CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | de exploine hourte complete this form | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
|--|---|---------------------------------------|---|
| The C/OH Instruction Guid | de explains now to complete this form. | | 41 |
| 3 CANDIDATE/ | MS / MRS / MR FIRST | М | OFFICE USE ONLY |
| OFFICEHOLDER NAME | Mr. Kennoth | p . | Date Meditled LEC//Ou |
| • | NICKNAME LAST | SUFFIX | CONTESTION |
| | 1/ 1. | | L'ARILLIVED E |
| | HOUDEN_ | | |
| - | ADDRESS / PO BOX; APT / SUITE #; C | STATE; ZIP CODE | हि _{स्टि} р २ २ २०१६ है। |
| OFFICEHOLDER MAILING | | | IN INTO 8 |
| ADDRESS | | | FEB 2 2 2016 WSTRAID OF |
| Change of Address | 1.1). 190x 5,19 Splundo AREA CODE PHONE NUMBER | Sa, Tx 7737d EXTENSION | July ages |
| OFFICE LICE DED | (423) | EXTENDION | Date Hand-delivered or Date Postmarked |
| PHONE | (83d) 435-2753 | | 10000 |
| 6 CAMPAIGN | MS / MRS / MR FIRST | MI | Receipt # Amount \$ |
| TREASURER NAME | MS. Jestu. | | Date Processed |
| | NICKNAME LAST | SUFFIX | Date Imaged |
| | Huden | | Date inaged |
| 7 OAMI AIGH | STREET ADDRESS (NO PO BOX PLEASE); APT / SL | JITE #; CITY; STATE; | ZIP CODE |
| TREASURER ADDRESS | | | |
| (Residence or Business) | | | |
| ` | 102 Cochera Ad 1 | 10,20/and T+ 77 | 348 |
| 7 | AREA CODE PHONE NUMBER | EXTENSION | 740 |
| D CAMINATON | (381) 797-2699 | | |
| PHONE | (4011 171 AMI) | | |
| | | | |
| | | | 1 |
| 9 REPORT TYPE | January 15 30th day before e | lection Runoff | 15th day after campaign treasurer appointment |
| | _ | | (Officeholder Only) |
| [| July 15 Sth day before ele | ection Exceeded \$500 limit | Final Report (Attach C/OH - FR) |
| | | Month | Day Year |
| 10 PERIOD COVERED | Month Day Year | . 7 | , , |
| | 01 /22/16 | THROUGH () () | 20/16 |
| 11 ELECTION | ELECTION DATE | ELECTION TYPE | |
| | Month Day Year Primary | Runoff Other Description | |
| | 03/01/10 General | Special | |
| | W/ 01/10 - | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if know | n) |
| | | | |
| | A | | |
| | Constable Pet. 4 | | |
| | GO ТО | PAGE 2 | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 NOTICE FROM POLITICAL COMMITTEE NAME THIS BOX BY FOR MOTICE OF POLITICAL COMMITTEES TO SUPPORT THE ORDERS OF POLITICAL COMMITTEE NAME COMMITTEE TYPE COMMITTEE TYPE COMMITTEE TYPE COMMITTEE NAME SPECIFIC TO CONTRIBUTION 1. TOTAL POLITICAL CONTRIBUTIONS COMMITTEE CAMPAGES THE ADDRESS TOTAL POLITICAL CONTRIBUTIONS 2. TOTAL POLITICAL CONTRIBUTIONS COMMITTEE SUPPORT OF REPORTING SO FEED OR LESS, COMMITTEE NAME 2. TOTAL POLITICAL CONTRIBUTIONS COMMITTEE SUPPORT OR GRAPAMITEES OF LOANS, UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS COMMITTEE TO SUPPORT OR GRAPAMITEES OF LOANS 3. TOTAL POLITICAL EXPENDITURES OF SIGN OR LESS, COMMITTEE TOTALS 4. TOTAL POLITICAL EXPENDITURES CONTRIBUTION BLANCE CONTRIBUTION BLANCE CONTRIBUTION S. TOTAL POLITICAL EXPENDITURES CONTRIBUTION BLANCE CONTRIBUTION S. TOTAL POLITICAL EXPENDITURES S. TOTAL POLITICAL EXPENDITURES CONTRIBUTION BLANCE CONTRIBUTION S. TOTAL POLITICAL EXPENDITURES S. TOTAL POLITICAL EXPENDITURES CONTRIBUTION BLANCE CONTRIBUTION S. TOTAL POLITICAL EXPENDITURES S. TOTAL POLITICAL EXPENDITURES CONTRIBUTION BLANCE CONTRIBUTION S. TOTAL POLITICAL EXPENDITURES S. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF REPORTING PETHOD CONTRIBUTION SIGNALIFY OF THE REPORTING PETHOD APPLY NOTARY STAMP/SEALABOVE SWORN TO SAND SUBJECT SAND STAMP SEALABOVE SIGNALIFE OF Officer administering cash Printed name of officer administering oath The of fifteer administering cash | | | |
|---|-------------------------|--|-----------------------------------|
| POLITICAL COMMITTEE(S) SOURCE DEPOSITORS COMMITTEE TYPE COMMITTEE TYPE COMMITTEE TYPE COMMITTEE TYPE COMMITTEE TYPE COMMITTEE ADDRESS Addronal Pages | 14 C/OH NAME | | r ID (Ethics Commission Filers) |
| Additional Pages Additional P | POLITICAL | SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOR | THE CANDIDATE'S OR OFFICEHOLDER'S |
| Additional Pages COMMITTEE CAMPAIGN TREASURER NAME LLKP | | GENERAL CITIZEN GILDES PAC COMMITTEE ADDRESS | |
