210	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other-Overhead	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/25/2015	Payee name Houston Chronicle	
Amount (\$) \$30.20	Payee address; City; State; Zip Code P. O. Box 4260 Houston, TX 77210	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other-Overhead	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/12/2015	Payee name Houston Chronicle	
Amount (\$) \$30.20	Payee address; City; State; Zip Code P. O. Box 4260 Houston, TX 77210	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other-Overhead	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/23 Rpt: 36/48		2 FILER NAME Noack, James		3 Filer ID	
4 Date 05/09/2015		5 Payee name La Trattoria Tuscano			
6 Amount (\$) \$257.52		7 Payee address; City; State; Zip Code 4223 Research Forest Drive #950 The Woodlands, TX 77381			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Meeting	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/22/2015		Payee name Local Pour			
Amount (\$) \$116.35		Payee address; City; State; Zip Code 1900 Hughes Landing Blvd Suite 350 The Woodlands, TX 77381			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Dinner	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/16/2015		Payee name Local Pour			
Amount (\$) \$20.00		Payee address; City; State; Zip Code 1900 Hughes Landing Blvd Suite 350 The Woodlands, TX 77381			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Dinner	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/23 Rpt: 37/48		2 FILER NAME Noack, James		3 Filer ID	
4 Date 05/01/2015		5 Payee name MCMESA			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code 10907 Waterview Circle Montgomery, TX 77356			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/07/2015		Payee name Montgomery County Youth Services			
Amount (\$) \$1,500.00		Payee address; City; State; Zip Code 1600 Lake Front Cir #130 The Woodlands, TX 77380			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/10/2015		Payee name Morton's Grille			
Amount (\$) \$143.41		Payee address; City; State; Zip Code 25 Waterway Ave The Woodlands, TX 77380			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Lunch	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/23 Rpt: 38/48	2 FILER NAME Noack, James	3 Filer ID
4 Date 02/13/2015	5 Payee name Orwall	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 830 Pruitt Rd Spring, TX 77380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/20/2015	Payee name Paperless Post	
Amount (\$) \$518.50	Payee address; City; State; Zip Code 115 Broadway New York, NY 10006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/05/2015	Payee name Rudy's BBQ	
Amount (\$) \$151.55	Payee address; City; State; Zip Code 20806 IH 45 North Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Employee Breakfast
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/23 Rpt: 39/48	2 FILER NAME Noack, James	3 Filer ID
4 Date 04/30/2015	5 Payee name Rudy's BBQ	
6 Amount (\$) \$125.57	7 Payee address; City; State; Zip Code 20806 IH 45 North Spring, TX 77373	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Employee Recognition
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/17/2015	Payee name Ruth's Chris	
Amount (\$) \$220.36	Payee address; City; State; Zip Code 107 W 6th St Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Dinner
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/24/2015	Payee name Ryan Gable Campaign	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2700 Keegan Hollow Ln Spring, TX 77386	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/23 Rpt: 40/48		2 FILER NAME Noack, James		3 Filer ID	
4 Date 03/13/2015		5 Payee name Sam's Club Stores			
6 Amount (\$) \$21.06		7 Payee address; City; State; Zip Code 19091 Interstate 45 S Conroe, TX 77385			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Water & Drinks	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/15/2015		Payee name Sam's Club Stores			
Amount (\$) \$433.91		Payee address; City; State; Zip Code 19091 Interstate 45 S Conroe, TX 77385			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Water & Drinks	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/28/2015		Payee name Sam's Club Stores			
Amount (\$) \$59.90		Payee address; City; State; Zip Code 19091 Interstate 45 S Conroe, TX 77385			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advisory Council	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/23 Rpt: 41/48	2 FILER NAME Noack, James	3 Filer ID
4 Date 05/18/2015	5 Payee name TWS Bass Fishing Team	
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 3800 S Panther Creek Drive The Woodlands, TX 77381	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/16/2015	Payee name Texas Fundrunners	
Amount (\$) \$216.00	Payee address; City; State; Zip Code 11000 Merit Oaks Dr Spring, TX 77382	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Deretchin PTO
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/29/2015	Payee name Texas Patriots PAC	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1544 Sawdust Rd Suite 406 The Woodlands, TX 77380	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Trump Event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/23 Rpt: 42/48	2 FILER NAME Noack, James	3 Filer ID
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4 Date 04/01/2015	5 Payee name The Woodlands Kiwanis Charities
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P. O. Box 8841 The Woodlands, TX 77387
