# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

			•			
The C/OH Instruction G	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 FIRST Mr. James NICKNAME LAST NOack	MI L. SUFFIX Jr.	OFFICE USE ONLY  Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;  2 Dancing Breeze Pl The Woodlands, Texas 7  AREA CODE PHONE NUMBER	CITY; STATE; ZIP CODE  7382  EXTENSION	RIAN DE LA STATION OF THE PARTY			
OFFICEHOLDER PHONE  6 CAMPAIGN TREASURER NAME	(281 ) 382-8828  MS/MRS/MR FIRST  Mr. Billy	MI R.	Receipt # Amount \$			
	NICKNAME LAST Smith	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	28803 Champions Ridge Magnolia, Texas 77354		ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713 ) 201-4598	EXTENSION				
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 01 / 01 / 2015	THROUGH 06/	Day Year 30 / 2015			
11 ELECTION	ELECTION DATE  Month Day Year Primary  General	Description				
12 OFFICE	OFFICE HELD (Wany)  County Commissioner Pc  Montgomery County	t 3				
	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)	candidate / officeholder.	Dolitical contributions accepted or political expenditure.  These expenditures may have been made without the difficeholders are required to report this information.	ne candidate's or officel	holder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS	5			
16 CONTRIBUTION TOTALS	TOTAL POLITIC LOANS, OR GUA	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH ARANTEES OF LOANS), UNLESS ITEMIZED	HAN PLEDGES,	\$ 0.00		
		<b>AL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUARANTEES OF LOANS)		<b>\$</b> 111,104.34		
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED TOTALS			TEMIZED	\$ 2,004.98		
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 17,919.31		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	ST DAY OF THE	<b>\$</b> 186,583.92		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS C TING PERIOD	OF THE LAST DAY	\$ 0.00		
	DEBORAH ARRAZATE lotary Public, State of Texas My Commission Expires	I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.				
65555555	September 17 2018 }	Signature of C	Candidate or Officehold	er		
AFFIX NO	AFFIX NOTARY STAMP / SEAL ABOVE					
Sworp to and subs	Sworp to and subscribed before me, by the said <u>James Noack</u> , this the <u>13</u> day of <u>James</u> , 20 <u>6</u> , to certify which, witness my hand and seal of office.					
Signature of offi	cer administering	to Deborah Artazat Printed name of officer administering	Title of officer a	n Ndt.I administering oath		

## FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 3 of 48 19 Filer ID 18 FILER NAME Noack, James 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE Х SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 102,863.00 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS X \$ 8,241.34 SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE E: LOANS \$ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 17,919.31 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ 7. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 9. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 10. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ TO FILER

	MONET	Ά	RY POLITICAL CONTRIBUTIONS		SCHEDU	LE <b>A1</b>
	The Instruc	tio	n Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 1/21 Rpt: 4/48	
2	FILER NAME Noack, Jame			3	Filer ID	
4	Date 05/08/2015	5	Full name of contributor	7	Amount of Contribution (\$)	\$2,500.00
		6	Contributor address; City; State; Zip Code 16903 Walnut Pond Ct			
			Houston, TX 77059			
8	Principal occu	ıpat	tion / Job title (See Instructions)  9 Employer (See Instructions)	ons)		
	Date 06/01/2015		Full name of contributor		Amount of Contribution (\$)	\$500.00
			Contributor address; City; State; Zip Code 3915 Green Jade Dr			
		L	Spring, TX 77386			
	Principal occu	pat	tion / Job title (See Instructions) Employer (See Instruction	ons)		
	Date 06/01/2015		Full name of contributor		Amount of Contribution (\$)	\$50.00
			Contributor address; City; State; Zip Code 503 Rosewood Dr			
		L	Shenandoah, TX 77381-1032			
	Principal occu	pati	ion / Job title (See Instructions) Employer (See Instructions)	ons)		
	Date		Full name of contributor		Amount of Contribution (\$)	<b>*</b> 2 <b>=</b> 22 00
	03/26/2015		Baeza, Alexander			\$2,500.00
			Contributor address; City; State; Zip Code  2 Golden Orchard Pl			
		L	The Woodlands, TX 77354			
	Principal occu	pati	ion / Job title (See Instructions) Employer (See Instruction	ons)		
	Date 02/20/2015		Full name of contributor		Amount of Contribution (\$)	\$2,500.00
			Contributor address; City; State; Zip Code 343 Sawdust Rd			
			Spring, TX 77380			
	Principal occu	pati	ion / Job title (See Instructions) Employer (See Instruction	ons)		

	MONET	ARY POLITICAL CONTRIBUTION	<b>IS</b>		SCHEDUL	E <b>A1</b>
	The Instruc	tion Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 2/21 Rpt: 5/48	<del>.</del>
2	FILER NAME Noack, Jam	es		3	Filer ID	
4	Date 05/09/2015	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	The Woodlands, TX 77381 pation / Job title (See Instructions)	Employer (See Instructions	)		
	•	,	. , ,			
	Date 04/13/2015	Full name of contributor  out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 04/13/2015	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 04/12/2015	Full name of contributor out-of-state PAC (ID#: Benbow, Penny  Contributor address; City; State; Zip Code 28219 Kailees Ct  Spring, TX 77386			Amount of Contribution (\$)	\$500.00
•	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 04/13/2015	Fuil name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		

	MONET	Ā	RY POLITICAL CONTRIBUTIONS			SCHEDU	LE <b>A1</b>
	The Instruc	tio	n Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 3/21 Rpt: 6/48	
2	FILER NAME Noack, Jame				3	Filer ID	
4	Date 04/13/2015	6	Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
8	Principal occu	ıpai	tion / Job title (See Instructions)  9 Employer (See Ins	tructions	)		
	Date 06/01/2015		Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pat	ion / Job title (See Instructions) Employer (See Ins	tructions	)		
	Date 06/01/2015		Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pat	The Woodlands, TX 77380  ion / Job title (See Instructions) Employer (See Ins	tructions	)		
	Date 04/27/2015		Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pat	ion / Job title (See Instructions) Employer (See Ins	tructions	)		
	Date 03/26/2015		Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu	pat	ion / Job title (See Instructions) Employer (See Ins	tructions)	)		

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

	MONET	ARY POLITICAL CONTRIBUTION:	S		SCHEDU	LE <b>A</b> 1
	The Instruc	tion Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 5/21 Rpt: 8/48	- 10
2	FILER NAME Noack, Jam	es	3	3	Filer ID	
4	Date 02/19/2015	<ul> <li>5 Full name of contributor out-of-state PAC (ID#: Dannenbaum, James D.</li> <li>6 Contributor address; City; State; Zip Code 3100 W. Alabama St</li> <li>Houston, TX 77098</li> </ul>		7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 06/02/2015	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 03/10/2015	Full name of contributor out-of-state PAC (ID#: Doyle, Peter G.  Contributor address; City; State; Zip Code 2403 Reba Drive	)		Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77019 pation / Job title (See Instructions)	Employer (See Instructions)		<u> </u>	
	Date 05/08/2015	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 02/14/2015	Full name of contributor out-of-state PAC (ID#: Eastwood, David A.  Contributor address; City; State; Zip Code 800 Victoria Drive  Houston, TX 77022			Amount of Contribution (\$)	\$1,000.00
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruc	tion Guide explains how to complete this form.	Total pages Schedule A1: Sch: 6/21 Rpt: 9/48
2	FILER NAME Noack, Jame	1	3 Filer ID
4	Date 05/09/2015	Edwards, Paul  6 Contributor address; City; State; Zip Code  23 Marquise Oaks Pl	7 Amount of Contribution (\$) \$20.0
8	Principal occu	The Woodlands, TX 77382  pation / Job title (See Instructions)  9 Employer (See Instructions)	,
	Date 06/01/2015 Principal occur	Full name of contributor out-of-state PAC (ID#:)  Edwards, Paul  Contributor address; City; State; Zip Code 23 Marquise Oaks  The Woodlands, TX 77382  pation / Job title (See Instructions)  Employer (See Instructions)	Amount of Contribution (\$) \$40.06
	Date 03/11/2015	Full name of contributor out-of-state PAC (ID#:) Escott MD, Dr Mark E.  Contributor address; City; State; Zip Code 16018 Abberton Hill Dr  Spring, TX 77379-6803	Amount of Contribution (\$) \$2,500.00
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	
	Date 04/16/2015	Full name of contributor out-of-state PAC (ID#:) Fillault, Laura  Contributor address; City; State; Zip Code 58 N Lansdowne Cir  Spring, TX 77382	Amount of Contribution (\$) \$100.00
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	
	Date 06/01/2015	Full name of contributor out-of-state PAC (ID#:) Flanagan, Steve  Contributor address; City; State; Zip Code 28311 Whispering Maple Way  Spring, TX 77386-3778	Amount of Contribution (\$) \$200.00
	Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	

	MONET	ARY POLITICAL CONTRIBUTION	IS		SCHEDU	LE <b>A1</b>
	The Instruc	tion Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 7/21 Rpt: 10/48	
2	FILER NAME			3	Filer ID	
	Noack, Jame	es				
4	Date 06/01/2015	5 Full name of contributor  ut-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				
L		The Woodlands, TX 77382				
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	,	
	Date 03/01/2015	Full name of contributor 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 occu	pation / Job title (See Instructions)	Employer (See Instructions)	ı		
_	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	06/01/2015	Garrington, Eric				\$100.00
		Contributor address; City; State; Zip Code	***************************************			
		3019 Hopeton Dr				
		Spring, TX 77386				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		· · · · · · · ·	
		, , , , ,	, , ,			
H	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/01/2015	Gee, Ryan				\$250.00
		Contributor address; City; State; Zip Code				
		3714 W Benders Landing Blvd				
		Spring, TX 77386-1770				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		•	
	•	,				
_	Date	Full name of contributor  ut-of-state PAC (ID#:			Amount of Contribution (\$)	
	02/08/2015	Gerber, Jeffrey P.				\$2,500.00
		Contributor address; City; State; Zip Code				
		14 Estancia Place				
		The Woodlands, TX 77389				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
		<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDU	LE <b>A1</b>
	The Instruc	tion Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 8/21 Rpt: 11/48	
2	FILER NAME Noack, Jame	es ·	3	Filer ID	
4	Date 06/02/2015	5 Full name of contributor out-of-state PAC (ID#: Grellner, Kerri		Amount of Contribution (\$)	\$100.00
		6 Contributor address; City; State; Zip Code 4003 Boden Ln			
		Spring, TX 77386			
8	Principal occu	pation / Job title (See Instructions)  9 Employer (See	ee Instructions)		
	Date	Full name of contributor  out-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·	Amount of Contribution (\$)	
	02/13/2015	Full name of contributor out-of-state PAC (ID#: Hagerman, John		Amount of Contibution (a)	\$1,000.00
		Contributor address; City; State; Zip Code 24800 Interstate 45 North #100			
		Spring, TX 77388			
	Principal occu	pation / Job title (See Instructions) Employer (Se	ee Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	05/09/2015	Harmon, Robert	_	.,	\$25.00
		Contributor address; City; State; Zip Code	14 14 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16		
		13246 Summer Rose Ln			
		Conroe, TX 77302			
	Principal occu	oation / Job title (See Instructions) Employer (Se	ee Instructions)		
-	Date	Full name of contributor	1	Amount of Contribution (\$)	
	03/23/2015	Heidaker, Mark W.		, and a contained on (o)	\$2,500.00
		Contributor address; City; State; Zip Code	***************************************		
		7703 Breezeway Bend Lane			
		Katy, TX 77494			
	Principal occu		ee Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
	02/11/2015	Home-PAC			\$2,500.00
		Contributor address; City; State; Zip Code			
		9511 W Sam Houston Pkwy N	·		
		Houston, TX 77064-5398			
	Principal occu	pation / Job title (See Instructions) Employer (Se	ee Instructions)		
		<u> </u>			

	MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDUI	_E <b>A1</b>
	The Instruc	tion Guide explains how to complete this form.	Total pages Schedule A1: Sch: 9/21 Rpt: 12/48	
2	FILER NAME Noack, Jame		Filer ID	
4	Date 02/03/2015	5 Full name of contributor	Amount of Contribution (\$)	\$2,500.00
8	Dringing age	Dallas, TX 75202 pation / Job title (See Instructions)  9 Employer (See Instructions)		
٥	Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)		
	Date 02/27/2015	Full name of contributor 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 occu	pation / Job title (See Instructions)  Employer (See Instructions)		
	Date 03/26/2015	Full name of contributor 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 occu	pation / Job title (See Instructions)  Employer (See Instructions)		
	Date 06/01/2015	Full name of contributor 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 occu	pation / Job title (See Instructions)  Employer (See Instructions)		
	Date 03/10/2015	Full name of contributor 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 occu	pation / Job title (See Instructions)  Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDU	E A1
	The Instruc	tion Guide explains how to complete this form.	Total pages Schedule A1: Sch: 10/21 Rpt: 13/48	
2	FILER NAME Noack, Jame		<b>3</b> Filer ID	
4	Date 03/05/2015	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:</li></ul>	7 Amount of Contribution (\$)	\$1,000.00
8	Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)		
	Date 06/01/2015	Full name of contributor out-of-state PAC (ID#:) Kunneman, Dale E.  Contributor address; City; State; Zip Code 5302 Pinewood Meadows  Spring, TX 77386	Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions)		
	Date 03/26/2015	Full name of contributor out-of-state PAC (ID#:)  Lackey, Alien  Contributor address; City; State; Zip Code  31 West Isle PI	Amount of Contribution (\$)	\$500.00
	Principal occu	The Woodlands, TX 77381  pation / Job title (See Instructions)  Employer (See Instructions)		
	Date 05/09/2015	Full name of contributor out-of-state PAC (ID#: ) Lazzaro, Paul  Contributor address; City; State; Zip Code 51 N Cochrans Green Cir  The Woodlands, TX 77381	Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions)		
	Date 06/03/2015	Full name of contributor out-of-state PAC (ID#:) Lazzaro, Paul  Contributor address; City; State; Zip Code 51 N Cochrans Green Cir  The Woodlands, TX 77381-6208	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDU	LE <b>A1</b>
	The Instruc	tion Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 11/21 Rpt: 14/48	
2	FILER NAME Noack, Jam	25		3	Filer ID	
4	Date 05/05/2015	<ul> <li>5 Fuil name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Spring, TX 77382 pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 02/09/2015	Full name of contributor out-of-state PAC (ID#:_Lipar, Thomas E.  Contributor address; City; State; Zip Code 1450 Lake Robbins Drive Ste 430  The Woodlands, TX 77380			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/18/2015	Full name of contributor out-of-state PAC (ID#: Lipar, Thomas E.  Contributor address; City; State; Zip Code  1450 Lake Robbins Drive Ste 430	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	The Woodlands, TX 77380 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/22/2015	Full name of contributor out-of-state PAC (ID#:_Lipar, Thomas E.  Contributor address; City; State; Zip Code 1450 Lake Robbins Drive Ste 430  The Woodlands, TX 77380			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/10/2015	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu	Spring, TX 77382 pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDU	DULE A1	
	The Instruc	tion Guide explains how to complete this form.			Total pages Schedule A1: Sch: 12/21 Rpt: 15/48	·	
2	FILER NAME Noack, Jame	es	1	3	Filer ID		
4	Date 06/01/2015	5 Full name of contributor		7	Amount of Contribution (\$)	\$100.00	
		6 Contributor address; City; State; Zip Code 28219 Kailees Ct					
		Spring, TX 77386					
8	Principal occu	pation / Job title (See Instructions)  9 Employer (See	Instructions)				
-	Date	Full name of contributor   out-of-state PAC (ID#:	)		Amount of Contribution (\$)		
	06/01/2015	McGee, Michael				\$50.00	
		Contributor address; City; State; Zip Code					
		27419 Buena Way					
		Spring, TX 77386					
	Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)				
	Date	Full name of contributor Out-of-state PAC (ID#:		-	Amount of Contribution (\$)		
	06/01/2015	McGee, Sharon				\$50.00	
		Contributor address; City; State; Zip Code					
		27419 Buena Way					
		Spring, TX 77386					
	Principal occu	pation / Job title (See Instructions) Employer (See I	Instructions)				
-	Date	Full name of contributor X out-of-state PAC (ID#: C00225342	)		Amount of Contribution (\$)		
	02/24/2015	McGuireWoods Federal PAC Fund			,,	\$2,500.00	
		Contributor address; City; State; Zip Code	P#4 PR PR- 777 PA- 5-1				
		901 East Cary Street					
		Richmond, VA 23219-4030					
	Principal occu	pation / Job title (See Instructions) Employer (See I	Instructions)				
-	Date	Full name of contributor  uut-of-state PAC (ID#:			Amount of Contribution (\$)	······································	
	04/18/2015	McManus, Mark				\$25.00	
		Contributor address; City; State; Zip Code					
		6 Lagato PI					
		The Woodlands, TX 77382					
	Principal occu	pation / Job title (See Instructions) Employer (See I	Instructions)				

	MONET	Ά	RY POLITICAL C	CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	tio	n Guide explains how to	complete this form.	-	1	Total pages Schedule A1: Sch: 13/21 Rpt: 16/48	
	FILER NAME Noack, Jame			, , , , , , , , , , , , , , , , , , ,		3	Filer ID	
4	Date 04/14/2015		Full name of contributor Miller, Leslie	out-of-state PAC (ID#:_	. )	7	Amount of Contribution (\$)	\$100.00
		6	Contributor address; City; S 34 Keelrock Pl	tate; Zip Code				
			The Woodlands, TX 7738	32				
8	Principal occu	pat	ion / Job title (See Instructions	3)	9 Employer (See Instructions	i)		
	Date		Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	400.00
'	05/09/2015	ļ	Nelson, Jason					\$20.00
			Contributor address; City; Si 6 Churchdale PI	rate; Zip Code	:			
			Spring, TX 77382					
1	Principal occu	pat	ion / Job title (See Instructions	5)	Employer (See Instructions	)		
ı	Date		Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
(	06/01/2015		Nelson, Scott					\$100.00
		ļ	Contributor address; City; Si	tate; Zip Code				
			5346 Pinewood Hill Ct		-			
			Spring, TX 77386					
ı	Principal occu	pat	on / Job title (See Instructions	5)	Employer (See Instructions	)		
1	Date	_	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
(	06/01/2015		O'Sullivan Jr, William J.	_				\$100.00
		*****	Contributor address; City; St	ate; Zip Code				
			14 Petalcup Pl					
			The Woodlands, TX 7738	1				
ı	Principal occu	pat	on / Job title (See Instructions	()	Employer (See Instructions	)		
I	Date		Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
(	06/01/2015		Odenweller, Misty					\$300.00
			Contributor address; City; St	ate; Zip Code				
			27610 Siandra Creek Ln					
	;		Spring, TX 77386					
F	Principal occu	pati	on / Job title (See Instructions	;)	Employer (See Instructions	)		
	<del></del>							

	MONET	ARY POLITICAL CONTRIBUTION	<b>IS</b>		SCHEDU	LE <b>A1</b>
	The Instruc	tion Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 14/21 Rpt: 17/48	
2	FILER NAME Noack, Jame	es		3	Filer ID	
4	Date 03/26/2015	<ul> <li>5 Full name of contributor  ut-of-state PAC (ID#:Othon, F. William</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$125.00
		10802 Overbrook  Houston, TX 77042				
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
L	····					
	Date 05/09/2015	Full name of contributor	)		Amount of Contribution (\$)	\$15.00
		The Woodlands, TX 77380				
	Dringing con	pation / Job title (See Instructions)	Employer (See Instructions)	١		
	Principal occu	DAUGHT JOD title (See Instructions)	Employer (See Instructions)	,		
_	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/25/2015	Petroleum Wholesale LP				\$2,500.00
		Contributor address; City; State; Zip Code	***************************************			
		P. O. Box 4456				
		Houston, TX 77210				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	1		
	Date	Full name of contributor out-of-state PAC (ID#:	)	-	Amount of Contribution (\$)	
	06/01/2015	Phillips, Cathy McMillan				\$50.00
		Contributor address; City; State; Zip Code				
		28702 Fox Lynn Dr				
		Onders TV 77000				
	Deineinalean	Spring, TX 77386	Employer (See Instructions)			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
_	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	02/06/2015	Pinnapureddy, Sujatha R.				\$2,500.00
		Contributor address; City; State; Zip Code				
		51 Highland Circle				
		The Woodlands, TX 77381				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
			·-·			

	MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDUL	E <b>A1</b>
	The Instruc	tion Guide explains how to complete this form.	Total pages Schedule A1: Sch: 15/21 Rpt: 18/48	
2	FILER NAME Noack, Jame	es	Filer ID	
4	Date 06/01/2015	5 Full name of contributor out-of-state PAC (ID#:) 7 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 occu	pation / Job title (See Instructions)  9 Employer (See Instructions)		
	Date 06/01/2015	Full name of contributor 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 occu	pation / Job title (See Instructions) Employer (See Instructions)		
	Date 03/12/2015	Full name of contributor out-of-state PAC (ID#:) Richmond, Michael H.  Contributor address; City; State; Zip Code 59 North Royal Fem Dr  The Woodlands, TX 77380	Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)		
	Date 06/01/2015	Full name of contributor 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 occu	pation / Job title (See Instructions) Employer (See Instructions)		
	Date 06/01/2015	Full name of contributor 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 occu	pation / Job title (See Instructions)  Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	S		SCHEDU	LE <b>A1</b>
	The Instruc	tion Guide explains how to complete this form.	-	1	Total pages Schedule A1: Sch: 16/21 Rpt: 19/48	
2	FILER NAME	<del></del>		3	Filer ID	
	Noack, Jame	es				
4	Date 06/08/2015	5 Full name of contributor out-of-state PAC (ID#: Robertson, Jay 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00
		23715 Lenox Knoll Drive Spring, TX 77389				
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	)		
	Date 06/08/2015	Full name of contributor 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 occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date	Full name of contributor  ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/06/2015	Robinson, Jo Ann	***************************************			\$500.00
		Contributor address; City; State; Zip Code 15 West Isle PI				
		The Woodlands, TX 77381				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/10/2015	Rodrigo, C. S.				\$5,000.00
		Contributor address; City; State; Zip Code 15514 Turtle Oak Court				
		Houston, TX 77059				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	· 100	
	Date 05/09/2015	Full name of contributor out-of-state PAC (ID#: Rogers, Larry			Amount of Contribution (\$)	\$5.00
	00,00,2010	Contributor address; City; State; Zip Code				44.44
		114 N Country Gate Cir				
		Conroe, TX 77384				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

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

MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDU	LE <b>A1</b>
The Instruct	ion Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/21 Rpt: 21/48	
FILER NAME Noack, Jame	0		3 Filer ID	
	5 Full name of contributor  ut-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			
Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Date 02/10/2015	Full name of contributor out-of-state PAC (ID#:_ Smith Revocable Trust Contributor address; City; State; Zip Code 16800 Falcon Sound Rd		Amount of Contribution (\$)	\$2,500.00
	Montgomery, TX 77356			
Principal occup	oation / Job title (See Instructions)	Employer (See Instructions	s)	
Date 02/13/2015	Full name of contributor out-of-state PAC (ID#:_ Strauss, David J. Contributor address; City; State; Zip Code 645 Mosswood Dr	)	Amount of Contribution (\$)	\$400.00
Principal occup	Conroe, TX 77302 nation / Job title (See Instructions)	Employer (See Instructions	<b>(</b>	
Date 03/10/2015	Full name of contributor  uut-of-state PAC (ID#:_ Sutton, Alex		Amount of Contribution (\$)	\$800.00
	Contributor address; City; State; Zip Code 8 Waterway Ct			
Principal occup	The Woodlands, TX 77380-2641 vation / Job title (See Instructions)	Employer (See Instructions	)	
Date 03/26/2015	Full name of contributor  ut-of-state PAC (ID#:_ Taraborelli, Jennie		Amount of Contribution (\$)	\$2,500.00
	Contributor address; City; State; Zip Code 2 Clubview Court			
Principal occup	The Woodlands, TX 77382 ation / Job title (See Instructions)	Employer (See Instructions	)	
den aaak	,			
rms provided b	by Texas Ethics Commission www.ethics	.state.tx.us	Version	V1.0.2772

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instruc	tio	n Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 19/21 Rpt: 22/48	· · · · · · · · · · · · · · · · · · ·
2	FILER NAME Noack, Jame	es		3	Filer ID	
4	Date 03/10/2015	5	Full name of contributor	7	Amount of Contribution (\$)	\$2,500.00
		6	Contributor address; City; State; Zip Code 18001 W. 106th Street			
			Olathe, KS 66061			
8	Principal occu	pat	ion / Job title (See Instructions)  9 Employer (See Instruction	ns)		
	Date		Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	<b>60 F00 00</b>
	03/11/2015	ļ	The Blair Law Firm, P.C.			\$2,500.00
			Contributor address; City; State; Zip Code 7 Grogan's Park Drive, Redbud Bldg 3			
			7 Glogans Falk Dilve, Redudu blug 5			
			The Woodlands, TX 77380			
	Principal occu	pat	ion / Job title (See Instructions) Employer (See Instruction	ns)		
				<del></del>		· · · · · · · · · · · · · · · · · · ·
	Date		Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#4 000 00
	03/10/2015	<b></b>	The Woodlands Development Co PAC			\$1,203.00
			Contributor address; City; State; Zip Code 2201 Timberloch Pl			
			2201 Tillibertoch Fi			
			The Woodlands, TX 77380			
	Principal occu	pat	ion / Job title (See Instructions) Employer (See Instruction	ns)		
	Date		Full name of contributor		Amount of Contribution (\$)	
	06/01/2015		Tomlinson, Kimberly			\$100.00
			Contributor address; City; State; Zip Code			
			27610 Quiet Sky Pl			
			Spring, TX 77386			
	Principal occu	pati	on / Job title (See Instructions) Employer (See Instruction	ns)		
	Date		Full name of contributor	T	Amount of Contribution (\$)	
	05/09/2015		Toth, Babette			\$5.00
			Contributor address; City; State; Zip Code			
			23 E Sundance Cir			
			The Woodlands, TX 77382			
	Principal occu	pati	on / Job title (See Instructions) Employer (See Instruction	ıs)		
_						

	MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1	
	The Instruc	tion Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 20/21 Rpt: 23/48	
2	FILER NAME Noack, Jame	es	3 Filer ID	
4	Date 05/09/2015	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:) Toth, Conner</li> <li>6 Contributor address; City; State; Zip Code 23 E Sundance Cir</li> <li>The Woodlands, TX 77382</li> </ul>	7 Amount of Contribution (\$) \$5.0	
8	Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	s)	
	Date 05/09/2015	Full name of contributor out-of-state PAC (ID#:) Toth, Steve  Contributor address; City; State; Zip Code 23 E Sundance Cir  The Woodlands, TX 77382	Amount of Contribution (\$) \$5.0	
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions	s)	
	Date 06/01/2015	Full name of contributor out-of-state PAC (ID#:) Use, Susan Contributor address; City; State; Zip Code 28511 Waterbend Way Spring, TX 77386-1794	Amount of Contribution (\$) \$25.00	
	Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	<u>l</u> s)	
***	Date 05/18/2015	Full name of contributor out-of-state PAC (ID#:)  Vaughn, Kenneth  Contributor address; City; State; Zip Code  9002 Navigation Cir  Montgomery, TX 77316	Amount of Contribution (\$) \$25.00	
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions	5)	
	Date 05/08/2015	Fuil name of contributor out-of-state PAC (ID#:) Walker, Eric A.  Contributor address; City; State; Zip Code 630 Hedwig Rd  Houston, TX 77024	Amount of Contribution (\$) \$2,500.00	
•	Principal occu	pation / Job title (See Instructions) Employer (See Instructions	\$)	
		· · · · · · · · · · · · · · · · · · ·		

	MONET	TARY POLITICAL CONTRIBUTION	IS		SCHEDU	LE <b>A1</b>
	The Instruc	ction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 21/21 Rpt: 24/48	
2	FILER NAME Noack, Jame			3	Filer ID	
4	Date 06/07/2015	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date 05/09/2015	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
<b>_</b>	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/24/2015	Full name of contributor out-of-state PAC (ID#: Willmann, Karl D. Contributor address; City; State; Zip Code 11414 Dunbeath Drive Houston, TX 77024	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 01/29/2015	Full name of contributor out-of-state PAC (ID#: Zarinkelk, Giti  Contributor address; City; State; Zip Code  18 Berry Blossom  The Woodlands, TX 77380			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 25/48 3 Filer ID 2 FILER NAME Noack, James \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor Amount of In-kind contribution ut-of-state PAC (ID#: contribution (\$) description 03/26/2015 Balmos, David C. \$4,760.11 Cost of Dinner Fundraiser Contributor address; City; State; Zip Code 13623 Waverly Crest Ct Cypress, TX 77429-6830 Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Full name of contributor Amount of In-kind contribution Date out-of-state PAC (ID#: contribution (\$); description 05/07/2015 Balmos, David C. \$3,481,231 Cost of Dinner Fundraiser Contributor address; City; State; Zip Code 13623 Waverly Crest Ct Cypress, TX 77429-6830 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 job title (FOR JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

## SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Exp Legal Services	ense Printi	ing Expens ies/Wage:		Travel Out of District OTHER (enter a category not listed	f above)
	ou united serio	a commission	The Instruction Guide e				Account factor manufacts	( 00000)
1	Total pages Schedule F1:	2 FILER NAM	E				3 Filer ID	
	Sch: 2/23 Rpt: 27/48	Noack, Jan	nes					
4	Date	5 Payee name					<u> </u>	
	03/04/2015	D & K Phot	ography					
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip	Code			
	\$108.25	11014 Ole	Mint House Ln					
	I							
		Tomball, T	X 77375					
8	PURPOSE OF		See Categories listed at the to	op of this schedule)	(b)	Description		
	EXPENDITURE	Advertising	Expense			<b>=</b>	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense	
	I					Political Pho		
	J							
9	Complete ONLY if direct		iceholder name	Office	sought	····	Office held	
	expenditure to benefit C/OI	H 						
	Date	Payee name			<del>-</del>	<del></del>		
	03/23/2015	Facebook A	Advertising					
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code			
	\$500.01	1601 S Cal	ifornia Ave					
	!							
	!	Palo Alto, (	CA 94304-1111					
_	PURPOSE	(a) Category (s	See Categories listed at the to	op of this schedule)	(b)	Description		
	OF EXPENDITURE	Advertising	Expense				il outside of Texas. Complete Schedule T.	
	,					Facebook	in, TX, officeholder living expense	
						•		
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office	sought		Office held	
	expenditure to benefit C/OI	Н			_			
	Date	Payee name	:					
	03/09/2015	Facebook A						
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code			
	\$499.22	1601 S Cal						
		Palo Alto, 7	TX 94304-1111					
	PURPOSE	(a) Category (S	iee Categories listed at the to	up of this schedule)	(b)	Description		
	OF EXPENDITURE	Advertising				<u> </u>	outside of Texas. Complete Schedule T.	
	LA SIBILORS					Check if Austi	in, TX, officeholder living expense	
						racciona		
—	Complete ONLY if direct	Candidate/Off	iceholder name	Office :	sought		Office held	
	expenditure to benefit C/OI		ocholoci riamo	willer:	3049		0.1100 1.2.2	
—		<del></del>	·					

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made B Candidate/Officeholder/Politice	
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 3/23 Rpt: 28/48	Noack, James
4 Date	5 Payee name
02/28/2015	Facebook Advertising
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$266.86	1601 S California Ave
	Palo Alto, TX 94304-1111
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense  Facebook
	Facebook
O Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	
Date	Payee name
04/30/2015	Facebook Advertising
Amount (\$)	Payee address; City; State; Zip Code
\$95.05	1601 S California Ave
	Palo Alto, TX 94304-1111
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Facebook
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	₹
Date	Payee name
04/01/2015	Facebook Advertising
Amount (\$)	Payee address; City; State; Zip Code
\$53.60	1601 S California Ave
·	
	Palo Alto, TX 94304-1111
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense  Advertising Expense  Cross lipitori  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Facebook
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit GO	•
	Vorcion V1 0 27727

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica	il Co	mmittee	Legal Services The Instruction Guide		-	ges/Contract Labor e this form.		OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAM	ΛE				3	Filer ID
	Sch: 4/23 Rpt: 29/48		Noack, Ja	mes					
4	Date	5	Payee nam	ie					<u> </u>
	04/24/2015		Facebook	Advertising					
6	Amount (\$) \$750.11	7	Payee addr 1601 S Ca	ress; City; alifornia Ave	State; Zi	ip Code	,		
ŀ			Palo Alto,	TX 94304-1111					
8	PURPOSE	(a)	Category	(See Categories listed at the t	top of this schedule	e) <b>(t</b>	Description		
	OF EXPENDITURE			g Expense			<b>-</b>		ide of Texas. Complete Schedule T. , officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/O	fficeholder name	Office	e sough	t		Office held
	Date	Γ	Payee name	e					
	05/31/2015		Facebook	Advertising					
	Amount (\$) \$162.02			ress; City; alifornia Ave TX 94304-1111	State; Zi	ip Code	:		
<b> </b>	PURPOSE	10					) Description	—	
	OF EXPENDITURE	(es)	Advertising	(See Categories listed at the tog Expense	op of this schedule	*) (~	Check if travel o		ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Of	fficeholder name	Office	e sough	t		Office held
Г	Date	Γ	Payee name	e					
	05/24/2015		Facebook	Advertising					
	Amount (\$) \$750.23		Payee addre	ress; City; alifornia Ave	State; Zij	ip Code	:		
				TX 94304-1111		<del></del>			
	PURPOSE OF EXPENDITURE	(a)	Category (: Advertising	(See Categories listed at the tog g Expense	op of this schedule;	,) <b>(</b> (b			ide of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Of	fficeholder name	Office	e sough	t		Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica	J Committee	Legal Services  The Instruction Guide explain			Contract Labor	OTHER (enter a category not listed above)	
1	Total pages Schedule F1: Sch: 5/23 Rpt: 30/48	2 FILER NAM Noack, Jai				3	Filer ID	
4	06/10/2015	5 Payee name GoFundMe	le					
	Amount (\$) \$6.13		ress; City; S ond Ave Suite 1770 o, CA 92101	State; Zip Cod	le			
8	PURPOSE OF EXPENDITURE	(a) Category (a) Fees	(See Categories listed at the top of th	iis schedule)			de of Texas. Complete Schedule T. officeholder living expense SSING	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		fficeholder name	Office soug	ht		Office held	
	Date 06/04/2015	Payee name GoFundMe	e					
	Amount (\$) \$8.20		ress; City; S ond Ave Suite 1770 o, CA 92101	State; Zip Cod	e			
	PURPOSE OF EXPENDITURE	(a) Category (s	(See Categories listed at the top of th	is schedule)			de of Texas. Complete Schedule T. officeholder living expense S <b>SIng</b>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	Office soug	ht		Office held	
	Date 04/20/2015	Payee name GoFundMe	e		_			
	Amount (\$) \$66.37		ress; City; S ond Ave Suite 1770 o, CA 92101	State; Zip Cod	e			
	PURPOSE OF EXPENDITURE	(a) Category (s Fees	(See Categories listed at the top of th	is schedule)		<del></del> 1	de of Texas. Complete Schedule T. officeholder living expense SSING	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fficeholder name	Office sough	ht		Office held	

## SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Gifr/Awards/Memorials Expense Legal Services	Salaries/	Expens /Wages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
			The Instruction Guide expla	ains how to comp	plete t	this form.			
1	Total pages Schedule F1:	ŀ					3	Filer ID	
_	Sch: 6/23 Rpt: 31/48	Noack, Jan	nes						
4	Date	5 Payee name	<del>3</del>						
	05/08/2015	GoFundMe	9						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode				
Ì	\$4.25	1	and Ave Suite 1770	·					
	•								
	!	San Diego	, CA 92101						
Ļ					Ta.				
8	PURPOSE OF	I .	See Categories listed at the top of	ithis schedule)	(b)	Description		· · · · · · · · · · · · · · · · · · ·	
	EXPENDITURE	Fees						ide of Texas. Complete Schedule T. , officeholder living expense	
	!					Fund Me Pro			
	!						•••		
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	L cht		—	Office held	
	expenditure to benefit C/Oh		icenduce name	Office Soc	ugi it			Office field	
	Date	Payee name							
	06/03/2015	GoFundMe	<u> </u>						
Г	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
	\$41.00	ł	nd Ave Suite 1770						
	!								
	!	San Diego,	CA 02101						
$ldsymbol{f eta}$					1-,				
	PURPOSE OF	1	See Categories listed at the top of	this schedule)	(b)	Description			
	EXPENDITURE	Fees				<u> </u>		ide of Texas. Complete Schedule T. officeholder living expense	
						Fund Me Prod			
	,					I WING INC.	000	Sing	
$\vdash$	Complete ONLY if direct	Condidate/Off	ficeholder name	Office col	L			Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Tenoider name	Office sou	1grit			Onice neid	
		·							
	Date	Payee name	<b>;</b>						
	06/09/2015	GoFundMe	<b>;</b>						
Г	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
	\$8.20	1010 Seco	nd Ave Suite 1770						
		1							
		San Diego,	CA 92101						
					145				
	PURPOSE OF	1	See Categories listed at the top of	this schedule)	(D)	Description	-utek	de of Texas. Complete Schedule T.	
	EXPENDITURE	Fees				<b>—</b>		officeholder living expense	
ĺ		1				Fund Me Prod			
		1						cg	
	O===l=t= ONLY if direct	Candidate/Off	ficeholder name	Office sou	i aht		—	Office held	<del></del>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		icenoider name	Unite soc	19rit			Office fletu	
<u> </u>		<u> </u>							

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica	al Committee 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	Noack, James
4 Date	5 Payee name
04/28/2015	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Dinner
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held  H
Date	Payee name
01/04/2015	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Employee Breakfast
Complete <u>ONLY</u> if direct expenditure to benefit C/O	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Advisory Council Breakfast
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By - Event Expense

Loan Repayment/Reimbursement

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 8/23 Rpt: 33/48 Noack, James 4 Date Payee name 04/22/2015 HEB #579 6 Amount (\$) Payee address; City; State; Zip Code \$36.67 9595 Six Pines Drive The Woodlands, TX 77380 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Advisory Council Drinks Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 03/03/2015 Honor Trophies Payee address; City; Amount (\$) State; Zip Code \$130.00 26111 I-45 North The Woodlands, TX 77380 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Other-Awards/Recognition **EXPENDITURE** Check if Austin, TX, officeholder living expense Employee Recognition Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/08/2015 Honor Trophies Payee address; State; Zip Code Amount (\$) City; \$120,00 26111 I-45 North The Woodlands, TX 77380 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Other-Awards/Recognition **EXPENDITURE** Check if Austin, TX, officeholder living expense **Employee Recognition** Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH

#### SCHEDULE F1

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/ Donation

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees
Food/Beverage Expense
Citt/Awards/Memorials Ex

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica	al Committee Legal Services Sa	-	es/Contract Labor	OTHER (enter a category not listed above)			
L	· ·	The Instruction Guide explains how to	complete	· · · · · · · · · · · · · · · · · · ·				
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID			
	Sch: 9/23 Rpt: 34/48	Noack, James						
4	Date	5 Payee name						
l	05/15/2015	Houston Chronicle						
_	Amount (\$)	7 Payee address; City; State; Z	in Code					
ľ	\$30.20	P. O. Box 4260	p coue					
	\$30.20	P. O. BOX 4200						
l								
		Houston, TX 77210						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b)	Description				
	OF	Other-Overhead		Check if travel out	side of Texas. Complete Schedule T.			
	EXPENDITURE		1	Check if Austin, TO	K, officeholder living expense			
				Newspaper				
9	Complete ONLY if direct		e sought		Office held			
	expenditure to benefit C/O	Н						
H	Date	Payee name						
	04/17/2015	Houston Chronicle						
_					·			
	Amount (\$)	Payee address; City; State; Z	p Code					
ı	\$30.20	P. O. Box 4260						
		Houston, TX 77210						
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule	, (b)	Description	· · · · · · · · · · · · · · · · · · ·			
	OF	Other-Overhead	"		side of Texas. Complete Schedule T.			
	EXPENDITURE	Outer-Overneau		<del></del>	K, officeholder living expense			
İ				Newspaper				
	Complete ONLY if direct	Candidate/Officeholder name Offic	e sought	···	Office held			
	expenditure to benefit C/OI		<b>J</b>					
┝	5.11				· · · · · · · · · · · · · · · · · · ·			
İ	Date	Payee name						
	02/22/2015	Houston Chronicle						
	Amount (\$)	Payee address; City; State; Zi	p Code					
	\$30.20	P. O. Box 4260						
		Houston, TX 77210						
	PURPOSE		(h)	Description				
	OF	(a) Category (See Categories listed at the top of this schedule	) [6)		side of Texas. Complete Schedule T.			
	EXPENDITURE	Other-Overhead		<u> </u>	(, officeholder living expense			
				Newspaper				
			ľ					
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office	sought		Office held	· · · ·		
	expenditure to benefit C/O		. coagni		J11100 11010			

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Legal Services	Salaries/\	Wages	s/Contract Labor	OTHER (enter a category not listed a	above)
The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAI	ME			3	Filer ID	
	Sch: 10/23 Rpt: 35/48	Noack, Ja	ames					
4	Date	5 Payee nan	né					
	03/23/2015	Houston (						
6	Amount (\$)	7 Payee add	ress; City;	State; Zip Co	nde			•
ľ	\$30.20	P. O. Box	•	oldic, zip oc	Juc			
	Ψ30.20	1.0.00	4200					
		Houston,	TX 77210					
8	PURPOSE	(a) Category	(See Categories listed at the top of	this schedule)	(b)	Description		
	OF EXPENDITURE	Other-Ove	erhead				tside of Texas. Complete Schedule T.	
						L	X, officeholder living expense	
l						Newspaper		
L								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	Office sou	ıght		Office held	
	experialitare to benefit C/O	П						
	Date	Payee nam	ie	••				
	01/25/2015	Houston (	Chronicle					
_	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode			
	\$30.20	P. O. Box	•					
	¥							
		Houseton	TV 77010					
_		Houston,	17 11210					
	PURPOSE OF	1	(See Categories listed at the top of	this schedule)	(b)		and the second s	
	EXPENDITURE	Other-Ove	erhead			<del>  </del>	tside of Texas. Complete Schedule T. X, officeholder living expense	
						Newspaper	· · · · · · · · · · · · · · · · · · ·	
		:						
├─	Complete ONLY if direct	Candidate/C	fficeholder name	Office sou	L		Office held	
	expenditure to benefit C/OI		inceriolaer harne	011100 300	giit		Onice near	
<u> </u>								
	Date	Payee nam						
	06/12/2015	Houston (	Chronicle					
	Amount (\$)	Payee add	ress; City;	State; Zip Co	de			
	\$30.20	P. O. Box	4260					
		Houston,	TX 77210					
	PURPOSE			0.31	(b)	Description		
	OF	Other-Ove	(See Categories listed at the top of	(nis schedule)	(-)		side of Texas. Complete Schedule T.	
	EXPENDITURE	Oulei-Ove	arreau			Check if Austin, T.	X, officeholder living expense	
ŀ						Newspaper		
	•							
-	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	ght		Office held	
	expenditure to benefit C/OI				-			
<u> </u>								

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made ByCandidate/Officeholder/Political Committee

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Saiaries/Wates/Contract Labor

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID			
Sch: 11/23 Rpt: 36/48	Noack, James				
4 Date	5 Payee name				
05/09/2015	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	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	rtion			
OF EXPENDITURE	Event Expense Chec	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense al Meeting			
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held			
Date	Payee name				
04/22/2015	Local Pour				
Amount (\$) \$116.35	Payee address; City; State; Zip Code 1900 Hughes Landing Blvd Suite 350  The Woodlands, TX 77381				
BUDDAGE					
PURPOSE OF EXPENDITURE	Ched	tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense al Dinner			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate/Officeholder name Office sought	Office held			
Date	Payee name				
04/16/2015	Local Pour				
Amount (\$) \$20.00	Payee address; City; State; Zip Code 1900 Hughes Landing Blvd Suite 350				
	The Woodlands, TX 77381				
PURPOSE OF EXPENDITURE	Check	tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense al Dinner			
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H	Office held			

#### SCHEDULE F1

Advertising Expense

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor				Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
L		·	The Instruction Guide explains ho	ow to comple	te this form.		
1	Total pages Schedule F1:					3	Filer ID
	Sch: 12/23 Rpt: 37/48	Noack, Jan	nes				
4	Date	5 Payee name					
	05/01/2015	MCMESA					
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Cod	e		
	\$100.00	10907 Wat	erview Circle				
		Montgome	y, TX 77356				
8	PURPOSE		· · · · · · · · · · · · · · · · · · ·	1,	b) December		
٥	OF		ee Categories listed at the top of this sonns/Donations Made By	nedule)	b) Description Check if travel	outside	e of Texas. Complete Schedule T.
ŀ	EXPENDITURE		Officeholder/Political Comm	nittee			fficeholder living expense
					Donation		
9	Complete ONLY if direct	Candidate/Off	iceholder name (	Office soug	ht		Office held
	expenditure to benefit C/OI	-1		_			
<b>=</b>	Date	Payee name					
	04/07/2015		y County Youth Services				
				· Zin Cad	•		···
	Amount (\$) \$1,500.00	Payee addre	ss;	; Zip Cod	e		
	Φ±,500.00	1000 Lake	LIGHT OH #T20				
		The Woodl	ands, TX 77380				
	PURPOSE	(a) Category (S	ee Categories listed at the top of this sch	nedule) (	b) Description		
	OF EXPENDITURE		ns/Donations Made By		<u></u>		of Texas. Complete Schedule T.
	<b></b>	Candidate/	Officeholder/Political Comm	ittee	Donation	1, TX, 0	fficeholder living expense
					Donation		
	Consulate ONI V if disease	Candidate/Off	iceholder name C	Office sough	h+		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		cenolicer name C	Jaice Sougi	IL.		Office field
_							
	Date	Payee name					
	02/10/2015	Morton's G	fille				
	Amount (\$)	Payee addre	ss; City; State	; Zip Cod	е		
	\$143.41	25 Waterwa	ay Ave				
		The Woodla	ands, TX 77380				
	PURPOSE	(a) Category /s	ee Categories listed at the top of this sch	(eluber	Description		
	OF		age Expense	iedule)		outside	of Texas. Complete Schedule T.
	EXPENDITURE	. 000000			Check if Austin	1, TX, 0	fficeholder living expense
					Political Lunc	ch	
	Complete ONLY if direct		ceholder name C	Office sough	nt		Office held
	expenditure to benefit C/OF	1					

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Onicenoide//Folitics	The Instruction Guide explains how to comp	-	this form.			
1	Total pages Schedule F1:			3 Filer ID			
	Sch: 13/23 Rpt: 38/48	Noack, James					
4	Date	5 Payee name					
	02/13/2015	Orwall					
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode				
ĺ	\$500.00	830 Pruitt Rd					
		Spring, TX 77380					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Candidate/Onicerolden/Fontical Committee		Sponsorship			
				,			
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held			
	expenditure to benefit C/OI	d					
	Date	Payee name					
	01/20/2015	Paperless Post					
	Amount (\$)	Payee address; City; State; Zip Co	ode				
	\$518.50	115 Broadway					
	ı						
	· · · · · · · · · · · · · · · · · · ·	New York, NY 10006					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	·			
	EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
	<del>!</del>			Fundraiser			
	!						
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held			
	expenditure to benefit C/OF	<del></del>					
	Date	Payee name					
	01/05/2015	Rudy's BBQ					
	Amount (\$)	Payee address; City; State; Zip Co	ode				
	\$151.55	20806 IH 45 North					
ĺ	!						
		Spring, TX 77373					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of 1 exas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense			
	!			Employee Breakfast			
			l				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held			
	expenditure to benefit C/OF	1					

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica		Legal Services The Instruction Guide	Salaries e explains how to com	Wages	s/Contract Labor	OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	1E			3	Filer ID	_
	Sch: 14/23 Rpt: 39/48	Noack, Ja	mes					
4	Date	5 Payee nam	e			•		_
İ	04/30/2015	Rudy's BE	Q					
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode		·	_
	\$125.57	20806 IH	45 North					
		Spring, TX	77373					
8	PURPOSE	(a) Category	See Categories listed at the	top of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Beve	erage Expense		l	<u> </u>	ide of Texas. Complete Schedule T.	
						Employee Reco	, officeholder living expense	
						Zinployee Reco	gindon	
9	Complete ONLY if direct	Candidate/O	fficeholder name	Office so	uaht		Office held	_
	expenditure to benefit C/OI	4			J			
F	Date	Payee nam	e					_
	02/17/2015	Ruth's Chi						
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode		···	
	\$220.36	107 W 6th	St					
		Austin, TX	78701					
	PURPOSE	(a) Category	See Categories listed at the	top of this schedule)	(b)	Description		_
	OF EXPENDITURE		erage Expense			<u> </u>	ide of Texas. Complete Schedule T.	
	Di Endirona					Check if Austin, TX Political Dinner	, officeholder living expense	
						r ontical Diffice		
-	Complete ONLY if direct	Candidate/O	ficeholder name	Office so	<u>l</u> uaht		Office held	_
	expenditure to benefit C/OI		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
F	Date	Payee nam	<u> </u>					_
	05/24/2015	_	le Campaign					
H	Amount (\$)	Payee addr		State; Zip C	ode			_
	\$500.00		gan Hollow Ln	, ,				
		,						
		Spring, TX	77386					
┝	PURPOSE		See Categories listed at the	ton of this schedule)	(b)	Description	•	
	OF EXPENDITURE		ons/Donations Mad			Check if travel outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate	/Officeholder/Politi	cal Committee			officeholder living expense	
						Donation		
$\vdash$	Complete ONLY if direct	Candidata/Of	ficeholder name	Office so	labt.		Office held	_
	expenditure to benefit C/O		nocholder Haithe	Onice Soc	1Atil		Office field	
$\vdash$								_
1								į

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica	al Comm	Legal Services  The Instruction Guide		-	s/Contract Labor this form.	OTHER (enter a category not listed al	oove)
1	Total pages Schedule F1:	2 F	ILER NAME			3	Filer ID	
	Sch: 15/23 Rpt: 40/48	N	loack, James					· - <u>· · · · · · · · · · · · · · · · · ·</u>
4	Date	1	ayee name					
	03/13/2015	s	Sam's Club Stores					
6	Amount (\$)	1	ayee address; City;	State; Zip C	ode			
	\$21.06	19	9091 Interstate 45 S					
L		С	Conroe, TX 77385					
8	PURPOSE OF		ategory (See Categories listed at the t	top of this schedule)	(b)	Description		
	EXPENDITURE	F	ood/Beverage Expense		Ì	<u> </u>	de of Texas. Complete Schedule T. officeholder living expense	
		-				Office Water & D		
		1						
9	Complete ONLY if direct expenditure to benefit C/O		ndidate/Officeholder name	Office so	ught	**************************************	Office held	
Г	Date	Р	ayee name					
	05/15/2015	1	am's Club Stores					
	Amount (\$)	P:	ayee address; City;	State; Zip Co	ode		<u>,                                    </u>	
İ	\$433.91	15	9091 Interstate 45 S					
	1	1						
	Ţ	C	Conroe, TX 77385					
	PURPOSE	(a) C	ategory (See Categories listed at the t	top of this schedule)	(b)			
	OF EXPENDITURE		ood/Beverage Expense			<u> </u>	de of Texas. Complete Schedule T.	
	<u> </u>	1				Office Water & D	officeholder living expense Drinks	
	!	1					THIC .	
$\vdash$	Complete ONLY if direct	Car	ndidate/Officeholder name	Office sou	Lught		Office held	
	expenditure to benefit C/Oł	Н			-			
	Date	Pi	ayee name					
	05/28/2015		am's Club Stores					
	Amount (\$)	Pi	ayee address; City;	State; Zip Co	ode	• •		
	\$59.90	15	9091 Interstate 45 S					
		1						
	ļ	C	Conroe, TX 77385					
	PURPOSE	(a) C:	ategory (See Categories listed at the t	top of this schedule)	(b)	Description		
	OF EXPENDITURE		ood/Beverage Expense			<b></b>	de of Texas. Complete Schedule T.	
						Advisory Council	officeholder living expense	
	!					Advisory Council	I	
<u> </u>	Complete ONLY if direct	Car	ndidate/Officeholder name	Office sou	<u>l</u> uaht		Office held	
	expenditure to benefit C/OF		Tallutto, Gringorio, G		*8***		o mos note.	
	<del></del>				—			•••
i								

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica	d Committee	Legal Services The Instruction Guide explo			s/Contract Labor this form.	OTHER (enter a category i	not listed above)
1	Total pages Schedule F1:	2 FILER NAM	1E				3 Filer ID	
	Sch: 16/23 Rpt: 41/48	Noack, Jar						
4	Date 05/18/2015	5 Payee name TWHS Bas	e ss Fishing Team					
6	Amount (\$) \$750.00		ess; City; anther Creek Drive llands, TX 77381	State; Zip Co	ode			
8	PURPOSE OF EXPENDITURE	Contributio Candidate/	See Categories listed at the top of ons/Donations Made By /Officeholder/Political C	y Committee		<u></u>	utside of Texas. Complete Sche TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office sou	ıght		Office held	
	Date	Payee name	e					,
İ	02/16/2015	Texas Fun	drunners					
	Amount (\$) \$216.00	Payee addre 11000 Mer Spring, TX	rit Oaks Dr	State; Zip Co				
	PURPOSE OF EXPENDITURE	Contributio	See Categories listed at the top of ons/Donations Made By /Officeholder/Political C	у		<b>=</b>	utside of Texas. Complete Sche TX, officeholder living expense )	edule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office sou	ıght		Office held	
	Date 04/29/2015	Payee name Texas Patr						
	Amount (\$) \$2,500.00	:	ess; City; dust Rd Suite 406 lands, TX 77380	State; Zip Co	)de			
	PURPOSE OF EXPENDITURE	Contributio	See Categories listed at the top of ons/Donations Made By /Officeholder/Political C	у		<u></u>	utside of Texas. Complete Sche TX, officeholder living expense	xdule T.
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ght		Office held	

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica	al Cor	mmittee Legal Services Sa  The Instruction Guide explains how to			s/Contract Labor OTHER (enter a category not listed above) this form.
1	Total pages Schedule F1:	2	FILER NAME		_	3 Filer ID
	Sch: 17/23 Rpt: 42/48		Noack, James			
4	Date	5	Payee name			
	04/01/2015		The Woodlands Kiwanis Charities			
6	Amount (\$)	7	Payee address; City; State; Z	ip Cod	le	
	\$500.00		P. O. Box 8841			
			The Woodlands, TX 77387			
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule	e) (	(b)	Description
	EXPENDITURE		Contributions/Donations Made By	_		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Candidate/Officeholder/Political Committe			Donation Donation
9	Complete ONLY if direct		Candidate/Officeholder name Offic	e soug	ht	Office held
	expenditure to benefit C/O	H				
Γ	Date	1	Payee name		_	
	01/14/2015		The Woodlands Republican Women			
	Amount (\$)		Payee address; City; State; Z	ip Cod	e	
	\$20.00		P. O. Box 7294			
			The Woodlands, TX 77387			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule	e) (	<b>b</b> )	Description
	EXPENDITURE		Event Expense			Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
						Political Lunch
┝	Complete ONLY if direct		Candidate/Officeholder name Offic	e soug	ht	Office held
	expenditure to benefit C/OI	Н		•		
-	Date		Payee name		_	
	02/11/2015		The Woodlands Republican Women			
Г	Amount (\$)		Payee address; City; State; Zi	ip Cod	e	
	\$60.00		P. O. Box 7294			
			The Woodlands, TX 77387			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule	e) (	b)	Description
	OF EXPENDITURE	ŀ	Event Expense			Check if travel outside of Texas. Complete Schedule T.
						Check if Austin, TX, officeholder living expense Political Lunch
						Folitical Euricit
_	Complete ONLY if direct		candidate/Officeholder name Office	e soug	h+	Office held
	expenditure to benefit C/O		ANGIGUE O THE OTHER	.c soug	. IL	Office field
_						
						·
l						

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salariae/Manes/Contract Labor

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 18/23 Rpt: 43/48	Noack, James
4	Date	5 Payee name
	03/05/2015	The Woodlands Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$700.00	P. O. Box 7294
		The Manufacture TV 27007
Ļ	NUNDOCE .	The Woodlands, TX 77387
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Donation
Ļ	O	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
$\vdash$	Date	
	03/11/2015	Payee name The Woodlands Republican Women
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	P. O. Box 7294
	I	
	l	The Woodlands, TX 77387
	PURPOSE	(a) Category (see Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	I	Political Luncheon
	I	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
<u> </u>	05/18/2015	The Woodlands Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	P. O. Box 7294
	,	The Woodlands, TX 77387
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Membership Membership
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Magnel/Contract Labor

Contributions/ Donations Made B Candidate/Officeholder/Politic	y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
4 Tatal was as Cabashila E1.	·
1 Total pages Schedule F1: Sch: 19/23 Rpt: 44/48	2 FILER NAME Noack, James 3 Filer ID
4 Date	5 Payee name
06/28/2015	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	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
02/25/2015	Top Florist
Amount (\$)	Payee address; City; State; Zip Code
\$102.83	25119 Grogans Mill Rd
	The Woodlands, TX 77380
PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Employee Family Death
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/02/2015	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Internet Access
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made ByCandidate/Officeholder/Political Committee

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica	al Committee 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: 20/23 Rpt: 45/48	2 FILER NAME Noack, James
ı	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Internet Access
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	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  Check if travel outside of Texas. Complete Schedule T.  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 H
	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
<del> </del>	PURPOSE	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Internet Service
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Politica	al Committee 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	Noack, James
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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Internet Access
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Internet Access
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H
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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Political Dinner
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Contributed Contributions (Contributions)

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

l	Candidate/Officeholder/Politica	
Ŀ	Treatment Orbital to Edu	The Instruction Guide explains how to complete this form.
ľ	Total pages Schedule F1: Sch: 22/23 Rpt: 47/48	1
Ļ		Noack, James
4	Date	5 Payee name
L	03/30/2015	Via Emilia Italian
6	Amount (\$)	7 Payee address; City, State; Zip Code
	\$44.89	10700 Kuykendahl Rd
L		The Woodlands, TX 77381
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Political Lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
	Date	Payee name
	01/16/2015	Via Emilia Italian
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.00	10700 Kuykendahl Rd
		The Woodlands, TX 77381
$\vdash$	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Political Lunch
<u> </u>	0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡		
	Date	Payee name
L	03/25/2015	Zulees
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.07	9595 Six Pines Dr
L		The Woodlands, TX 77380
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	,	Fundraising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Η-	<u>-</u>	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica	al Committee 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:	2 FILER NAME 3 Filer ID
	Sch: 23/23 Rpt: 48/48	Noack, James
4	Date	5 Payee name
	03/26/2015	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fundraising
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/26/2015	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fundraising
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/26/2015	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fundraisimg
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
		Version VI 0 27727

# STATEMENT OF

PAGE 1 / 5 =

FORM 1		ORG	ANIZA	ATIO	N				Office U	lse Only	
NAME OF COMMITTEE (in	full)	(Check if			ole:If typing, f	type	12FI	E4M5		• .	
TSVC, Inc.	Politic	al Action (	Comm	ittee	(Terrac	on P	AC)	<u>i 1 1</u>		111	<u> </u>
				1 1 1	1 1 1	1 1 1			1 1	1 1	1 1 1 1
ADDRESS (number a	nd street)	18001 West 106th	Street	1 1 1		1 1 1		1 1 1			
(Check if a	ddress	Suite 300	1   [	1 1 1	] [ ] [	[ ] [	<b>I</b> 1	! I I	1 1	1	
is changed	1)	Olathe CITY		1 1 1			KS L J STATE	] [	66061	ZIP C	DDE ▲
COMMITTEE'S E-MA	IL ADDRES	3S									
⟨Check if a is changed		slruhl@comer	rica.com		1 1 1 1	1   1		1 1	I		<u> </u>
		Optional Second	E-Mail Add	ress							
			········			F			<u>i l</u>	1 1 1	<u> </u>
COMMITTEE'S WEB  (Check if a is changed	ıddress	PRESS (URL)		] ] ]		1 1	<u> </u>		<u>i                                    </u>		
2. DATE 01	M" / D"   03	0 / y ((y (y (y () 2014	<b>y</b> 1								
3. FEC IDENTIFIC	ATION NU	MBER ►	<b>C</b> co	0457853	i again e						
4. IS THIS STATEM	IENT	NEW (N)	OR	×	AMENDE	) (A)					
I certify that I have e	xamined thi	s Statement and t	o the best	of my kno	owledge and	belief it i	s true, o	orrect a	and com	plete.	
Type or Print Name o	of Treasurer	Donald Vrana									
Signature of Treasure	r <i>Donale</i>	l Vrana		[E	lectronically Fi	iled]	Date	м м О1	/ D	o D	y y y 2014
NOTE: Submission of t		ous, or incomplete i							he pena	Ities of 2	J.S.C. §437g.
Office Use Only				Fe To	or further information (ederal Election (ederal Election (ederal Election (ederal Election (ederal Ederal E	Commissio -9530				C FOR	

FEC Form 1 (Revised 02/2009)	Page <b>2</b>
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 information below.)	n committee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an author	ized committee.
Name of Candidate	
Party Committee:  (National, State	(Democratic,
(d) This committee is a or subordinate) committee of the	Republican, etc.) Party.
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization	on on line 6.) Its connected organization is a
X Corporation Corporation w/o Capital S	tock 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 to committee. (i.e., nonconnected committee)	NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line	e 6.)
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, at least one of which is an authorized committee of a	
(h) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, none of which is an authorized committee of a federal	
Committees Participating in Joint Fundraiser	
. •	
2.	umber C
3. FEC ID no	
4.	umber <b>C</b>

FEC Form 1 (Revised	02/2009)	Page <b>3</b>
Write or Type Committee Nam		
TSVC, Inc. Pol	litical Action Committee (Terracon PAC)	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
TSVC, Inc.		
Mailing Address	18001 West 106th Street	
Ť	Suite 300	
	Olathe KS 66061	
	CITY STATE	ZIP CODE
Relationship: X Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
. Custodian of Records: Ide	entify by name, address (phone number optional) and position of the person in po	ossession of committee
Comerica	a Bank	
Full Name	PAC Services	<u> </u>
Mailing Address	PO Box 75000, MC 2250	<u> </u>
	Detroit	2250
		_
Title or Position	CITY STATE	ZIP CODE
Bookeeper	Telephone number 248 -	371 - 7269
<ol> <li>Treasurer: List the name ar any designated agent (e.g.,</li> </ol>	nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	ame and address of
Full Name Donald Vi	rana 	
Mailing Address	18001 W. 106th Street	
	Suite 300	
	Olathe KS   66061	
Title or Position EVP, CFO	CITY STATE  Telephone number 248 - [	ZIP CODE  371 7269
		l

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
Banks or Other Desafety deposit boxe Name of Bank, De	<b>depositories:</b> List all banks or other depositories in which the committee deposits funds, holds as or maintains funds.  Pository, etc.	accounts, rents
safety deposit boxe Name of Bank, Dep	es or maintains funds.	accounts, rents
safety deposit boxe Name of Bank, Dep	es or maintains funds.  pository, etc.  Comerica Bank	accounts, rents
safety deposit boxe Name of Bank, Dep	P.O. Box 75000  Detroit  MI  48275	z accounts, rents
safety deposit boxe Name of Bank, Dep	P.O. Box 75000  Detroit  CITY  STATE	
safety deposit boxe Name of Bank, Dep  Mailing Address	P.O. Box 75000  Detroit  CITY  STATE	
safety deposit boxe Name of Bank, Dep  Mailing Address  Name of Bank, Dep	P.O. Box 75000  Detroit  CITY  STATE  Pository, etc.	
safety deposit boxe Name of Bank, Dep  Mailing Address	P.O. Box 75000  Detroit  CITY  STATE  Pository, etc.	
safety deposit boxe Name of Bank, Dep  Mailing Address  Name of Bank, Dep	pository, etc.  Comerica Bank  P.O. Box 75000  Detroit  CITY  STATE  Pository, etc.	ZIP CODE

### FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F1A Transaction ID:

Change of Treasurer

Form/Schedule: Transaction ID:

PAGE 1 / 5 🛥

FEC FORM 1		ORG			-					Offi	ce Use	Only			•
NAME OF     COMMITTEE (in	r full)	(Check if		Exampl over the	e:If typin	g, type		12F	E4M!	1					
MCGUIRE		· ·	1 1 1 1	1 1 1		1 ]	1		<u> </u>	1 1	<u>i I</u>	1 1	<u>i I</u>	[ ]	
ADDRESS (number a	nd street)	ONE JAMES CEN	ITER	1 1 1		1 1	1 1		1 1	1 1	1 1	1 1		1	_   
(Check if a is changed	address	901 E. CARY STE	REET				<u></u>	VA L STATI		2321	9	III -	ODE		_ _ _ _
COMMITTEE'S E-MA	AIL ADDRES	SS													
(Check if a is changed		fdonatelli@mv	vcllc.com		<u> </u>		L.L.	<u> </u>		1	_11_				_]
		Optional Second Idlodge@mw		ress	<u>                                     </u>	1 1	<u>1 I </u>	<u> </u>	1 1	1	1 1	!	1	1 [	_
COMMITTEE'S WEB  (Check if a is changed	address	PRESS (URL)	1 1 1	111	<u> </u>	_ll	<u>                                     </u>	<u> </u>	1.1.		<u> </u>		1		
2. DATE 0		2014		1 ! !	1 1 1			1 1			<u> </u>	1 1	<u> </u>	<u> </u>	
3. FEC IDENTIFIC	CATION NU	MBER ▶	$\sim$	0225342	natur e da t										
4. IS THIS STATEM	MENT X	NEW (N)	OR	t v V	AMENE	DED (A)	)								
I certify that I have a		s Statement and to		of my knov	vledge aı	nd belie	of it is	true,	correc	t and	comple	∋te.			
Signature of Treasure	er Frank	J. Donatelli		[Ele	ectronicall	y Filed]	Da	ate	м Об	M /	р г 09	) + <i>I</i>	ү ү 20		, ·
NOTE: Submission of		ous, or incomplete i									enaltie	s of 2	U.S.C.	§437(	Ţ.
Office Use Only				Fed Toll	further in eral Election Free 800- al 202-694	on Comm 424-9530	nission	act:		F		FOF sed 06/			

FEC Fo	orm 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF C	COMMITTEE	
Candidate	e 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. (Compinformation below.)	lete the candidate
Name of Candidate		
Candidate Party Affiliati	Office ion Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee:	
(d)	(National, State	Democratic, epublican, etc.) Party.
Political A	action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 seg committee. (i.e., nonconnected committee)	regated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	Iraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number C	ang ang ang sang pangkaban Manggaran
2.	FEC ID number C	general de la companya de la companya de la companya de la companya de la companya de la companya de la company Mangana de la companya de la companya de la companya de la companya de la companya de la companya de la companya
3.		

FEC ID number C

FEC Form 1 (Revis	ed 02/2009)	Page 3
Write or Type Committee N		
MCGUIREW	OODS LLP	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Represen	ntative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY	TATE ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Rep	presentative Leadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of	of the person in possession of committee
. 1	na Vanover	ı
Full Name	,One James Center	
Mailing Address	901 E. Cary Street	<u> </u>
		/A , ,23219 , ,
	Richmond	
Title or Position	CITY STA	ATE ZIP CODE
Custodian of Records	Telephone number	804 - 775 - 1921
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the comg., assistant treasurer).	nmittee; and the name and address of
r all realise	J. Donatelli	
of Treasurer	j2001 K Street N.W.	
Mailing Address		1
		DC I
	CITY STA	
Title or Position Treasurer	Telephone number	202 - 857 - 2914

FEC Form 1 (F	Revised 02/2009)	Page <b>4</b>
Full Name of Designated Harr Agent L	rison Kaplan	
Mailing Address	Two Hanover Square	1   1   1   1   1
	434 Fayetteville St., Suite 2140	111111
	Raleigh CITY STATE	27601 
Title or Position Assistant Treasurer	1   Telephone number   919	_ 836 4001
Banks or Other Depo	ositories: List all banks or other depositories in which the committee deposits fund	s, holds accounts, rents
safety deposit boxes of	or maintains funds.	
safety deposit boxes of Name of Bank, Depos	or maintains funds.	
safety deposit boxes of Name of Bank, Depos	or maintains funds.	, , , , , , , , , , , ,
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc.	<u>.                                     </u>
safety deposit boxes of Name of Bank, Depos	or maintains funds.  itory, etc.  itory Fargo  I 1021 East Cary Street	
safety deposit boxes of Name of Bank, Depos	er maintains funds.  Sitory, etc.  SIIS Fargo  1021 East Cary Street  2 James Center	23219
safety deposit boxes of Name of Bank, Depos	ells Fargo  1021 East Cary Street  2 James Center	23219
safety deposit boxes of Name of Bank, Depos	ells Fargo  1021 East Cary Street  2 James Center Richmond CITY  STATE	
Safety deposit boxes of Name of Bank, Deposition Mailing Address  Name of Bank, Deposition Name	ells Fargo  1021 East Cary Street  2 James Center  Richmond  CITY  STATE	
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	ells Fargo  1021 East Cary Street  2 James Center  Richmond  CITY  STATE	ZIP CODE
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	ells Fargo  1021 East Cary Street  2 James Center  Richmond  CITY  STATE	ZIP CODE
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	or maintains funds.  Sitory, etc.  SIIS Fargo  1021 East Cary Street  2 James Center  Richmond  CITY  STATE  STATE	ZIP CODE

### FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 16 (Revised 0	06/2011)		Page 5
Banks or Other Depositories: safety deposit boxes or maintal Name of Bank, Depository, etc.	ns funds.	•	lds accounts, rents . ADDITIONAL ]
Mailing Address			
		<u> </u>	
	<u>L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	با ليا ل	لــــا-لــــا
	CITY 🗖	STATE 4	ZIP CODE 🛕
Name of Any Connected Orga	anization, Affiliated Committee, Joint Fundraising R	Representative, or Leader	[ ADDITIONAL ] ship PAC Sponsor
Mailing Address			
		با ليا ك	لــــا-لــــا
Relationship:	CITY <b>≜</b>	STATE 🏝	ZIP CODE 📥
Connected Organization	Affiliated Committee Joint Fundraising R	epresentative Leade	ership PAC Sponsor
Designated Agent		<u> </u>	[ ADDITIONAL ]
Pamela Mo Fuil Name	oore		
Mailing Address	One James Center		
	901 E. Cary Street		
	Richmond	VA 23	3219 –
Title or Position ₩	CITY 🐴	STATE#	ZIP CODE
Assistant Treasurer		hone number 804	<u> </u>
Joint Fundraiser Participant			[ ADDITIONAL ]
	F	FEC ID number	