| 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL POLITICAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 18 AFFIDAVIT Iswear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. MY COMMISSION Explores Jonuary 31, 2017 Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEALABOVE Sworn to and subscribed before me, by the said Kenneth Haydon this the 22 Md day of February, 20 to certify which, witness my hand and seal of office. Richard Bourtoso Worldwick State of Texas Ray and State | Additional Pages | LUKE MCAIDIO | 7.34 |
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 18 AFFIDAVIT I swear, or affirm, under penalty of perjuny, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Notary Public, State of Texas My Commission Expires January 31, 2017 Signature of Candidate or Officeholder AFFIX NOTARY STAMP/SEAL ABOVE Sworm to and subscribed before me, by the said Kenneth Hayden, this the 22 nd day of February, 20 16, to certify which, witness my hand and seal of office. Richard Bastoso Molary Rublic State of Texas Margary State of Texas Margary State of Texas Margary State of Texas Margary State of State of Texas Margary State of Texas Margary State of Texas Margary State of Texas Margary State of Texas Margary State of State of Texas Margary State | • • | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN | \$ |
| TOTALS 3. IONLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES \$ 9,73,48 CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 18 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Notary Public State of Texas January 31, 2017 Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEALABOVE Sworn to and subscribed before me, by the said Kenneth Laydon, this the 22 rd day of Tebruary, 20 to certify which, witness my hand and seal of office. Richard Barroso Worlday State of Texas Richard Barroso Worlday Public State of Texas All Agrantic State of Texas A | TOTALS | 2. TOTAL POLITICAL CONTRIBUTIONS | 0.00 |
| CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 18 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. AFFIX NOTARY STAMP/SEALABOVE Sworn to and subscribed before me, by the said day of February 20 16, to certify which, witness my hand and seal of office. Richard Barroso Wolary Public State of Texas This the 22 nd Richard Barroso Wolary Public State of Texas | | | \$ 0.00 |
| OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 18 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. AFFIX NOTARY STAMP/SEALABOVE Sworn to and subscribed before me, by the said | | 4. TOTAL POLITICAL EXPENDITURES | \$ 9,173.48 |
| 18 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. AFFIX NOTARY STAMP/SEALABOVE Sworn to and subscribed before me, by the said | | | \$ 130, 10103.98 |
| I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Notary Public, State of Texas My Commission Expires January 31, 2017 Signature of Candidate or Officeholder AFFIX NOTARY STAMP/SEALABOVE Sworn to and subscribed before me, by the said | | | \$ 0,00 |
| Sworn to and subscribed before me, by the said <u>Kenneth Haydon</u> , this the <u>22nd</u> day of <u>February</u> , 20 <u>lo</u> , to certify which, witness my hand and seal of office. Richard Barroso Wofary Public Street Text | RICH/ Notary My C | true and correct and includes all information under Title 15, Election Code. Public, State of Texas Commission Expires anuary 31, 2017 | on required to be reported by me |
| Richard Barroso Wotary Public State of Tex | Sworn to and subso | cribed before me, by the said Kenneth Hayden | _, this the _ 22 <u>nd</u> |
| <u> </u> | 1101 | 2 Richard Barroso No | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| 14 C/OH NAME | innoth A. Hawan | r ID (Ethics Commission Filers) | | |
|---------------------------------------|--|--|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | |
| | COMMITTEE TYPE COMMITTEE NAME | | | |
| | GENERAL MONTADMISS COUNTY TRA POSTY | PAC | | |
| | SPECIFIC | | | |
| | GOMMITTEE CAMPAIGN THEASURER NAME | mery, TX 773160 | | |
| Additional Pages | COMMITTEE CAMPAIGN TREASURES ADDRESS | | | |
| | 9002 Navigation Cir. Montgomery, | TV 773/10 | | |
| 17 CONTRIBUTION TOTALS | TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | | |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ | | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | | |
| 18 AFFIDAVIT | | | | |
| Notary My C | I swear, or affirm, under penalty of perjury, true and correct and includes all information under Title 15, Election Code. Public, State of Texas ommission Expires nuary 31, 2017 Signature of Candidate of Candid | n required to be reported by me | | |
| AFFIX NOTARY STAM | | | | |
| | ribed before me, by the said <u>Kenneth Hayden</u> 1, 20 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | , this the 22 nd | | |
| D'URD IN ALLICOLOGIA | | | | |
| | Kichard Barroso Notar | ytublic State of lexas | | |
| Signature of officer a | dministering oath Printed name of officer administering oath Titl | e ^r of officer administering oath | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | 19 FILER NAME 20 Filer ID (Ethics Commission Filers) KUNNITH A. MALINUM | | | | | |
|-----|---|------------------|--------------------|--|--|--|
| 21 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT | | | |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$63,755,00 | | | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 0.00 | | | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ 0.00 | | | |
| 4. | SCHEDULE E: LOANS | | * p,00 | | | |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON | NTRIBUTIONS | \$9,173,48 | | | |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | * D.OD | | | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C | CONTRIBUTIONS | * 0,00 | | | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | * 0,00 | | | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN | DS | * 0.00 | | | |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A | BUSINESS OF C/OH | * 0,00 | | | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO | NTRIBUTIONS | \$ 0.00 | | | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER | ONS | \$ 0.00 | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#:_____ Date Amount of contribution (\$) Nichad Hall. Contributor address; City; State; Zip Code # 35.00 Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) #525.00 Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) או יעדו א Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Mary Vickery. # 160.00 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) # 1100.00 Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) S-Star DISTRUCTION STVS. Contributor address; City; State; Zip Code # KDD.00 Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Allen Knoden. City; State; Zip Code # 4D, <u>DD</u> Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) ALSDA.00 Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Tinothy Knox. #1100.00 Date out-of-state PAC (ID#:_ Amount of contribution (\$) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 3 11 11p 1984 (1981 6. See Instructions) 9 Employer (See Instructions) Date Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Kunneth Wetzel. # 250,00 Date Amount of contribution (\$) ut-of-state PAC (ID#:_ Contributor address; City; State; Zip Code ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Full name of contributor Date Amount of contribution (\$) \$ KD:00 Full name of contributor ut-of-state PAC (ID#:__ Date Amount of contribution (\$) JOSEPH POPOWITZ. \$ 50.00 Date ut-of-state PAC (ID#:_ Amount of contribution (\$) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Contributor address: City; State; Zip Code \$10,00 Date out-of-state PAC (ID#:_ Amount of contribution (\$) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) JOSP AMSTUTZ Date out-of-state PAC (ID#: Amount of contribution (\$) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$ 1500.00 Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Mark Peterson. Date Amount of contribution (\$) out-of-state PAC (ID#:_ ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Larry Trout City; State; Zip Code #250.00 Full name of contributor Date Amount of contribution (\$) ut-of-state PAC (ID#:_ Jeremy Steap. ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) # 250.00 Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Eller Whiterer. Contributor address; City; State; Zip Code # 100.00 Date ut-of-state PAC (ID#:_ Amount of contribution (\$) Cry Taylor. # 250.00 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

| MONETARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|--|---------------------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME KUNNETH R. HALDEN | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5 Full name of contributor | 7 Amount of contribution (\$) |
| 6 Contributor address; City; State; Zip Code | |
| 2.11.16 800 Victoria Ln. Houston, Tx 77022 | \$ d50.00 |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru | octions) |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code | • |
| 2.11.16 10243 Metropome Dr. Houston Tx 77043 | #350.00 |
| Principal occupation / Job title (See Instructions) Employer (See Instru | ctions) |
| Date Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) |
| 2.11.110 22440 Fortheree Dr. Porter Tx 77365. | #100.00 |
| Principal occupation / Job title (See Instructions) / Employer (See Instru | ctions) |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code | • |
| 2.11.16 PO DON 212 Splendoro, Tx 77372 | # _{100.00} |
| Principal occupation / Job title (See Instructions) Employer (See Instru | ctions) |
| | |
| | |
| | |
| | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Alkno.DO Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Therlyn Look. #1500.00 Date Amount of contribution (\$) ut-of-state PAC (ID#:___ W. G. Womalk. . Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) Jess Fields. #250.00 Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) #250,00 Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) \$500.00 Date Amount of contribution (\$) ut-of-state PAC (ID#:_ ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Full name of contributor Date Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Debbie Filcher... \$50,00 Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) out-of-state PAC (ID#:____ Date Amount of contribution (\$) Olorge Waddow City; State; Zip Code ASAD.OD Date Amount of contribution (\$) ut-of-state PAC (ID#:_ 9500,00 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Éthics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) ut-of-state PAC (ID#:__ Date Amount of contribution (\$) # 1500.00 Date out-of-state PAC (ID#:__ Amount of contribution (\$) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) ut-of-state PAC (ID#:___ Date Amount of contribution (\$) PUKIS Point & Body Shop Contributor address; Zip Code Date Amount of contribution (\$) Jin Clark Campagn. Contributor address; Zip Code ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 7 Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Contributor address; Alar San Bon, LLP. # 250.00 Full name of contributor ut-of-state PAC (ID#:___ Date Amount of contribution (\$) 4500.00 Date ut-of-state PAC (ID#:_ Amount of contribution (\$) Sergio Sanchez ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) \$ 45,71 Full name of contributor out-of-state PAC (ID#; Date Amount of contribution (\$) #250.00 out-of-state PAC (ID#; Date Amount of contribution (\$) Date Amount of contribution (\$) ut-of-state PAC (ID#:_ ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) # 1930,00 Date Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_____ Date Amount of contribution (\$) Jason Wigghot . Date Amount of contribution (\$) out-of-state PAC (ID#:____ ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) * 1325.00 Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 7 Amount of contribution (\$) \$ 33 25.00 Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) City; State; Zip Code Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Drad Stuckey ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) bloria Eason City; State; Zip Code Date Amount of contribution (\$) out-of-state PAC (ID#: ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) # 25.00 Full name of contributor ut-of-state PAC (ID#: Date Amount of contribution (\$) # 25.00 Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Sontributor address; City; State; Zip Code Date out-of-state PAC (ID#:__ Amount of contribution (\$) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) #50.00 Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) *25.00 Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) Paul Lobye Contributor address; \$ 25.00 Date Amount of contribution (\$) ut-of-state PAC (ID#:_ ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 7 Amount of contribution (\$) Full name of contributor upt-of-state PAC (ID#:_ Date Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) \$250.00 Date out-of-state PAC (ID#:____ Amount of contribution (\$) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Alice Freeman. Contributor address; Date out-of-state PAC (ID#:_ Amount of contribution (\$) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) out-of-state PAC (ID#:__ Date Amount of contribution (\$) \$50.00 Date Amount of contribution (\$) ut-of-state PAC (ID#:__ ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 7 Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) out-of-state PAC (ID#:__ Date Amount of contribution (\$) Date Amount of contribution (\$) out-of-state PAC (ID#:_ ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) Mask Williams. 6 Contributor address; City; State; Zip Code Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#:___ Date Amount of contribution (\$) Connie Egy. .. City; State; Zip Code #175.00 Date Amount of contribution (\$) ut-of-state PAC (ID#:_ Cast 5 mith. occupation / Job title (See Instructions) STICK 3371, (10) Pland, Tx 77337 Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

| Credit Card Payment | The Instruction Guide explains how to complete t | • | | | |
|---|--|---|--|--|--|
| 1 Total pages Schedule F1: | : 2 FILER NAME KIPMPLA A. HOLDON | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date /- 1/0 | 5 Payee name 11 / 11/15+ 5 moke he | กเลย | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| # 2750.00 | 20420 LOOD 494, Now Can | ly Ta 77157 | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) (b) Det | scription Check if travel outside of Texas. Complete Schedule T. | | | |
| PURPOSE OF | | Check if Austin, TX, officeholder living expense | | | |
| EXPENDITURE | | 1 | | | |
| | Fundroising expense C | aterina | | | |
| 9 Complete ONLY if direct expenditure to benefit C/O | | ce sought | | | |
| Date | Payee name | | | | |
| 1-25-510 | Splendora Project Grad | duation | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$ 600.00 | 23747 FM 2090, Splendorg | Tx 77372 | | | |
| , | Category (See Categories listed at the top of this schedule) Des | cription Check if travel outside of Texas, Complete Schedule T. | | | |
| PURPOSE OF | | Check if Austin, TX, officeholder living expense | | | |
| EXPENDITURE | landi hi Nipa lala Markina | dondina | | | |
| Complete ONLY if direct expenditure to benefit C/O | E. | ee sought Office held | | | |
| Date | Payee name | | | | |
| 1-25-110 | New Paner Project Ba | aduation | | | |
| Amount (\$) | Payee address; City, State; Zip Code | | | | |
| \$ 600.00 | 21650 TX LOOP 494, New Car | 184 Tr 77357 | | | |
| ` | Category (See Categories listed at the top of this schedule) Des | cription | | | |
| PURPOSE OF | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| EXPENDITURE | | 1-2-1-0 | | | |
| | Candidate / Officeholder name Office | ce sought Office held | | | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 6 Amount (\$) 7 Payee address: 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Candidate/Officeholder/Politic Credit Card Payment | al Committee | Legal Services | s | Salaries/W | /ages/Contract Labor | Other (e | nter a category not listed above) | |
|--|--------------|-----------------|-----------------------------|---------------|----------------------|--------------------|--|--|
| Orean Card Tayment | | The Instru- | ction Guide expla | ains how to c | omplete this form. | | | |
| 1 Total pages Schedule F1: | 2 FILER NA | ME KU | nneyh k | 1. Ha | iden | 3 Filer | ID (Ethics Commission Filers) | |
| 4 Date 2 - 4 - 10 | 5 Payeena | ime AJ | -0 T | , , , , , | <i>P</i> . • | | | |
| 6 Amount (\$) | 7 Payee ad | ldress; | City; State; | Zip Code | | | | |
| # 1010.110 | 500 | <u>W), _</u> | Southlin | e Id. | Clevela | nd, Tx | 77327 | |