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/14/2015	Payee name The Woodlands Republican Women
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Amount (\$) \$20.00	Payee address; City; State; Zip Code P. O. Box 7294 The Woodlands, TX 77387
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Lunch
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/11/2015	Payee name The Woodlands Republican Women
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Amount (\$) \$60.00	Payee address; City; State; Zip Code P. O. Box 7294 The Woodlands, TX 77387
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Lunch
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/23 Rpt: 43/48	2 FILER NAME Noack, James	3 Filer ID
4 Date 03/05/2015	5 Payee name The Woodlands Republican Women	
6 Amount (\$) \$700.00	7 Payee address; City; State; Zip Code P. O. Box 7294 The Woodlands, TX 77387	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/11/2015	Payee name The Woodlands Republican Women	
Amount (\$) \$40.00	Payee address; City; State; Zip Code P. O. Box 7294 The Woodlands, TX 77387	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Luncheon
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/18/2015	Payee name The Woodlands Republican Women	
Amount (\$) \$30.00	Payee address; City; State; Zip Code P. O. Box 7294 The Woodlands, TX 77387	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/23 Rpt: 44/48	2 FILER NAME Noack, James	3 Filer ID
4 Date 06/28/2015	5 Payee name The Woodlands VFW Auxillary	
6 Amount (\$) \$110.00	7 Payee address; City; State; Zip Code P. O. Box 8907 The Woodlands, TX 77387	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/25/2015	Payee name Top Florist	
Amount (\$) \$102.83	Payee address; City; State; Zip Code 25119 Grogans Mill Rd The Woodlands, TX 77380	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Employee Family Death
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/02/2015	Payee name Verizon Wireless	
Amount (\$) \$50.91	Payee address; City; State; Zip Code 1355 Lake Woodlands Drive The Woodlands, TX 77380-3287	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet Access
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/23 Rpt: 45/48		2 FILER NAME Noack, James		3 Filer ID	
4 Date 01/02/2015		5 Payee name Verizon Wireless			
6 Amount (\$) \$84.84		7 Payee address; City; State; Zip Code 1355 Lake Woodlands Drive The Woodlands, TX 77380-3287			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet Access	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/02/2015		Payee name Verizon Wireless			
Amount (\$) \$37.15		Payee address; City; State; Zip Code 1355 Lake Woodlands Drive The Woodlands, TX 77380-3287			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet Access	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/02/2015		Payee name Verizon Wireless			
Amount (\$) \$52.37		Payee address; City; State; Zip Code 1355 Lake Woodlands Drive The Woodlands, TX 77380-3287			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet Service	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/23 Rpt: 46/48	2 FILER NAME Noack, James	3 Filer ID
4 Date 03/02/2015	5 Payee name Verizon Wireless	
6 Amount (\$) \$52.15	7 Payee address; City; State; Zip Code 1355 Lake Woodlands Drive The Woodlands, TX 77380-3287	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet Access
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/02/2015	Payee name Verizon Wireless	
Amount (\$) \$84.83	Payee address; City; State; Zip Code 1355 Lake Woodlands Drive The Woodlands, TX 77380-3287	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet Access
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/20/2015	Payee name Via Emilia Italian	
Amount (\$) \$377.99	Payee address; City; State; Zip Code 10700 Kuykendahl Rd The Woodlands, TX 77381	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Dinner
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/23 Rpt: 47/48	2 FILER NAME Noack, James	3 Filer ID
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4 Date 03/30/2015	5 Payee name Via Emilia Italian
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6 Amount (\$) \$44.89	7 Payee address; City; State; Zip Code 10700 Kuykendahl Rd The Woodlands, TX 77381
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Lunch
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/16/2015	Payee name Via Emilia Italian
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Amount (\$) \$52.00	Payee address; City; State; Zip Code 10700 Kuykendahl Rd The Woodlands, TX 77381
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Lunch
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/25/2015	Payee name Zulees
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Amount (\$) \$77.07	Payee address; City; State; Zip Code 9595 Six Pines Dr The Woodlands, TX 77380
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/23 Rpt: 48/48	2 FILER NAME Noack, James	3 Filer ID
4 Date 03/26/2015	5 Payee name Zulees	
6 Amount (\$) \$39.25	7 Payee address; City; State; Zip Code 9595 Six Pines Dr The Woodlands, TX 77380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/26/2015	Payee name Zulees	
Amount (\$) \$95.47	Payee address; City; State; Zip Code 9595 Six Pines Dr The Woodlands, TX 77380	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/26/2015	Payee name Zulees	
Amount (\$) \$5.95	Payee address; City; State; Zip Code 9595 Six Pines Dr The Woodlands, TX 77380	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

T SVC, Inc. Political Action Committee (Terracon PAC)

ADDRESS (number and street) 18001 West 106th Street

(Check if address is changed) Suite 300

Olathe KS 66061

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) slruhl@comerica.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 01 / 03 / 2014

3. FEC IDENTIFICATION NUMBER C00457853

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Donald Vrana

Signature of Treasurer Donald Vrana [Electronically Filed] Date 01 / 03 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation _____ Office Sought: _____ House _____ Senate _____ President _____ State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number **C**
2. _____ FEC ID number **C**
3. _____ FEC ID number **C**
4. _____ FEC ID number **C**

Write or Type Committee Name

TSVC, Inc. Political Action Committee (Terracon PAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

TSVC, Inc.

Mailing Address

18001 West 106th Street

Suite 300

Olathe

KS

66061

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Comerica Bank

Mailing Address

PAC Services

PO Box 75000, MC 2250

Detroit

MI

48275-2250

Title or Position

CITY

STATE

ZIP CODE

Bookeeper

Telephone number

248

371

7269

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Donald Vrana

Mailing Address

18001 W. 106th Street

Suite 300

Olathe

KS

66061

CITY

STATE

ZIP CODE

Title or Position
EVP, CFO

Telephone number

248

371

7269

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Comerica Bank

Mailing Address

P.O. Box 75000

[Empty grid for Mailing Address line 2]

Detroit MI 48275

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F1A
Transaction ID :

Change of Treasurer

Form/Schedule:
Transaction ID:

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

MCGUIREWOODS LLP

ADDRESS (number and street) ONE JAMES CENTER

(Check if address is changed) 901 E. CARY STREET

RICHMOND VA 23219

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) fdonatelli@mwcllc.com

Optional Second E-Mail Address dlodge@mwcllc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 06 / 09 / 2014

3. FEC IDENTIFICATION NUMBER C C00225342

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Frank J. Donatelli

Signature of Treasurer Frank J. Donatelli [Electronically Filed] Date 06 / 09 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State
					District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number **C**
2. _____ FEC ID number **C**
3. _____ FEC ID number **C**
4. _____ FEC ID number **C**

Write or Type Committee Name

MCGUIREWOODS LLP

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name DeAnna Vanover

Mailing Address One James Center

901 E. Cary Street

Richmond

VA

23219

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number 804 - 775 - 1921

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Frank J. Donatelli

Mailing Address 2001 K Street N.W.

Suite 400

Washington

DC

20006

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 202 - 857 - 2914

Full Name of Designated Agent

Harrison Kaplan

Mailing Address

Two Hanover Square

434 Fayetteville St., Suite 2140

Raleigh

NC

27601

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

919

836

4001

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo

Mailing Address

1021 East Cary Street

2 James Center

Richmond

VA

23219

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Pamela Moore

Mailing Address

One James Center

901 E. Cary Street

Richmond VA 23219 - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Assistant Treasurer

Telephone number 804 - 775 - 1257

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number

C _____