| 8 | (a) Category | (See Categories | s listed at the top of this | s schedule) | (b) Description | ·-! 4-1:147 | - On-other Date date T | |
| PURPOSE OF | | | | | | | s. Complete Schedule T. holder living expense | |
| EXPENDITURE | | | | | Glieck if A | usun, IA, omce | noider living expense | |
| | Fei | 95 | . <u></u> . | | minutes f | or ean | paign phone | |
| 9 Complete ONLY if direct expenditure to benefit C/OI | | ate / Officeho | older name | | Office sought | | Office held | |
| Date | Payee na | me | | | | | | |
| 2-4-16 | 6, | 45 A | | | | | | |
| Amount (\$) | Payee ad | dress; | City; State; | Zip Code | | | | |
| #300.00 | DO B | ON 2 | 133, 51 | Jendo | 10, Ta 7 | 7372 | | |
| | Category | (See Categories | s listed at the top of this | s schedule) | Description | | | |
| PURPOSE | | | | | | | . Complete Schedule T. | |
| OF EXPENDITURE | | | | | Check if Au | istin, TX, afficeh | older living expense | |
| | contri | <u>butio</u> | o Idonati | 1011 | | 1505 | | |
| Complete ONLY if direct expenditure to benefit C/OF | | ate / Officeho | ilder näme | | Office sought | | Office held | |
| Date | Payee na | ıme | | 40 | | | | |
| 2-9-510 | 100 | 505V1 | Live RE | Dubli | raps of | TPXO | 5. | |
| Amount (\$) | Payee ad | dress; | City; State; | Zip Code | | - 4 ,00 | | |
| #1250.00 | 10500 | North | 11)PSY FT. | (PP 11)011 | Sto, did, | Houst | DD. TX 7709d | |
| | Category | (See Categories | s listed at the top of this | s schedule) | Description | , - | | |
| PURPOSE | | | | | | | . Complete Schedule T. | |
| OF EXPENDITURE | | | | | Check if Au | stin, TX, officeh | older living expense | |
| | Adver | HISING | PAPER | 50 | Dog | toge. | | |
| Complete ONLY if direct Candidate / Office folder name Office sought - Office held expenditure to benefit C/OH | | | | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Credit Card Payment The Instruction Guide explains how to complete this form. | | | | |
|--|--|----------------------------------|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME KINNEYN R. HOUN | l ₁₀ n | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Payee name | • | | |
| 2-9-16 | MCLEA PAC | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| #1350.00 | PO Box 8793, Woodlands | Tr 7738 | 37 | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF | | | tside of Texas. Complete Schedule T. TX, officeholder living expense | |
| EXPENDITURE | | Oneck it Absum, | TX, Unicertained wasting expense | |
| | Advertising PROPERSP | Nostna | \mathscr{E} . | |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office held | |
| Date | Payee name | | | |
| 2-9-16 | New Coney Shring | Club | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| £35.00 | 22997 Willowick, Dew | langy Tx | 77.357 | |
| | Category (See Categories listed at the fop of this schedule) | Description Check if travel outs | side of Texas. Complete Schedule T. | |
| PURPOSE OF | | | TX, officeholder living expense | |
| EXPENDITURE | | _ | 1 7. | |
| | J-985 | <u>Mem</u> | bership | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | / Office held | |
| Date | Payee name | | | |
| 2-11-110 | Margari tas | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| A3810.98 | 1027 N. Loop 336 W., (| 1 DOLDA, TX | 77301 | |
| | Category (See Categories listed at the top of this schedule) | Description Check if travel outs | ide of Texas. Complete Schedule T. | |
| PURPOSE OF | | | TX, officeholder living expense | |
| EXPENDITURE | , , , , , , , , , , , , , , , , , , , | | | |
| | FOOD/ Meverage expense | Pollworker | meeting | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name * | Office sought | ✓ Office held | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; State; Zip Code (b) Description 8 Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Check if travel outside of Texas. Complete Schedule T. **PURPOSE EXPENDITURE** Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Check if travel outside of Texas. Complete Schedule T. PURPOSE if Austin, TX, officeholder living expense **EXPENDITURE** Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code City; State; listed at the top of this schedule) Déscription Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED