JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commission 00080150	on Filers)	2 Total pages	filed: 82
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
OFFICEHOLDER	Mrs.	Katherine E.			OFFICE	USE UNL I
NAME					Date Received	
					ELECTRONIC	CALLY FILED
	NICKNAME	LAST		SUFFIX	01/15/2016	
		Shipman Bihn	n			
		-				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; A	PT / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered	or Date Postmarked
MAILING	204 W. Davis St.					
ADDRESS					Receipt #	Amount
Change of Address	Conroe, TX 77301					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER	Mr.	Robert				
NAME		Robert				
	NICKNAME	LAST			SUFFIX	
		Markowitz				
6 CAMPAIGN	STREET ADDRESS (NO F	PO BOX PLEASE);	APT /	SUITE #; CITY;	ST	ATE; ZIP CODE
TREASURER	18735 W. Cool Breeze					
ADDRESS	10/00 11.0001 Breeze					
(Residence or Business)						
	Montgomery, TX 77356					
7 CAMPAIGN	AREA CODE PH	ONE NUMBER	EXTENSION			
TREASURER PHONE	(936) 582-1945					
8 REPORT						
TYPE	X January 15	30th day before	e election R	unoff		ampaign treasurer
					appointment (of	
	July 15	8th day before	election E	xceeded \$500 limit	Final Report (At	tach C/OH-FR)
9 PERIOD	Month Day Yea	r		Month Day	Year	
COVERED	07/01/2015	TH	IROUGH	12/31/201	5	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	r XP	rimary		Other	
	03/01/2016		initial y			
	00/01/2010		General	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	None			District Judge Di		
				District Judge Di		
		601	O PAGE 2			
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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 82

13 C / OH NAME	Shipman Bihm, Kathe	erine E. (Mrs.)	14 Filer ID 00080150	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expenditu These expenditures may have been made without a officeholders are required to report this information	the candidate's or office	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$	3,938.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$	66,882.25
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS	ITEMIZED	\$	1,158.58
	4. TOTAL POLIT	CAL EXPENDITURES		\$	27,742.09
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	31,115.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFADAVIT		l swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		Mrs. Kathe	erine E. Shipman Bi	hm	
			Candidate or Officeho		
AFFIX NO	TARY STAMP / SEAL ABO	DVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		day
		rtify which, witness my hand and seal of office.			
	cer administering oath	Printed name of officer administering oath	Title of office		
-orms provided by Te	exas Ethics Commission	www.ethics.state.tx.us		Versi	on V1.0.34225

FORM JC/OH **COVER SHEET PG 3**

\$

\$

					3 of 82
		(Ethics Comr	nission Filers)		
S	nıpman	Bihm, Katherine E. (Mrs.)	00080150		
20 S	CHEDUL	E SUBTOTALS		CURTO	
N	AME OF	SCHEDULE		SUBIO	TAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	51,938.25
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	14,944.00
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	19,888.03
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION		\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	3,626.81
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	4,227.25
10).	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	

SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

SUBTOTALS - JC/OH

11.

12.

TO FILER

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 1/35 Rpt: 4/82 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Shipman Bihm, Katherine E. (Mrs.) 00080150 Date Amount of Contribution (\$) 4 5 Full name of contributor out-of-state PAC (ID#: 7 11/04/2015 ALEXANDER & OVERSTREET, PLLC \$1,000.00 6 Contributor address; City; State; Zip Code Conroe, TX 77301 Contributor's Principal Occupation 9 Contributor's Job Title 8 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID# 11/06/2015 ALEXANDER & OVERSTREET, PLLC \$500.25 Contributor address; City; State; Zip Code Conroe, TX 77301 Contributor's Principal Occupation Contributor's Job Title Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/04/2015 BAILEY, DARIN \$125.00 Contributor address; City; State; Zip Code Conroe, TX 77304 Contributor's Principal Occupation Contributor's Job Title CLERK Contributor's employer/law firm Law firm of contributor's spouse (if any) MONTGOMERY COUNTY If contributor is a child, law firm of parent(s) (if any)

The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 2/35 Rpt: 5/82
2 FILER NAME Shipman Bih	n, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/04/2015	/2015 5 Full name of contributor out-of-state PAC (ID#:) BAKER, PHILIP		7 Amount of Contribution (\$) \$510.00
	6 Contributor address; City; State; Zip Code		
	MAGNOLIA, TX 77354		
8 Contributor's P SELF-EMPL	rincipal Occupation DYED	9 Contributor's Job Title	
10 Contributor's e SELF-EMPL0		11 Law firm of contributor's sp	ouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		
Date 11/04/2015			Amount of Contribution (\$) \$260.00
Contributor's P	Conroe, TX 77301 rincipal Occupation	Contributor's Job Title	
ATTORNEY			
SELF-EMPL	mployer/law firm DYED	Law firm of contributor's sp	iouse (ii any)
If contributor is	a child, law firm of parent(s) (if any)		
Date 10/16/2015	Full name of contributor out-of-state PAC (ID#:_ BARKER, ROBBIE Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$500.00
	Conroe, TX 77301		
Contributor's P ATTORNEY	rincipal Occupation	Contributor's Job Title	
	mployer/law firm	Law firm of contributor's sp	ouse (if any)
SELF-EMPL	JYED a child, law firm of parent(s) (if any)		
Forme provide 11	ov Texas Ethics Commission www.ethic		Version V1 0 34225

The Instruc	tion Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 3/35 Rpt: 6/82
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Shipman Bihr	n, Katherine E. (Mrs.)		00080150
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/05/2015	BARRIENTOS, ERNEST		\$100.00
ľ	6 Contributor address; City; State; Zip Code		
	SPRING, TX 77386		
8 Contributor's P	rincipal Occupation	9 Contributor's Job Title	
ATTORNEY			
10 Contributor's er		11 Law firm of contributor's sp	oouse (if any)
SELF-EMPLO	DYED		
12 If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/26/2015	BEDNORZ, DARRELL		\$500.00
İ	Contributor address; City; State; Zip Code		
	CONROE, TX 77303		
	rincipal Occupation	Contributor's Job Title	
CONSULTAN	IT		
	mployer/law firm	Law firm of contributor's sp	bouse (if any)
SELF-EMPLO			
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/04/2015	BIHM, DON		\$200.00
ĺ	Contributor address; City; State; Zip Code		
	ORANGE, TX 77630		
	rincipal Occupation	Contributor's Job Title	
RETIRED			
Contributor's employer/law firm Law firm of contributor's sp		bouse (if any)	
NONE			
If contributor is	a child, law firm of parent(s) (if any)		
Forms provided h	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V1.0.34225

The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 4/35 Rpt: 7/82
2 FILER NAME Shipman Bihi	n, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
11/04/2015	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code		
	BRYAN, TX 77802		
8 Contributor's P HOMEMAKE	rincipal Occupation R	9 Contributor's Job Title	
10 Contributor's e NONE	mployer/law firm	11 Law firm of contributor's sp	ouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)	I	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/04/2015	BIRDWELL, WILLIAM		\$100.00
	Contributor address; City; State; Zip Code		
O sutsile starle D	BRYAN, TX 77802		
RETIRED	rincipal Occupation	Contributor's Job Title	
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date 10/15/2015	Full name of contributor out-of-state PAC (ID#:_ BOURQUE, GERALD Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,000.00
	THE WOODLANDS, TX 77380		
Contributor's P	rincipal Occupation	Contributor's Job Title	
ATTORNEY			
	mployer/law firm	Law firm of contributor's sp	oouse (if any)
SELF-EMPLO			
	a child, law firm of parent(s) (if any)		
	ov Texas Ethics Commission www.ethic	s.state.tx.us	Version V1.0.34225

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 5/35 Rpt: 8/82
2 FILER NAME Shipman Bih	m, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
09/04/2015	 5 Full name of contributor out-of-state PAC (ID#: BOURQUE, MORGAN 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$2,500.00
	THE WOODLANDS, TX 77380		
8 Contributor's P ATTORNEY	rincipal Occupation	9 Contributor's Job Title	
10 Contributor's e SELF-EMPLO		11 Law firm of contributor's sp	oouse (if any)
Date 08/28/2015	Full name of contributor out-of-state PAC (ID#:_ BRASS, RICK Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00
Contributor's D	Conroe, TX 77301 rincipal Occupation	Contributor's Job Title	
ATTORNEY			
BRASS & MO	mployer/law firm CCOTTER : a child, law firm of parent(s) (if any)	Law firm of contributor's sp	oouse (if any)
	a child, law linn of parent(s) (if any)		
Date 11/04/2015	Full name of contributor out-of-state PAC (ID#:_ BRYAN, WILLIAM Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$75.00
	THE WOODLANDS, TX 77382		
	rincipal Occupation	Contributor's Job Title	I
	mployer/law firm	Law firm of contributor's sp	oouse (if any)
	ATIVE GROUP a child, law firm of parent(s) (if any)		
	a child, law infit of parent(s) (if any)		
Eorme provided l	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V1.0.34225

The Instruc	tion Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 6/35 Rpt: 9/82
2 FILER NAME Shipman Bihi	m, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 09/08/2015	5 Full name of contributor out-of-state PAC (ID#: BURNS, BRIAN		7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code		
	Conroe, TX 77301		
8 Contributor's P ATTORNEY	rincipal Occupation	9 Contributor's Job Title	
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	bouse (if any)
SELF-EMPLO	DYED		
12 If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/04/2015	BUTLER, ALICE		\$500.00
	Contributor address; City; State; Zip Code		
Contributorio	BRYAN, TX 77802	Contributor's Job Title	
RETIRED	rincipal Occupation		
	mployer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	a child, law firm of parent(s) (if any)	1	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/26/2015	CARTER, GERALD		\$500.00
	Contributor address; City; State; Zip Code		
	MONTGOMERY, TX 77356		
	rincipal Occupation	Contributor's Job Title	
PROJECT M			
	mployer/law firm	Law firm of contributor's sp	oouse (if any)
	a child, law firm of parent(s) (if any)		
	ov Texas Ethics Commission www.ethic	s.state.tx.us	Version V1.0.34225

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 7/35 Rpt: 10/82
2 FILER NAME Shipman Bih	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/04/2015	e 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)\$75.00
	SPRING, TX 77386		
8 Contributor's F RETIRED	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e NONE	mployer/law firm	11 Law firm of contributor's sp	ouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 09/29/2015	Full name of contributor out-of-state PAC (ID#:_ CATLIN, LARRY Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$50.00
Contributor's F	BRYAN, TX 77802 Principal Occupation	Contributor's Job Title	
Contributor's e SELF-EMPL	employer/law firm OYED s a child, law firm of parent(s) (if any)	Law firm of contributor's sp	ouse (if any)
Date 11/04/2015	Full name of contributor out-of-state PAC (ID#:_ CELESTE BLACKBURN, PLLC Contributor address; City; State; Zip Code CONROE, TX 77304)	Amount of Contribution (\$) \$1,200.00
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm Law firm of contributor's		Law firm of contributor's sp	ouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 8/35 Rpt: 11/82
2 FILER NAME Shipman Bih	m, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
08/28/2015			7 Amount of Contribution (\$) \$1,000.00
	CONROE, TX 77304		
8 Contributor's P	rincipal Occupation	9 Contributor's Job Title	•
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	bouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)	1	
Date 09/23/2015	Full name of contributor out-of-state PAC (ID#:_ CHANCE, ED Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$500.00
	THE WOODLANDS, TX 77380		
Contributor's P RETIRED	rincipal Occupation	Contributor's Job Title	
Contributor's e NONE	mployer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	a child, law firm of parent(s) (if any)	•	
Date 09/15/2015	Full name of contributor out-of-state PAC (ID#:_ CHRISTENSON, LORI Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$350.00
	HOUSTON, TX 77043		
Contributor's P ATTORNEY	rincipal Occupation	Contributor's Job Title	
Contributor's e SELF EMPLO	mployer/law firm DYED	Law firm of contributor's sp	oouse (if any)
If contributor is	a child, law firm of parent(s) (if any)	1	
	oy Texas Ethics Commission www.ethic		Version V1.0.34225

The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 9/35 Rpt: 12/82
2 FILER NAME Shipman Bih	m, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/04/2015	5 Full name of contributor out-of-state PAC (ID#:) CONLEE, KAY		7 Amount of Contribution (\$)\$1,425.00
	6 Contributor address; City; State; Zip Code BRYAN, TX 77803		
	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e OLD BRYAN	employer/law firm I MARKETPLACE	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 09/15/2015	Full name of contributor out-of-state PAC (ID#: CORMIER, KONOR Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$100.00
	HOUSTON, TX 77382 Principal Occupation	Contributor's Job Title	
MEHAFFEY	mployer/law firm WEBBER s a child, law firm of parent(s) (if any)	Law firm of contributor's sp	oouse (if any)
Date 11/05/2015	Full name of contributor out-of-state PAC (ID#:_ DARK, WILLIAM Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$500.00
Contributor's F	CONROE, TX 77385 Principal Occupation	Contributor's Job Title	
Contributor's e SELF-EMPL	mployer/law firm OYED	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
	by Taxas Ethics Commission		Version V1 0 34225

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 10/35 Rpt: 13/82
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	nm, Katherine E. (Mrs.)		00080150
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/11/2015	DARk, WILLIAM		\$550.00
	6 Contributor address; City; State; Zip Code		
	CONROE, TX 77385		
8 Contributor's I	Principal Occupation	9 Contributor's Job Title	•
DEVELOPE	R		
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	bouse (if any)
SELF-EMPL	OYED		
12 If contributor i	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/05/2015	DAVIS, ELIZABETH		\$250.00
	Contributor address; City; State; Zip Code		
	BRYAN, TX 77802		
Contributor's	Principal Occupation	Contributor's Job Title	
ARTIST			
Contributor's o	employer/law firm	Law firm of contributor's sp	bouse (if any)
SELF-EMPL	OYED		
If contributor i	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/05/2015	DELAHOUSSAYE, JAY		\$250.00
	Contributor address; City; State; Zip Code		
	Port Bolivar, TX 77650		
Contributor's I	I Principal Occupation	Contributor's Job Title	
PROGRAM	DIRECTOR		
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
MA'ADEN W	/A'AD AL SHAMAL PHOSPHATE COMPANY		
If contributor i	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V1.0.34225

The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 11/35 Rpt: 14/82
2 FILER NAME Shipman Bih	m, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 08/28/2015	 5 Full name of contributor out-of-state PAC (ID#: DISHONGH, JEREMY 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$2,500.00
	Conroe, TX 77301		
8 Contributor's F ATTORNEY	rincipal Occupation	9 Contributor's Job Title	1
10 Contributor's e SELF EMPL	DYED	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		
Date 09/15/2015			Amount of Contribution (\$) \$250.00
Contributor's F	CONROE, TX 77301	Contributor's Job Title	
INVESTIGAT			
SELF-EMPL		Law firm of contributor's sp	oouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor out-of-state PAC (ID#: DUKE, CHUCK Outributor address; City; State; Zip Code		Amount of Contribution (\$) \$140.00
	Magnolia, TX 77354-5040		
	rincipal Occupation INESS OWNER	Contributor's Job Title	
Contributor's employer/law firm Law firm of contributor's sp SELF-EMPLOYED		oouse (if any)	
If contributor is	a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V1.0.34225

The Instruc	tion Guide explains how to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 12/35 Rpt: 15/82
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Shipman Bih	m, Katherine E. (Mrs.)		00080150
4 Date 11/04/2015	5 Full name of contributor out-of-state PAC (ID#:_ EPPES, PAMELA		7 Amount of Contribution (\$) \$350.00
	6 Contributor address; City; State; Zip Code		
	Magnolia, TX 77354-5040		
8 Contributor's F	rincipal Occupation	9 Contributor's Job Title	
REALTOR			
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)
SELF-EMPL	OYED		
12 If contributor is	a child, law firm of parent(s) (if any)		
Date)	Amount of Contribution (\$)
11/05/2015	EPPES-GEISENDORFF, REGINA		\$100.00
	Contributor address; City; State; Zip Code		
O antributaria D	Conroe, TX 77385	Ocurtaila de Joh Title	
UNEMPLOY	rincipal Occupation	Contributor's Job Title	
	mployer/law firm	Law firm of contributor's sp	nouse (if any)
NONE		Law Infit of contributor 3 sp	
_	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/04/2015	FORLANO, SARA	/	\$100.00
	Contributor address; City; State; Zip Code		
	SPRING, TX 77382		
Contributor's F	rincipal Occupation	Contributor's Job Title	
ATTORNEY			
Contributor's employer/law firm Law firm of contributor's s		oouse (if any)	
MONTGOMERY COUNTY			
If contributor is	a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V1.0.34225

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 13/35 Rpt: 16/82
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Shipman Bihm, Katherine E. (Mrs.)		00080150	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/04/2015	FREE, CHERYL		\$1,070.00
	6 Contributor address; City; State; Zip Code		
	BRYAN, TX 77802		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	L
REALTOR			
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)
SELF-EMPL	OYED		
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/16/2015	FULTS, JAMES		\$100.00
	Contributor address; City; State; Zip Code		
	MAGNOLIA, TX 77354		
Contributor's F	Principal Occupation	Contributor's Job Title	
ACCOUNTIN			
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
BRITISH PE	TROLEUM		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/23/2015	FUSCO, PETER		\$100.00
	Contributor address; City; State; Zip Code		
	MONTGOMERY, TX 77356		
Contributor's F	Principal Occupation	Contributor's Job Title	
RETIRED			
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)	
NONE			
If contributor is	s a child, law firm of parent(s) (if any)		
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The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 14/35 Rpt: 17/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150	
11/05/2015	 5 Full name of contributor out-of-state PAC (ID#: GARCIA, GILBERT 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$825.00
	CONROE, TX 77301		
8 Contributor's P	rincipal Occupation	9 Contributor's Job Title	
ATTORNEY			
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)
SELF-EMPL			
12 If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/30/2015	GARCIA, GILBERT		\$1,500.00
	Contributor address; City; State; Zip Code		
	CONROE, TX 77301		
Contributor's P ATTORNEY	rincipal Occupation	Contributor's Job Title	
	mployer/law firm	Law firm of contributor's sp	bouse (if any)
SELF-EMPL	-		
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/18/2015	GAUT, JENNIFER		\$100.00
	Contributor address; City; State; Zip Code		
	HOUSTON, TX 77055		
Contributor's P	rincipal Occupation	Contributor's Job Title	1
ATTORNEY			
Contributor's employer/law firm Law firm of contributor's sp		bouse (if any)	
SELF-EMPLOYED			
If contributor is	a child, law firm of parent(s) (if any)		
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 15/35 Rpt: 18/82		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Shipman Bihm, Katherine E. (Mrs.)		00080150		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
10/02/2015	GIBSON, CATHERINE		\$120.00	
	6 Contributor address; City; State; Zip Code			
	THE WOODLANDS, TX 77381			
8 Contributor's F	Principal Occupation	9 Contributor's Job Title		
PARALEGA	L			
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)	
THE LANIER	R LAW FIRM			
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/30/2015	GRICE, CHRIS		\$90.00	
	Contributor address; City; State; Zip Code			
	THE WOODLANDS, TX 77382			
Contributor's F	Principal Occupation	Contributor's Job Title		
BANKER				
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)	
AMEGY BAN	NK			
If contributor is	s a child, law firm of parent(s) (if any)	•		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/01/2015	GRIFFIN & CAIN, ATTORNEYS AT LAW, P.L.L	C.	\$500.00	
	Contributor address; City; State; Zip Code			
	Conroe, TX 77301			
Contributor's F	Principal Occupation	Contributor's Job Title	•	
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 16/35 Rpt: 19/82
2 FILER NAME Shipman Bih	m, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/04/2015	5 Full name of contributor out-of-state PAC (ID#: HALL, BECKY		7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code		
	BRYAN, TX 77802		
8 Contributor's F RETIRED	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e NONE	employer/law firm	11 Law firm of contributor's sp	ouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 09/18/2015	Full name of contributor out-of-state PAC (ID#: HALL, STEPHANIE Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00
	SPRING, TX 77382	1	
Contributor's F ATTORNEY	Principal Occupation	Contributor's Job Title	
SELF-EMPL		Law firm of contributor's sp	ouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 09/18/2015	Full name of contributor out-of-state PAC (ID#:_ HARGUS, BROOKE Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$100.00
Contributor's	Magnolia, TX 77354 Principal Occupation	Contributor's Job Title	
HOMEMAKE		Contributor s 300 Mile	
Contributor's e NONE	employer/law firm	Law firm of contributor's sp	ouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
	hy Texas Ethics Commission www.ethic		Version V1 0 34225

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1: Sch: 17/35 Rpt: 20/82
2	FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) \$400.00
8	CONROE, TX 77301 Contributor's Principal Occupation 9 Contributor's Job Ti	itle
	ATTORNEY	
10		

The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 18/35 Rpt: 21/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150	
11/09/2015	 Full name of contributor out-of-state PAC (ID#:_ HARRISON & DIETRICH, PLLC 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$125.00
	Conroe, TX 77301		
8 Contributor's P	rincipal Occupation	9 Contributor's Job Title	
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)	I	
Date 11/04/2015			Amount of Contribution (\$) \$1,705.00
Contributor's P	MAGNOLIA, TX 77354 rincipal Occupation	Contributor's Job Title	
HOMEMAKE	R		
Contributor's e NONE	mployer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date 09/14/2015	Full name of contributor out-of-state PAC (ID#:_ HERERRA, JESSE Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$250.00
	Conroe, TX 77301		
Contributor's P ATTORNEY	rincipal Occupation	Contributor's Job Title	
Contributor's employer/law firm Law firm of contributor's s		oouse (if any)	
SELF EMPLOYED			
If contributor is	a child, law firm of parent(s) (if any)		
	ov Texas Ethics Commission www.ethic	s.state.tx.us	Version V1.0.34225

The Instruc	tion Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 19/35 Rpt: 22/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150	
11/01/2015	 5 Full name of contributor out-of-state PAC (ID#: HOBLIT, HEATHER 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$60.00
	WILLIS, TX 77318		
8 Contributor's P ATTORNEY	rincipal Occupation	9 Contributor's Job Title	
10 Contributor's e SELF EMPLO		11 Law firm of contributor's sp	oouse (if any)
			1
Date 10/16/2015	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code		
	WILLIS, TX 77318		
Contributor's P ATTORNEY	rincipal Occupation	Contributor's Job Title	
SELF-EMPLO	-	Law firm of contributor's sp	bouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor out-of-state PAC (ID#:_ HUDSON, SUSAN Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$105.00
	MAGNOLIA, TX 77354		
Contributor's P ATTORNEY	rincipal Occupation	Contributor's Job Title	
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)	
SELF-EMPLOYED			
If contributor is	a child, law firm of parent(s) (if any)		
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 20/35 Rpt: 23/82	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Shipman Bih	Shipman Bihm, Katherine E. (Mrs.)		00080150
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
11/02/2015	IVEY, THOMAS		\$100.00
	6 Contributor address; City; State; Zip Code		1
	KINGWOOD, TX 77345		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
FIRM ADMIN	NISTRATOR		
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
CRAIN, CAT	ON & JAMES		
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/04/2015	KEEFER, KATHY		\$360.00
	Contributor address; City; State; Zip Code		
	COLLEGE STATION, TX 77845		
Contributor's F	Principal Occupation	Contributor's Job Title	1
RETIRED			
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
NONE			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/16/2015	KING, TOM		\$150.00
	Contributor address; City; State; Zip Code		
	BRYAN, TX 77801		
Contributor's F	Principal Occupation	Contributor's Job Title	
RETIRED			
Contributor's employer/law firm Law firm of contributor's s		bouse (if any)	
NONE			
If contributor is a child, law firm of parent(s) (if any)			
L	by Toyoo Ethios Commission		Version VI 0.2422

The Instruc	tion Guide explains how to complete this f	örm.	1 Total pages Schedule A(J)1: Sch: 21/35 Rpt: 24/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150	
4 Date 11/04/2015	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$) \$365.00
	SPRING, TX 77386		
8 Contributor's P JUDGE	incipal Occupation	9 Contributor's Job Title	
10 Contributor's en MONTGOME		11 Law firm of contributor's sp	oouse (if any)
Date 11/04/2015			Amount of Contribution (\$) \$1,500.00
Contributor's P	Conroe, TX 77301	Contributor's Job Title	
Contributor's er	Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date 09/18/2015	Full name of contributor out-of-state PAC (ID#:_ LITTLE, WENDY Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00
	CONROE, TX 77303		
Contributor's P ATTORNEY	incipal Occupation	Contributor's Job Title	
Contributor's employer/law firm Law firm of contributor's sp SELF-EMPLOYED		oouse (if any)	
If contributor is	a child, law firm of parent(s) (if any)	1	
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The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 22/35 Rpt: 25/82
2 FILER NAME Shipman Bihi	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
10/17/2015	 Full name of contributor out-of-state PAC (ID#: MADELEY, DAN Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$1,500.00
	Conroe, TX 77301		
8 Contributor's P ATTORNEY	rincipal Occupation	9 Contributor's Job Title	
10 Contributor's en SELF-EMPLO 12 If contributor is		11 Law firm of contributor's sp	iouse (if any)
Date	Full name of contributor		Amount of Contribution (\$)
09/15/2015	Full name of contributor out-of-state PAC (ID#:) MARKOWITZ, ROBERT Contributor address; City; State; Zip Code		\$500.00
	MONTGOMERY, TX 77356		
Contributor's P ATTORNEY	rincipal Occupation	Contributor's Job Title	
Contributor's e	mployer/law firm DYED	Law firm of contributor's sp	iouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date 09/01/2015	Full name of contributor out-of-state PAC (ID#:_ MATA, JOSE Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$500.00
	Conroe, TX 77301		
Contributor's P ATTORNEY	rincipal Occupation	Contributor's Job Title	
Contributor's e	mployer/law firm DYED	Law firm of contributor's sp	iouse (if any)
If contributor is	a child, law firm of parent(s) (if any)	I	
	ov Texas Ethics Commission www.ethic	s.state.tx.us	Version V1.0.34225

The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 23/35 Rpt: 26/82
2 FILER NAME Shipman Bih	m, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
08/28/2015			7 Amount of Contribution (\$) \$500.00
	Conroe, TX 77301		
8 Contributor's P ATTORNEY	rincipal Occupation	9 Contributor's Job Title	
10 Contributor's e BRASS & MO	CCOTTER	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		
Date 09/04/2015	Full name of contributor out-of-state PAC (ID#:) MCDOUGAL, JAMES Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$500.00
Contributorio	Conroe, TX 77301	Contributor's Job Title	
INVESTIGAT	rincipal Occupation OR	Contributor's Job Title	
SELF EMPLO		Law firm of contributor's sp	oouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date 11/21/2015	Full name of contributor out-of-state PAC (ID#:) MCKIRAHAN, DANA Out-of-state PAC (ID#:) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$100.00
	CONROE, TX 77304		
	Contributor's Principal Occupation Contributor's Job Title CHIROPRACTOR		
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)	
SELF-EMPL	a child, law firm of parent(s) (if any)		
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The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 24/35 Rpt: 27/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150	
4 Date 09/01/2015	5 Full name of contributor Out-of-state PAC (ID#: MICHAEL, GRIFFIN		7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code		
	Conroe, TX 77301		
8 Contributor's P ATTORNEY	rincipal Occupation	9 Contributor's Job Title	I
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)
GRIFFIN & C	CAIN, ATTORNEYS AT LAW, P.L.L.C.		
12 If contributor is	a child, law firm of parent(s) (if any)	1	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/04/2015	MILLER, RUSSELL		\$700.00
	Contributor address; City; State; Zip Code WILLIS, TX 77318		
Contributor's F	rincipal Occupation	Contributor's Job Title	I
CONTRACT	OR		
Contributor's employer/law firm Law firm of contributor's sp		bouse (if any)	
Fairweather	Group, LLC		
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/04/2015	NELSON, JACK		\$100.00
	Contributor address; City; State; Zip Code		
	HUNTSVILLE, TX 77340		
Contributor's F MUSICIAN	Contributor's Principal Occupation Contributor's Job Title		
Contributor's employer/law firm Law firm of contributor's s		nouse (if any)	
SELF EMPLOYED			
If contributor is	a child, law firm of parent(s) (if any)		
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 25/35 Rpt: 28/82	
2 FILER NAME	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	m, Katherine E. (Mrs.)		00080150
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/04/2015	NICHOLS, BARBARA		\$300.00
	6 Contributor address; City; State; Zip Code		
	CONROE, TX 77304		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
ADMINISTR	ATOR		
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
MONTGOME	ERY COUNTY		
12 If contributor is	s a child, law firm of parent(s) (if any)	1	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/15/2015	OWEN, DONNA		\$100.00
	Contributor address; City; State; Zip Code		
	CONROE, TX 77303		
Contributor's F	Principal Occupation	Contributor's Job Title	
ATTORNEY			
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
SELF-EMPL	OYED		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/23/2015	PALMER, CAROL		\$100.00
	Contributor address; City; State; Zip Code		
	MONTGOMERY, TX 77356		
Contributor's F	I Principal Occupation	Contributor's Job Title	
FLIGHT ATT	ENDANT		
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)	
UNITED			
If contributor is a child, law firm of parent(s) (if any)			
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 26/35 Rpt: 29/82	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Shipman Bih	Shipman Bihm, Katherine E. (Mrs.)		00080150
4 Date	5 Full name of contributor out-of-state PAC (ID	#:)	7 Amount of Contribution (\$)
10/15/2015	PETTIT, JOHN		\$150.00
	6 Contributor address; City; State; Zip Code		
	THE WOODLANDS, TX 77381		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	•
ATTORNEY			
10 Contributor's e	employer/law firm	11 Law firm of contributor's s	pouse (if any)
SELF-EMPL	OYED		
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of Contribution (\$)
11/04/2015	PULLAN, TRACY		\$410.00
	Contributor address; City; State; Zip Code		
	CONROE, TX 77301		
Contributor's F	Principal Occupation	Contributor's Job Title	
ATTORNEY			
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
MAGINNIS,	PULLAN & YOUNG		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of Contribution (\$)
12/30/2015	Price & Price Attorneys at Law		\$1,500.00
	Contributor address; City; State; Zip Code		
	Conroe, TX 77301		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
If contributor is a child, law firm of parent(s) (if any)			

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 27/35 Rpt: 30/82	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Shipman Bih	m, Katherine E. (Mrs.)		00080150
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/04/2015	RAYMOND, LANDRA		\$60.00
	6 Contributor address; City; State; Zip Code		
	Magnolia, TX 77354-5040		
8 Contributor's P	rincipal Occupation	9 Contributor's Job Title	
ACCOUNTIN	IG		
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	bouse (if any)
RAYMOND N	MIDDLETON, CPA		
12 If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/18/2015	REITZER, LOUDIN & MONTGOMERY, P.C.		\$500.00
	Contributor address; City; State; Zip Code		
	THE WOODLANDS, TX 77381		
Contributor's P	rincipal Occupation	Contributor's Job Title	
Contributor of			
Contributor's e	mployer/law firm	Law firm of contributor's sp	pouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Data			Amount of Contribution (A)
Date 11/04/2015	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$) \$930.00
11/04/2013	RICHARDS, AMANDA		
	Contributor address; City; State; Zip Code		
	MAGNOLIA, TX 77354		
	rincipal Occupation	Contributor's Job Title	
ATTORNEY			
Contributor's employer/law firm Law firm of contributor's sp		bouse (if any)	
CUDD ENERGY SERVICES			
If contributor is a child, law firm of parent(s) (if any)			
<u> </u>			
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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 28/35 Rpt: 31/82
2 FILER NAME Shipman Bihm, Ka	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
12/03/2015 R	Ill name of contributor interpretation out-of-state PAC (ID#:_ ICHARDS, AMANDA Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$100.00
м	AGNOLIA, TX 77354		
8 Contributor's Principa ATTORNEY	al Occupation	9 Contributor's Job Title	
 Contributor's employ CUDD ENERGY S If contributor is a chil 		11 Law firm of contributor's sp	oouse (if any)
11/04/2015 R	Ill name of contributor out-of-state PAC (ID#:_ IPLEY, DEBBIE ontributor address; City; State; Zip Code		Amount of Contribution (\$) \$70.00
M Contributor's Principa	agnolia, TX 77354-5040 al Occupation	Contributor's Job Title	
RETIRED			
Contributor's employ NONE	rer/law firm	Law firm of contributor's sp	ouse (if any)
If contributor is a chil	ld, law firm of parent(s) (if any)		
11/04/2015 R	ull name of contributor out-of-state PAC (ID#:_ UST, RONALD ontributor address; City; State; Zip Code		Amount of Contribution (\$) \$500.00
Contributor's Principa	RYAN, TX 77802 al Occupation	Contributor's Job Title	
RETIRED Contributor's employ NONE	rer/law firm Id, law firm of parent(s) (if any)	Law firm of contributor's sp	oouse (if any)
	xas Ethics Commission		Version V1.0.34225

The Instruc	ction Guide explains how to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 29/35 Rpt: 32/82
2 FILER NAME Shipman Bih	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
08/28/2015	5 Full name of contributor out-of-state PAC (ID#: SAPP, LAURIE		7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code		
	WILLIS, TX 77318		
8 Contributor's P CONSULTAI	rrincipal Occupation NT	9 Contributor's Job Title	
10 Contributor's e SELF EMPL		11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)	1	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/28/2015	SHIELDS, JUDITH		\$1,000.00
	Contributor address; City; State; Zip Code		
	CONROE, TX 77303		
Contributor's F ATTORNEY	rincipal Occupation	Contributor's Job Title	
Contributor's e SELF EMPL	mployer/law firm OYED	Law firm of contributor's sp	bouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/04/2015	SHIPMAN, DOY		\$300.00
	Contributor address; City; State; Zip Code		
	BRYAN, TX 77802		
Contributor's P	rincipal Occupation	Contributor's Job Title	•
PRACTICE A	ADMINISTRATOR		
Contributor's employer/law firm Law firm of contributor's sp		bouse (if any)	
SHIPMAN E.N.T., INC.			
If contributor is	a child, law firm of parent(s) (if any)		
Forms provided	ov Texas Ethics Commission www.ethic	s.state.tx.us	Version V1.0.34225

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 30/35 Rpt: 33/82
2 FILER NAME Shipman Bih	m, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/04/2015	5 Full name of contributor out-of-state PAC (ID#:_ SHIPMAN, DOY)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code BRYAN, TX 77802		
	rincipal Occupation	9 Contributor's Job Title	
10 Contributor's e SHIPMAN EI		11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		
Date 09/28/2015	Full name of contributor out-of-state PAC (ID#:_ SHIPMAN, NOLAN Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$2,000.00
	BRYAN, TX 77802 Principal Occupation	Contributor's Job Title	
SHIPMAN EI		Law firm of contributor's sp	oouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor out-of-state PAC (ID#: SIMONSEN, STEVE Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$100.00
	CONROE, TX 77301		
Contributor's F ATTORNEY	rincipal Occupation	Contributor's Job Title	
Contributor's employer/law firm Law firm of contributor's s SELF-EMPLOYED		ouse (if any)	
If contributor is	a child, law firm of parent(s) (if any)	L	
	ov Texas Ethics Commission		Version V1 0 24225

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 31/35 Rpt: 34/82
2 FILER NAME Shipman Bih	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 10/23/2015	5 Full name of contributor out-of-state PAC (ID#: SMITH, JOHNNIE		7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code		
	MONTGOMERY, TX 77356		
8 Contributor's P PILOT	rincipal Occupation	9 Contributor's Job Title	
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)
UNITED AIR	LINES		
12 If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/18/2015	SONTAG, STEVE		\$1,000.00
	Contributor address; City; State; Zip Code		
	Conroe, TX 77301	1	
Contributor's P BAIL BONDS	rrincipal Occupation SMAN	Contributor's Job Title	
	mployer/law firm DUNT BAIL BONDS	Law firm of contributor's sp	bouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/16/2015	TRAINER, SHIRLEY		\$165.00
	Contributor address; City; State; Zip Code		
	NEW CANEY, TX 77357		
Contributor's P ATTORNEY	Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)	
SELF-EMPLOYED			
If contributor is	s a child, law firm of parent(s) (if any)		
	ov Texas Ethics Commission www.ethic	s.state.tx.us	Version V1.0.34225

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 32/35 Rpt: 35/82
2 FILER NAME Shipman Bih	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/04/2015	5 Full name of contributor out-of-state PAC (ID#: TUCKER, JUDSON		7 Amount of Contribution (\$)\$250.00
	6 Contributor address; City; State; Zip Code		
	Conroe, TX 77301		
8 Contributor's P ATTORNEY	rincipal Occupation	9 Contributor's Job Title	
10 Contributor's e SELF EMPLO		11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)	I	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/04/2015	VALDEZ, MICHAEL		\$500.00
	Contributor address; City; State; Zip Code		
	Conroe, TX 77301		
Contributor's P ATTORNEY	Principal Occupation	Contributor's Job Title	
	mployer/law firm	Law firm of contributor's sp	oouse (if any)
SELF-EMPLO	-		
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/09/2015	VAN DE VEN, MARI		\$275.00
	Contributor address; City; State; Zip Code		
	Conroe, TX 77385		
Contributor's P	rincipal Occupation	Contributor's Job Title	
BAIL BONDS	SMAN		
Contributor's employer/law firm Law firm of contributor's s		oouse (if any)	
SELF-EMPLOYED			
If contributor is	a child, law firm of parent(s) (if any)		
Forms provided l	ov Texas Ethics Commission www.ethic	s state tx us	Version V1 0 34225

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 33/35 Rpt: 36/82
2 FILER NAME Shipman Bihm,	Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
09/18/2015	Full name of contributor <pre>Out-of-state PAC (ID#:_</pre> VAN DE VEN, MARI		7 Amount of Contribution (\$) \$500.00
6	Contributor address; City; State; Zip Code		
	Conroe, TX 77385		
8 Contributor's Prin BAIL BONDSM		9 Contributor's Job Title	
10 Contributor's emp SELF-EMPLOY		11 Law firm of contributor's sp	ouse (if any)
12 If contributor is a	child, law firm of parent(s) (if any)		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/18/2015	VAN ORMAN, MARY		\$500.00
	Contributor address; City; State; Zip Code THE WOODLANDS, TX 77381		
Contributor's Prin		Contributor's Job Title	
ATTORNEY			
Contributor's emp	oloyer/law firm	Law firm of contributor's sp	oouse (if any)
MARY VAN OR	RMAN AND ASSOCIATES		
If contributor is a	child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC (ID#:) 08/28/2015 VAUGHAN, JILL Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00	
	MONTGOMERY, TX 77356		
Contributor's Prin	Contributor's Principal Occupation Contributor's Job Title		1
BANKER			
Contributor's employer/law firm Law firm of contributor's sp		ouse (if any)	
	AMEGY BANK		
If contributor is a	child, law firm of parent(s) (if any)		
Formo accuidad	Texas Ethics Commission www.ethic	s.state.tx.us	Version V1.0.34225

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instructi	ion Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 34/35 Rpt: 37/82
2 FILER NAME Shipman Bihm	, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
09/01/2015	Full name of contributor out-of-state PAC (ID#:_ WARD, DAVID Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$250.00
	Conroe, TX 77301		
8 Contributor's Prir ATTORNEY	ncipal Occupation	9 Contributor's Job Title	
10 Contributor's em SELF-EMPLO	YED	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is a	child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor out-of-state PAC (ID#:_ WEBB, AMANDA Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$75.00
Contributor's Prir	MONGOMERY, TX 77356	Contributor's Job Title	
ATTORNEY			
Contributor's em SELF-EMPLO	YED	Law firm of contributor's sp	ouse (if any)
If contributor is a	child, law firm of parent(s) (if any)		
Date 08/25/2015	Full name of contributorout-of-state PAC (ID#: WHATLEY, GEORGETTE Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$500.00
	CONROE, TX 77301		
Contributor's Prir BAIL BONDSM	ncipal Occupation IAN	Contributor's Job Title	
Contributor's em ASAP BAIL BC		Law firm of contributor's sp	ouse (if any)
If contributor is a	child, law firm of parent(s) (if any)		
	v Texas Ethics Commission www.ethic		Version V1 0 34225

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 35/35 Rpt: 38/82
2 FILER NAME	FILER NAME		3 Filer ID (Ethics Commission Filers)
Shipman Bil	Shipman Bihm, Katherine E. (Mrs.)		00080150
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/18/2015	WRIGHT, JAY		\$250.00
	6 Contributor address; City; State; Zip Code		
	CONROE, TX 77301		
8 Contributor's	Principal Occupation	9 Contributor's Job Title	
ATTORNEY	,		
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	ouse (if any)
SELF-EMPI	OYED		
12 If contributor	is a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/05/2015	YOUNGKIN, MARILYN		\$170.00
	Contributor address; City; State; Zip Code		
	BRYAN, TX 77802		
Contributor's	Principal Occupation	Contributor's Job Title	
RETIRED			
Contributor's	employer/law firm	Law firm of contributor's sp	ouse (if any)
NONE		YOUNGKIN & BURNS,	
If contributor	is a child, law firm of parent(s) (if any)		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/9 Rpt: 39/82		
2 FILER NAME Shipman Bil	hm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150		
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$ 1,250.00		
5 Date 11/04/2015	 6 Full name of contributor out-of-state PAC (ID#: BIHM, BRANDON 7 Contributor address; City; State; Zip Code)	8 Amount of 9 In-kind contribution contribution (\$) description \$300.00 I AUCTION ITEM		
	Magnolia, TX 77354-5040	r	Check if travel outside of Texas. Complete Schedule T.		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)		
12 Contributor's STUDENT	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's NONE	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 11/04/2015	Full name of contributor out-of-state PAC (ID#: BURDETT, DAVE Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$289.00 I AUCTION ITEM		
Principal occu	BRYANT, TX 77840 upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)		
i molpai ooot					
	principal occupation (FOR JUDICIAL) SINESS OWNER	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL) Law firm of con BURDETT & SON		Law firm of contributc	itor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 11/04/2015	Full name of contributor out-of-state PAC (ID#: CHELETTE, TRACI Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$400.00 I AUCTION ITEM		
Principal occu	CYPRESS, TX 77433 upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	- Check if travel outside of Texas. Complete Schedule T JUDICIAL) (See instructions)		
i incipal occi					
Contributor's SALES	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL) Law NOVO NORDISK		Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

SCHEDULE A	2
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The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A2: Sch: 2/9 Rpt: 40/82	
2 FILER NAME		3	•		
	hm, Katherine E. (Mrs.)			00080150	
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	1,250.00	
5 Date	6 Full name of contributor 🔲 out-of-state PAC (ID#:)	8	Amount of 9 In-kind contribution	
11/04/2015	CHILDRESS, ALISHA			contribution (\$) description \$600.00 AUCTION ITEMS	
	7 Contributor address; City; State; Zip Code				
				I	
	MAGNOLIA, TX 77354	1		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JL	JDICIAL) (See instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FC	DR JUDICIAL) (See instructions)	
AESTHETIC	CIAN				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's	spouse (if any) (FOR JUDICIAL)	
SELF-EMPI	OYED				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of I In-kind contribution	
11/04/2015)		contribution (\$) description	
	Contributor address; City; State; Zip Code			\$300.00 AUCTION ITEMS	
				I	
	THE WOODLANDS, TX 77380			Check if travel outside of Texas. Complete Schedule T.	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JL		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FC	DR JUDICIAL) (See instructions)	
ATTORNEY	, ,				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
SELF EMPL	OYED				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor out-of-state PAC (ID#:	١		Amount of	
11/04/2015	DELAHOUSSAYE, JAY)		contribution (\$) description	
	Contributor address; City; State; Zip Code			\$1,775.00 AUCTION ITEMS	
				I	
	Port Bolivar, TX 77650			Check if travel outside of Texas. Complete Schedule T.	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JL		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FC	DR JUDICIAL) (See instructions)	
PROGRAM	DIRECTOR				
		or's spouse (if any) (FOR JUDICIAL)			
	VA'AD AL SHAMAL PHOSPHATE COMPANY			· · · · ·	
	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 3/9 Rpt: 41/82
2 FILER NAME Shipman Bil	: hm, Katherine E. (Mrs.)		 Filer ID (Ethics Commission Filers) 00080150
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$ 1,250.00
5 Date 11/04/2015	 6 Full name of contributor out-of-state PAC (ID#: EPPES, PAMELA 7 Contributor address; City; State; Zip Code)	8 Amount of 9 In-kind contribution contribution (\$) description \$1,000.00 AUCTION ITEMS
10 Principal occu	MAGNOLIA, TX 77354 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)
12 Contributor's REALTOR	principal occupation (FOR JUDICIAL)	13 Contributor's job title	· · · ·
14 Contributor's SELF-EMPI	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>	
Date 11/04/2015	Full name of contributor out-of-state PAC (ID#: EPPES-GEISENDORFF, REGINA Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$250.00 IAUCTION ITEM
Principal occu	Conroe, TX 77385 upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)
Contributor's UNEMPLO	principal occupation (FOR JUDICIAL) /ED	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL) Law firm of NONE		Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 11/04/2015	Full name of contributor out-of-state PAC (ID#: EVANS, BOB Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$2,000.00 I AUCTION ITEMS
Principal occu	Conroe, TX 77304 upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)
Contributor's OWNER	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
	employer/law firm (FOR JUDICIAL) GINEERING	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

SCHEDULE A	2
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The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 4/9 Rpt: 42/82	
2 FILER NAME Shipman Bil	: hm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150	
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$ 1,250.00	
5 Date 11/04/2015	 6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description \$220.00 AUCTION ITEMS	
	HUMBLE, TX 77396		I Check if travel outside of Texas. Complete Schedule T.	
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)	
CAREGIVE				
14 Contributor's NONE	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/04/2015	Full name of contributor out-of-state PAC (ID#: GARDNER, DAVID Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$1,450.00 AUCTION ITEM	
	COLLEGE STATION, TX 77845		Check if travel outside of Texas. Complete Schedule T.	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		
Contributor's JEWELER	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)	
Contributor's SELF EMPL	employer/law firm (FOR JUDICIAL) _OYED	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/04/2015	Full name of contributor out-of-state PAC (ID#: HARRISON, RACAYLE Contributor address; City; State; Zip Code CYPRESS, TX 77433)	Amount of In-kind contribution contribution (\$) description \$350.00 I AUCTION ITEM	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		
Contributor's PHOTOGR/	principal occupation (FOR JUDICIAL) APHER	Contributor's job title	(FOR JUDICIAL) (See instructions)	
	Contributor's employer/law firm (FOR JUDICIAL) SELF-EMPLOYED		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A2:
2	FILER NAME		
	Shipman Bihm, Katherine E. (Mrs.)		

SCHEDULE A	2
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The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 6/9 Rpt: 44/82				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Shipman Bi	hm, Katherine E. (Mrs.)	00080150				
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$ 1,250.00				
5 Date	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution				
11/04/2015	MCDANIEL, CINDY		contribution (\$) description \$1,200.00 AUCTION ITEM			
	7 Contributor address; City; State; Zip Code					
			I I			
	MAGNOLIA, TX 77354		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
SMALL BUS	SINESS OWNER					
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)			
PLANET BE	EACH					
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I				
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of In-kind contribution			
11/04/2015	MCINTYRE, DAN		contribution (\$) description			
	Contributor address; City; State; Zip Code		\$300.00 I AUCTION ITEM			
	MONTGOMERY, TX 77356	Check if travel outside of Texas. Complete Schedule T.				
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
BUSINESS	OWNER					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)			
WALDEN O	N LAKE CONROE					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of In-kind contribution			
11/04/2015	MILSTEAD, FAYE		contribution (\$) description			
	Contributor address; City; State; Zip Code		\$100.00 SILENT AUCTION ITEM			
	Magnolia, TX 77354-5040		Check if travel outside of Texas. Complete Schedule T.			
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)			
Contributoria	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
		Laurent 1975				
	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)			
	HOME DECOR					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

SCHEDULE A	2
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The Instru	ction Guide explains how to complete this f	1	1 Total pages Schedule A2: Sch: 7/9 Rpt: 45/82			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	hm, Katherine E. (Mrs.)		00080150			
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$	1,250.00			
5 Date	6 Full name of contributor 🔲 out-of-state PAC (ID#:	8	Amount of 9 In-kind contribution			
11/04/2015	NEWSOM, HAL			contribution (\$) description \$615.00 AUCTION ITEMS		
	7 Contributor address; City; State; Zip Code					
			I			
	NEW CANEY, TX 77357			Check if travel outside of Texas. Complete Schedule T.		
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JU	IDICIAL) (See instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FC	OR JUDICIAL) (See instructions)		
SMALL BU	SINESS OWNER					
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's	spouse (if any) (FOR JUDICIAL)		
SELF-EMPI	LOYED					
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor out-of-state PAC (ID#:)	<u> </u>	Amount of I In-kind contribution		
11/04/2015	PASECHNIK, JEREDITH)		contribution (\$) description		
	Contributor address; City; State; Zip Code			\$100.00 WREATHS		
	Contributor address, ony, State, Zip Code					
				1		
	Conroe, TX 77301			Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JL			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FC	OR JUDICIAL) (See instructions)		
ATTORNEY	<i>,</i>					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)		
GRIFFIN &	CAIN, ATTORNEYS AT LAW, P.L.L.C.					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•				
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of In-kind contribution		
11/04/2015	POUNDERS, WANDA	/		contribution (\$) description		
	Contributor address; City; State; Zip Code			\$500.00 AUCTION ITEMS		
	HOUSTON, TX 77062			Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JL	IDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FC	OR JUDICIAL) (See instructions)		
BANKER						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)		
AMEGY BA	NK					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 8/9 Rpt: 46/82				
2 FILER NAME Shipman Bi	hm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150				
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$ 1,250.00				
5 Date 11/04/2015	 6 Full name of contributor out-of-state PAC (ID#: RIPLEY, DEBBIE 7 Contributor address; City; State; Zip Code 	8 Amount of 9 In-kind contribution contribution (\$) description \$120.00 WREATHS				
	Magnolia, TX 77354-5040		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)			
12 Contributor's RETIRED	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's NONE	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)			
	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 11/04/2015	Full name of contributor out-of-state PAC (ID#: ROWE, DAVID Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$500.00 I PROFESSIONAL SERVICES			
Principal occu	MONTGOMERY, TX 77356 upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)			
Fincipal occi		Employer (FOR NON				
	principal occupation (FOR JUDICIAL) SINESS OWNER	Contributor's job title				
Contributor's BUSINESS	employer/law firm (FOR JUDICIAL) OWNER	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 11/04/2015	Full name of contributor out-of-state PAC (ID#: TREJO, GREG Contributor address; City; State; Zip Code SPRING, TX 77386	Amount of In-kind contribution contribution (\$) description \$150.00 AUCTION ITEM				
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON				
FIREFIGHT		Contributor's job title	(FOR JUDICIAL) (See instructions)			
Contributor's CITY OF H	employer/law firm (FOR JUDICIAL) DUSE	r's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 9/9 Rpt: 47/82				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
· · · · · · · · · · · · · · · · · · ·	hm, Katherine E. (Mrs.)	00080150				
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$ 1,250.00			
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description			
11/04/2015			\$125.00 AUCTION ITEM			
	7 Contributor address; City; State; Zip Code					
	CONROE, TX 77385	· · · · · · · · · · · · · · · · · · ·	Check if travel outside of Texas. Complete Schedule T.			
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
BAIL BOND	SMAN					
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)			
SELF EMPL	OYED					
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of In-kind contribution			
11/04/2015	VAUGHAN, JILL		contribution (\$) description			
	Contributor address; City; State; Zip Code		\$250.00 AUCTION ITEMS			
	MONTGOMERY, TX 77356		Check if travel outside of Texas. Complete Schedule T.			
		Employor (EOD NON	-JUDICIAL) (See instructions)			
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON				
	upation / Job title (FOR NON-JUDICIAL) (See instructions) principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
	······································		(FOR JUDICIAL) (See instructions)			
Contributor's BANKER	······································	Contributor's job title	(FOR JUDICIAL) (See instructions) r's spouse (if any) (FOR JUDICIAL)			
Contributor's BANKER	principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL)	Contributor's job title				
Contributor's BANKER Contributor's AMEGY BA	principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL)	Contributor's job title				
Contributor's BANKER Contributor's AMEGY BA	principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL) NK	Contributor's job title				
Contributor's BANKER Contributor's AMEGY BA	principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL) NK	Contributor's job title				
Contributor's BANKER Contributor's AMEGY BA	principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL) NK	Contributor's job title				
Contributor's BANKER Contributor's AMEGY BA	principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL) NK	Contributor's job title				
Contributor's BANKER Contributor's AMEGY BA	principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL) NK	Contributor's job title				
Contributor's BANKER Contributor's AMEGY BA	principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL) NK	Contributor's job title				
Contributor's BANKER Contributor's AMEGY BA	principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL) NK	Contributor's job title				
Contributor's BANKER Contributor's AMEGY BA	principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL) NK	Contributor's job title				
Contributor's BANKER Contributor's AMEGY BA	principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL) NK	Contributor's job title				
Contributor's BANKER Contributor's AMEGY BA	principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL) NK	Contributor's job title				
Contributor's BANKER Contributor's AMEGY BA	principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL) NK	Contributor's job title				
Contributor's BANKER Contributor's AMEGY BA	principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL) NK	Contributor's job title				
Contributor's BANKER Contributor's AMEGY BA	principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL) NK	Contributor's job title				
Contributor's BANKER Contributor's AMEGY BA	principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL) NK	Contributor's job title				
Contributor's BANKER Contributor's AMEGY BA	principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL) NK	Contributor's job title				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)					
	Sch: 1/18 Rpt: 48/82	Shipman Bihm, Katherine E. (Mrs.)	00080150					
4	Date 09/15/2015	Payee name AMAZON						
6	Amount (\$) \$371.84	Payee address; City; State; Zip Code 1200 12TH AVE. SOUTH, STE. 1200 SEATTLE, WA 98144						
8	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense SUPPLIES					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/21/2015	AMAZON						
	Amount (\$) \$38.18	Payee address; City; State; Zip Code 1200 12TH AVE. SOUTH, STE. 1200						
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense SUPPLIES					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/23/2015	AMAZON						
	Amount (\$) \$87.97	Payee address; City; State; Zip Code 1200 12TH AVE. SOUTH, STE. 1200						
		SEATTLE, WA 98144						
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense SUPPLIES					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Comr	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nittee Legal Services The Instruction Guide explains I	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 F	· · · · ·		•	3	Filer ID (Ethics Commission Filers)	
-	Sch: 2/18 Rpt: 49/82		Shipman Bihm, Katherine E. (Mrs.)			ľ	00080150	
4	Date 09/28/2015		Payee name Academy					
6 Amount (\$) \$203.46 7 Payee address; City; State; Zip Code 14221 FM 2090 Tomball, TX 77373								
8	PURPOSE OF EXPENDITURE		 (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense AUCTION ITEMS 					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C)ffice sou	ht		Office held	
	Date	F	Payee name					
	09/17/2015	E	BARGAIN BALLOONS					
	Amount (\$) \$74.32	3	Payee address; City; State; 8909 WITMER ROAD, STE. 862 NIAGRA FALLS, NY 14305	Zip Coo	le			
	PURPOSE OF EXPENDITURE	(a) (Category (See Categories listed at the top of this sche	edule)		I, TX	ide of Texas. Complete Schedule T. , officeholder living expense SUPPLIES	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	office sou	ht		Office held	
	Date	F	Payee name					
	09/17/2015		BED, BATH & BEYOND					
	Amount (\$) \$14.06		Payee address; City; State; 2920 I-45 NORTH	Zip Co	le			
			CONROE, TX 77303					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Event Expense	edule)	Check if Austir	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense R KICKOFF PARTY	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Poling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 3/18 Rpt: 50/82	Shipman Bihm, Katherine E. (Mrs.)	00080150					
4	Date 09/14/2015	Payee name BEST NAME BADGES						
6	Amount (\$) \$7.52	Payee address; City; State; Zip Code 1700 NW 65TH AVE. #4 PLANTATION, FL 33313						
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/21/2015	CUSTOM SIGN AND BANNER						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$4,965.93	1804 AFTON ST. HOUSTON, TX 77055						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/08/2015	Card and Party Factory						
	Amount (\$) \$107.36	Payee address;City;State;Zip Code705 W. DAVIS ST.						
		CONROE, TX 77301						
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense RTY SUPPLIES					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E nmittee Legal Services The Instruction Gui	xpense	Office Ove Polling Exp Printing Ex Salaries/W	rhead/f bense pense ages/C	Reimbursement Rental Expense Contract Labor e this form.		Travel in District Travel Out of District	uipment & Related Expense
1	Total pages Schedule F1:	2					1	3	Filer ID	(Ethics Commission Filers)
	Sch: 4/18 Rpt: 51/82	2	Shipman Bihm, Katherine E.	(Mrs.)					00080150	
4	Date	5	Payee name							
	09/16/2015		Card and Party Factory							
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de				
	\$19.09		705 W. DAVIS ST.							
			CONROE, TX 77301							
_	DUDDOCE					(1-) -				
8	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	nedule)	(D) [T	Description			
	EXPENDITURE		Event Expense			Ļ			de of Texas. Compl officeholder living e	
						L				
										,
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office hel	ld
	Date		Payee name							
	09/17/2015		EL BOSQUE							
_		<u> </u>	-	Ctoto	, Zin Co	do				
	Amount (\$)		Payee address; City;	State	; Zip Co	de				
	\$801.00		2101 W. DAVIS ST.							
			CONROE, TX 77304							
	PURPOSE	(a)	Category (See Categories listed at the	ton of this och	adula)	(b) r	Description			
	OF	,	Event Expense	top of this sch	iedule)	(, Γ		outsio	de of Texas. Comp	lete Schedule T.
	EXPENDITURE		Event Expense			ŕ			officeholder living	
FOOD AND BEVERAGE FOR KICKOFF PA						R KICKOFF PARTY				
	Complete ONLY if direct		Candidate/Officeholder name	() Office sou	aht			Office hel	d
	expenditure to benefit C/OI					,				
	Date		Payee name							
	09/16/2015		HEB							
	Amount (\$)		Payee address; City;	State	; Zip Co	do				
	\$116.72		3601 FM 1488	State,	, zip co	ac				
	\$110.72		3001 FM 1466							
			THE WOODLANDS, TX 773	84						
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b) [Description			
	OF		Event Expense		,	E	Check if travel of	outsio	de of Texas. Comp	lete Schedule T.
	EXPENDITURE		·			Ē	Check if Austin,	ΤX,	officeholder living	expense
						S	SUPPLIES FO	OR	KICKOFF P	ARTY
	Complete ONLY if direct	L(Candidate/Officeholder name	(Office sou	ght			Office hel	d
	expenditure to benefit C/Oł				22 000				2	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Odfice Overhead/Rental Expense Food/Beverage Expense Office Stread/Rental Expense Gift/Awards/Memorials Expense Polling Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 5/18 Rpt: 52/82	Shipman Bihm, Katherine E. (Mrs.)	00080150					
4	Date 11/02/2015	Payee name HEB						
6	Amount (\$)	Payee address; City; State; Zip Code						
6 Amount (\$) 7 Payee address; City; State; Zip Code \$58.44 3601 FM 1488								
		THE WOODLANDS, TX 77384						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FUNDRAISER SUPPLIES 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/16/2015	HOME DEPOT						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$199.75	6119 FM 1488 Magnolia, TX 77354-5040						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense IES					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/25/2015	HOME DEPOT						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$94.91	6119 FM 1488						
		Magnolia, TX 77354-5040						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense IES					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	E FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 6/18 Rpt: 53/82	Shipman Bihm, Katherine E. (Mrs.)	00080150					
4	Date 11/30/2015	Payee name HOME DEPOT						
6	Amount (\$) \$285.36	7 Payee address; City; State; Zip Code 5.36 6119 FM 1488 Magnolia, TX 77354-5040						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense SIGN SUPPLIES								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/21/2015	HOME DEPOT						
	Amount (\$) \$88.09	Payee address; City; State; Zip Code 6119 FM 1488						
		Magnolia, TX 77354-5040						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ES					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/22/2015	HOME DEPOT						
	Amount (\$) \$176.34	Payee address;City;State; Zip Code6119 FM 1488						
		Magnolia, TX 77354-5040						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ES					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee 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) Sch: 7/18 Rpt: 54/82 Shipman Bihm, Katherine E. (Mrs.) 00080150 4 Date 5 Payee name 12/21/2015 HOUSTON LIVESTOCK SHOW AND RODEO 6 Amount (\$) Payee address; City; State; Zip Code 7 \$100.00 **3 NRG PARK** HOUSTON, TX 77054 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. Advertising Expense EXPENDITURE Check if Austin, TX, officeholder living expense ENTRY FEE Complete ONLY if direct Candidate/Officeholder name Office sought Office held 9 expenditure to benefit C/OH Date Payee name 11/04/2015 JACK NELSON BAND Amount (\$) Payee address; City; State; Zip Code \$375.00 19824 Espinosa Ln New Caney, TX 77357 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Solicitation/Fundraising Expense EXPENDITURE Check if Austin, TX, officeholder living expense FUNDRAISER ENTERTAINMENT Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/23/2015 KC EVENT CENTER Amount (\$) Payee address; City; State; Zip Code \$200.00 2655 FM 1488 Conroe, TX 77384 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Solicitation/Fundraising Expense EXPENDITURE Check if Austin, TX, officeholder living expense HALL RENTAL Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)				
-	Sch: 8/18 Rpt: 55/82	Shipman Bihm, Katherine E. (Mrs.)	00080150				
4	Date 11/12/2015	5 Payee name KC EVENT CENTER					
6	Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 2655 FM 1488 Conroe, TX 77384					
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense L				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/19/2015	KROGER					
	Amount (\$) \$59.46						
		Magnolia, TX 77354-5040					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense R SUPPLIES				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/19/2015	MAGNETSONTHECHEAP.COM					
-	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,056.77	11525 B STONEHOLLOW DR., SUITE 220					
		AUSTIN, TX 78758					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense MATERIALS				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee 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) Sch: 9/18 Rpt: 56/82 Shipman Bihm, Katherine E. (Mrs.) 00080150 4 Date 5 Payee name 09/29/2015 MONTGOMERY COUNTY REPUBLICAN PARTY 6 Amount (\$) Payee address; City; State; Zip Code 7 \$350.00 3110 METCALF **CONROE, TX 77301** 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. Event Expense EXPENDITURE Check if Austin, TX, officeholder living expense ADVERTISEMENT Complete ONLY if direct Candidate/Officeholder name Office sought Office held 9 expenditure to benefit C/OH Date Payee name 10/30/2015 MONTGOMERY COUNTY REPUBLICAN PARTY Amount (\$) Payee address; City; State; Zip Code \$450.00 3110 METCALF Conroe, TX 77301 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Solicitation/Fundraising Expense EXPENDITURE Check if Austin, TX, officeholder living expense ADVERTISMENT Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/16/2015 MONTGOMERY COUNTY REPUBLICAN PARTY Amount (\$) Payee address; City: State: Zip Code \$1,500.00 3110 METCALF Conroe, TX 77301 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees EXPENDITURE Check if Austin, TX, officeholder living expense FILING FEE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee 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) Sch: 10/18 Rpt: 57/82 Shipman Bihm, Katherine E. (Mrs.) 00080150 4 Date Payee name 5 12/13/2015 MONTGOMERY COUNTY TEA PARTY 6 Amount (\$) Payee address; City; State; Zip Code 7 \$100.00 2603 E. BLUELAKE DR. MAGNOLIA, TX 77354 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. Advertising Expense EXPENDITURE Check if Austin, TX, officeholder living expense TABLE RENTAL AT EVENT Complete ONLY if direct Candidate/Officeholder name Office sought Office held 9 expenditure to benefit C/OH Date Payee name 10/13/2015 NATIONAL PEN, LLC Amount (\$) Payee address; City; State; Zip Code \$358.99 12121 SCRIPPS SUMMIT DRIVE, #200 SAN DIEGO, CA 92131 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Printing Expense EXPENDITURE Check if Austin, TX, officeholder living expense MARKETING MATERIALS Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/14/2015 NATIONAL PEN, LLC Amount (\$) Payee address: City; State; Zip Code \$326.35 12121 SCRIPPS SUMMIT DRIVE, #200 SAN DIEGO, CA 92131 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Printing Expense EXPENDITURE Check if Austin, TX, officeholder living expense MARKETING MATERIALS Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - I Committee	EXPENDITURE CATEG Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
-	T · · · · · · · · · · · · · · · · · · ·		-	P	1.				
1	Total pages Schedule F1:				3	Filer ID	(Ethics Commission Filers)		
	Sch: 11/18 Rpt: 58/82	Shipman Bi	hm, Katherine E. (Mrs.)			00080150			
4	Date								
	09/15/2015								
6	Amount (\$)								
	\$1,034.89								
	PURPOSE OF								
	EXPENDITURE								

			EXPE	NDITURE CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Food/Bever Gift/Awards mittee Legal Servio	Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor				Travel in District Travel Out of District	oment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (E	Ethics Commission Filers)
	Sch: 12/18 Rpt: 59/82		Shipman Bihm, Katł	nerine E. (Mrs.)				00080150	
4	Date		Payee name						
	09/17/2015		OFFICE DEPOT						
6	Amount (\$) \$28.97		Payee address; C 1319 W. DAVIS ST. CONROE, TX 7730		; Zip Coc	le			
8	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sch	(aluba	b) Description			
	OF		Event Expense		cuulc)		outsi	de of Texas. Complete	e Schedule T.
	EXPENDITURE					Check if Austin	, TX,	officeholder living exp	pense
						FUNDRAISE	RS	SUPPLIES	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder	name C	Office soug	ht		Office held	
	Date		Payee name						
	09/30/2015		OFFICE MAX						
		-	Pavoo addross: C	ty; State;	Zin Cor				
	Amount (\$)				Zip Coc	le			
	\$25.17 32954 FM 2978, STE. 500								
			Magnolia, TX 773	354					
	PURPOSE OF EXPENDITURE		Category (See Categorie Printing Expense	s listed at the top of this sche	edule)		ı, TX,	de of Texas. Complete officeholder living exp ATERIALS	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder	name C	Office soug	ht		Office held	
	Date		Payee name						
	10/05/2015		OFFICE MAX						
-	Amount (\$)	-	Payee address; C	ty; State;	Zip Coc	le			
	\$119.51		32954 FM 2978, ST		p 000				
			MAGNOLIA, TX 773	354					
	PURPOSE OF EXPENDITURE		Category _{(See Categorie} Printing Expense	s listed at the top of this sche	edule)		ı, ТХ,	de of Texas. Complete officeholder living exp ATERIALS	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder	name C	Office soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Reintal Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 13/18 Rpt: 60/82	Shipman Bihm, Katherine E. (Mrs.)	00080150					
4	Date 10/15/2015	Payee name OFFICE MAX						
6	Amount (\$) \$50.34	Payee address; City; State; Zip Code 32954 FM 2978, STE. 500 MAGNOLIA, TX 77354						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense MARKETING MATERIALS								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/09/2015	PRIME HELIUM						
	Amount (\$) \$156.96	Payee address; City; State; Zip Code 4008 LOUETTA RD., SUITE 204						
		SPRING, TX 77388						
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense SER SUPPLIES					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/02/2015	QUILTING B AND EMBROIDERY						
	Amount (\$) \$90.00	Payee address; City; State; Zip Code 123 MEADOWSPRING						
		THE WOODLANDS, TX 77381						
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense ERY SERVICES					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 14/18 Rpt: 61/82		Shipman Bihm, Katherine E. (Mrs.)				00080150	
4	Date	5	Payee name					
	11/05/2015		ROSS, VINCE (Mr.)					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
	\$500.00		210 SPRINGS EDGE DR.					
			MONTGOMERY, TX 77356					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Solicitation/Fundraising Expense				ide of Texas. Complete Schedule T.	
							, officeholder living expense	
					FUNDRAISE	R A	AUCTIONEER	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name O	ffice sou	ht		Office held	
	Date		Payee name					
	11/04/2015		RUDY'S BARBECUE					
_	Amount (\$)	┝	Payee address; City; State;	Zip Co	le			
	\$2,068.66		20806 I-45	2.6 000				
			SPRING, TX 77373					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outo	ide of Toylog, Complete Sebedule T	
	EXPENDITURE		Solicitation/Fundraising Expense				ide of Texas. Complete Schedule T. , officeholder living expense	
							FOOD AND BEVERAGE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name O	ffice sou	ht		Office held	
	Date		Payee name					
	09/30/2015		STAPLES.COM					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$441.55		500 STAPLES DRIVE					
			FRAMINGHAM, MA 01702					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Printing Expense				ide of Texas. Complete Schedule T.	
							, officeholder living expense	
						> 1VI		
	Complete ONLY if direct	Ļ	Candidate/Officeholder name O	iffice cour	lht		Office held	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held							
	·							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committe Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 15/18 Rpt: 62/82		Shipman B	ihm, Katherine	E. (Mrs.)				00080150		
4	Date 09/09/2015		Payee name STICKER (
6	Amount (\$) \$205.72			ess; City; RTH 75TH ST., NT, CO 80503		; Zip Cc	ode				
8	PURPOSE OF EXPENDITURE		Category رد Printing Ex	See Categories listed at pense	the top of this sch	edule)		, TX,	de of Texas. Comp officeholder living ATERIALS		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Of	ficeholder name	(Office sou	ught		Office he	ld	
	11										Date
	PURPOSE OF EXPENDITURE										

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee 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) Sch: 16/18 Rpt: 63/82 Shipman Bihm, Katherine E. (Mrs.) 00080150 4 Date Payee name 5 12/15/2015 THE WOODLANDS CHAMBER OF COMMERCE 6 Amount (\$) Payee address; City; State; Zip Code 7 \$75.00 9320 LAKESIDE BLVD., STE. 200 THE WOODLANDS, TX 77381 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. Advertising Expense EXPENDITURE Check if Austin, TX, officeholder living expense TABLE RENTAL AT EVENT Complete ONLY if direct Candidate/Officeholder name Office sought Office held 9 expenditure to benefit C/OH Date Payee name 09/28/2015 TICKETPRINTING.COM Amount (\$) Payee address; City; State; Zip Code \$106.26 22 SOUTH CENTRAL AVE. HARLOWTON, MT 59036 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Solicitation/Fundraising Expense EXPENDITURE Check if Austin, TX, officeholder living expense FUNDRAISER TICKETS Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/09/2015 UNITED STATES POSTAL SERVICE Amount (\$) Payee address: City: State; Zip Code \$294.00 809 W. DALLAS ST. **CONROE, TX 77301** PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense EXPENDITURE Check if Austin, TX, officeholder living expense POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Gift/Awards/Memorials mittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2		•		•	3	Filer ID (Ethics Commission Filers)
1	Sch: 17/18 Rpt: 64/82		Shipman Bihm, Katherine E	E. (Mrs.)			3	00080150
4	Date 09/28/2015		Payee name VISTAPRINT					
6	Amount (\$) \$196.23		Payee address; City; 95 HAYDON AVE. LEXINGTON, MA 02421	State;	Zip Coo	de		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at t Printing Expense	he top of this sche	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ATERIALS
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	Jht		Office held
	Date		Payee name					
	10/01/2015		VISTAPRINT					
	Amount (\$) \$220.98		Payee address; City; 95 HAYDON AVE.	State;	; Zip Coo	de		
	DUDDOSE	<u> </u>	LEXINGTON, MA 02421					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Printing Expense	he top of this sch	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ATERIALS
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office held
	Date		Payee name					
	10/21/2015		VISTAPRINT					
	Amount (\$) \$309.77		Payee address; City; 95 HAYDON AVE.	State;	Zip Coo	de		
			LEXINGTON, MA 02421					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at t Printing Expense	he top of this sche	edule)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense ATERIALS
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	jht		Office held

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I 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 (Ethics Commission Filers)						
	Sch: 18/18 Rpt: 65/82	Shipman Bihm, Katherine E. (Mrs.) 00080150						
4	Date	5 Payee name						
	10/26/2015	VISTAPRINT						
۳.	Amount (\$) 7 Payee address; City; State; Zip Code							
	\$75.39	95 HAYDON AVE.						
		LEXINGTON, MA 02421						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		MARKETING MATERIALS						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
Ĵ	expenditure to benefit C/OI							
-								

Γ	EXPENDITURE						
							SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Ex Fees Food/Be - Gift/Awar I Committee Legal Se	verage Expense ds/Memorials Expense	Loan Repaym Office Overhe Polling Expen Printing Expen Salaries/Wag	ent/Reimbursement ad/Rental Expense se ise es/Contract Labor	Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F4: Sch: 1/9 Rpt: 66/82	2 FILER NAME Shipman Bihm, Ka	atherine E. (Mrs.)			3 Filer ID 00080150	(Ethics Commission Filers)
4	TOTAL OF UNITEMI	ZED EXPENDITURI	ES CHARGED 1	O A CREDI	T CARD	\$	307.58
5	Date 10/28/2015	6 Payee name AT HOME					
7	Amount (\$) \$76.24	16778 I-45 SOUT	ł	ate; Zip Code			
9	TYPE OF EXPENDITURE	CONROE, TX 773		Non-Politica	al		
10) PURPOSE OF EXPENDITURE	(a) Category (See Catego Solicitation/Fundra		schedule) (b		l outside of Texas. Com n, TX, officeholder living "EMS	
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholde	er name	Office sough	[Office he	ld
	Date 10/18/2015	Payee name BARGAIN BALLO	ONS				
	Amount (\$) \$182.07	Payee address; 3909 WITMER RC	5 ·	ate; Zip Code			
L		NIAGRA FALLS, I	NY 14305				
	TYPE OF EXPENDITURE	X Politica		Non-Politica			
	PURPOSE OF EXPENDITURE	(a) Category (See Categor Solicitation/Fundra		schedule) (b	Check if Austi	l outside of Texas. Com n, TX, officeholder living ER SUPPLIES	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholde	er name	Office sough	i	Office he	ld

	EXPENDITURE	ES MADE BY CRED	DIT CARD	SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expen / - Gift/Awards/Memorials al Committee Legal Services		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F4: Sch: 2/9 Rpt: 67/82	2 FILER NAME Shipman Bihm, Katherine B	E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
4	TOTAL OF UNITEMI	ZED EXPENDITURES CHA	RGED TO A CREDIT CARD	\$ 307.58
	Date 09/25/2015	6 Payee name FACEBOOK		
7	Amount (\$) \$50.01	8 Payee address; City; 1 HACKER WAY	State; Zip Code	
9	TYPE OF EXPENDITURE	MENLO PARK, CA 94025	Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at Advertising Expense	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense NG
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name H	Office sought	Office held
	Date 09/30/2015	Payee name FACEBOOK		
	Amount (\$) \$50.27	Payee address; City; 1 HACKER WAY	State; Zip Code	
	TYPE OF	MENLO PARK, CA 94025		
	PURPOSE	X Political	Non-Political	
	OF EXPENDITURE	(a) Category (See Categories listed at Advertising Expense	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense NG
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

	EXPENDITURE	ES MADE BY	CREDIT	CARD			SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event E Fees Food/B / - Gift/Aw I Committee Legal S	PENDITURE CA Expense everage Expense ards/Memorials Expense ervices Instruction Guide ex	Loan Rep Office Ov Polling Ex Printing E Salaries/V	ayment/Reimbursemen erhead/Rental Expense pense xpense Vages/Contract Labor	Transportatior Travel in Distri Travel Out of I	
	Fotal pages Schedule F4: Sch: 3/9 Rpt: 68/82	2 FILER NAME Shipman Bihm, H	atherine E. (M	rs.)		3 Filer ID 00080150	(Ethics Commission Filers)
4 _	TOTAL OF UNITEMI	ZED EXPENDITUR	ES CHARGE	D TO A CRE	DIT CARD	\$	307.58
	Date 12/31/2015	6 Payee name FACEBOOK				·	
7	Amount (\$) \$327.20	8 Payee address; 1 HACKER WAY	City;	State; Zip Co	ode		
9	TYPE OF	MENLO PARK, (Non-Pol	tical		
10	EXPENDITURE PURPOSE OF EXPENDITURE	(a) Category (See Cate Advertising Expe		f this schedule)		rel outside of Texas. Co stin, TX, officeholder livi ING	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officehold H	ler name	Office sou	ght	Office	held
	Date 10/16/2015	Payee name FACEBOOK					
/	Amount (\$) \$250.13	Payee address; 1 HACKER WAY	City;	State; Zip Co	ode		
	TYPE OF	MENLO PARK, (<u> </u>			
	EXPENDITURE	X Politic		Non-Pol	-		
	PURPOSE OF EXPENDITURE	(a) Category (See Cate Advertising Expe		f this schedule)		rel outside of Texas. Co stin, TX, officeholder livi ING	•
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officehold	ler name	Office sou	ght	Office	held

EXPENDITURES MADE BY CREDIT CARD				
			SCHEDULE F4	
	EXPENDITURE	CATEGORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense By - Gift/Awards/Memorials Exp al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F4: Sch: 4/9 Rpt: 69/82	2 FILER NAME Shipman Bihm, Katherine E.	(Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150	
4	ZED EXPENDITURES CHARG		\$ 307.58	
5 Date 10/31/2015	6 Payee name FACEBOOK		I	
7 Amount (\$) \$295.30	8 Payee address; City; 1 HACKER WAY	State; Zip Code		
	MENLO PARK, CA 94025			
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Advertising Expense	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense NG	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name DH	Office sought	Office held	
Date 11/30/2015	Payee name FACEBOOK			
Amount (\$) \$237.63	Payee address; City; 1 HACKER WAY	State; Zip Code		
	MENLO PARK, CA 94025			
TYPE OF EXPENDITURE	X Political	Non-Political		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Advertising Expense	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense NG	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name DH	Office sought	Office held	

EXPENDITURES MADE BY CREDIT CARD				
			SCHEDULE F4	
	EXPENDITURE C	ATEGORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	al Committee Legal Services	Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F4:		explains how to complete this form.	3 Filer ID (Ethics Commission Filers)	
Sch: 5/9 Rpt: 70/82	Shipman Bihm, Katherine E. (I	Mrs.)	00080150	
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHARG	ED TO A CREDIT CARD	\$ 307.58	
5 Date	6 Payee name			
08/30/2015		State: Zip Code		
7 Amount (\$) \$70.00	8 Payee address; City; 41 E. 11TH ST., 11TH FLOOR	· •		
	NEW YORK, TX 10003			
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense G MATERIALS	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held	
Date 08/23/2015	Payee name GODADDY.COM			
Amount (\$) \$92.13	Payee address; City; 14455 NORTH HAYDEN ROAI	State; Zip Code D, SUITE 226		
	SCOTTSDALE, AZ 85260			
TYPE OF EXPENDITURE	X Political	Non-Political		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held	

EXPENDITUR	ES MADE BY CREDIT	CARD	SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Expe al Committee Legal Services	ATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense ense Printing Expense Salaries/Wages/Contract Labor explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F4: Sch: 6/9 Rpt: 71/82	2 FILER NAME Shipman Bihm, Katherine E. (1	Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHARG	ED TO A CREDIT CARD	\$ 307.58
5 Date 09/22/2015	6 Payee name MARSHALLS		
7 Amount (\$) \$121.33	8 Payee address; City; 1120 LAKE WOODLANDS	State; Zip Code	
9 TYPE OF EXPENDITURE	THE WOODLANDS, TX 77380	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Solicitation/Fundraising Expens	Se Check if trave	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense FEMS
11 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name H	Office sought	Office held
Date 09/27/2015	Payee name SAM'S		
Amount (\$) \$166.41	Payee address; City; 19091 N. FWY SERVICE ROA	State; Zip Code D	
TYPE OF	SHENANDOAH, TX 77385		
EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Solicitation/Fundraising Expens	Se Check if trave	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense FEMS
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name H	Office sought	Office held

EXPENDITURI	ES MADE BY CREDIT	CARD		SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politice		Loan Rep Office Ove Polling Ex ense Printing E Salaries/V	ayment/Reimbursement rrhead/Rental Expense pense xpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)
Sch: 7/9 Rpt: 72/82	Shipman Bihm, Katherine E. (00080150
TOTAL OF UNITEMI	ZED EXPENDITURES CHARG	ED TO A CRE	DIT CARD	\$ 307.58
5 Date 08/30/2015	6 Payee name STAPLES.COM			
7 Amount (\$) \$113.64	8 Payee address; City; 500 STAPLES DRIVE	State; Zip Co	de	
	FRAMINGHAM, MA 01702			
9 TYPE OF EXPENDITURE	X Political	Non-Poli	tical	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Printing Expense	p of this schedule)	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense S MATERIALS
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sou	ght	Office held
Date 09/08/2015	Payee name SUPERCHEAPSIGNS.COM			
Amount (\$) \$764.65	Payee address; City; 9200 WATERFORD CENTER	State; Zip Co BLVD. SUITE 1		
	AUSTIN, TX 78758			
TYPE OF EXPENDITURE	X Political	Non-Poli	tical	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Printing Expense	p of this schedule)		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sou	ght	Office held

	EXPENDITURE	ES MADE BY CREDIT	CARD	SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe I Committee Legal Services	ATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursem Office Overhead/Rental Expen Polling Expense Salaries/Wages/Contract Labo explains how to complete this form	se Transportation Equipment & Related Expense Travel in District Travel Out of District r OTHER (enter a category not listed above)
1	Total pages Schedule F4: Sch: 8/9 Rpt: 73/82	2 FILER NAME Shipman Bihm, Katherine E. (1	Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARG	ED TO A CREDIT CARD	\$ 307.58
	Date 10/02/2015	6 Payee name TJ MAXX		
7	Amount (\$) \$99.61	8 Payee address; City; 32938 FM 2978	State; Zip Code	
9	TYPE OF EXPENDITURE	MAGNOLIA, TX 77354	Non-Political	
10		(a) Category (See Categories listed at the top Solicitation/Fundraising Expens	Se Check if t	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held
	Date 08/30/2015	Payee name VISTAPRINT		
	Amount (\$) \$263.71	Payee address; City; 95 HAYDON AVE.	State; Zip Code	
		LEXINGTON, MA 02421		
	TYPE OF EXPENDITURE	X Political	Non-Political	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Printing Expense	Check if t	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense ING MATERIALS
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD				
		SCHEDULE F4		
Advertising Expense Accounting/Banking Consulting Expense	EXPENDITURE CATEGORIES FOR BOX Event Expense Loan Repayment/R Fees Office Overhead/Re Food/Beverage Expense Polling Expense	eimbursement Solicitation/Fundraising Expense		
Contributions/ Donations Made B Candidate/Officeholder/Politica	/- Gift/Awards/Memorials Expense Printing Expense	Travel Out of District ntract Labor OTHER (enter a category not listed above)		
1 Total pages Schedule F4: Sch: 9/9 Rpt: 74/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150		
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A CREDIT C	CARD \$ 307.58		
5 Date 09/01/2015	6 Payee name WIX.COM			
7 Amount (\$) \$158.90	8 Payee address; City; State; Zip Code 500 TERRY A FRANCOIS BLVD., F16			
	SAN FRANCISCO, CA 94158			
9 TYPE OF EXPENDITURE	X Political Non-Political			
10 PURPOSE OF EXPENDITURE	Advertising Expense	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EBSITE		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held		

POLITICAL EX	(PENDITURES FROM PERSONA	L FUNDS SCHEDULE G
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office Overhe Food/Beverage Expense Polling Expen y - Gift/Awards/Memorials Expense Printing Expen	nent/Reimbursement ead/Rental Expense Solicitation/Fundraising Expense ransportation Equipment & Related Expense Transportation Equipment & Related Expense rse Travel in District es/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule G: Sch: 1/8 Rpt: 75/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
4 Date 10/28/2015	5 Payee name AT HOME	I
6 Amount (\$) \$76.24	7 Payee address; City; State; Zip Code 16778 I-45 SOUTH CONROE, TX 77384	
8 PURPOSE OF EXPENDITURE	Solicitation/Fundraising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense UCTION ITEMS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2015	Payee name BEST NAME BADGES	
Amount (\$) \$49.55 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1700 NW 65TH AVE. #4 PLANTATION, FL 33313	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense AME TAGS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2015	Payee name FACEBOOK	
Amount (\$) \$25.17	Payee address; City; State; Zip Code 1 HACKER WAY	
X Reimbursement from political contributions intended	MENLO PARK, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EX	(PENDITURES FROM PERSONAL	FUNDS SCHEDULE G	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Image: Wreinbursement (Rental Expense) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Travel Out of District Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule G: Sch: 2/8 Rpt: 76/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150	
4 Date 09/25/2015	5 Payee name FACEBOOK		
6 Amount (\$) \$50.01 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025		
8 PURPOSE OF EXPENDITURE	Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense /ERTISING	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name O	Office sought Office held	
Date 09/30/2015	Payee name FACEBOOK		
Amount (\$) \$50.27 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025		
PURPOSE OF EXPENDITURE	Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense /ERTISING	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name O	Office sought Office held	
Date 10/16/2015	Payee name FACEBOOK		
Amount (\$) \$250.13	Payee address; City; State; Zip Code 1 HACKER WAY		
X Reimbursement from political contributions intended	MENLO PARK, CA 94025		
PURPOSE OF EXPENDITURE	Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name O	Office sought Office held	

	POLITICAL EX	PENDITU	JRES FROM PER	RSONA	L FUNDS	5	SCHEDULE G
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - I Committee	EXPENDITURE CATEGO Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repay Office Overh Polling Expe Printing Exp Salaries/Wa	ment/Reimbursement nead/Rental Expense ense ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
4	Total pages Schedule G: Sch: 3/8 Rpt: 77/82 Date 10/18/2015 Amount (\$) \$182.07	 2 FILER NAM Shipman E 5 Payee nam FACEBOC 	Bihm, Katherine E. (Mrs.) e			3	Filer ID (Ethics Commission Filers) 00080150
8	PURPOSE OF EXPENDITURE	(a) Category (Advertising	See Categories listed at the top of this so 3 Expense		b) Description		

POLITICAL EX	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
	EXPENDITURE CATEGORIES FO		Collisitation/Fundraising Evenence	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing E	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule G: Sch: 4/8 Rpt: 78/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150	
4 Date 12/31/2015	5 Payee name FACEBOOK	I		
6 Amount (\$) \$327.20 Reimbursement from	7 Payee address; City; State; Zip C 1 HACKER WAY	7 Payee address; City; State; Zip Code		
x political contributions intended	MENLO PARK, CA 94025			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought	Office held	
Date	Payee name			
08/30/2015	FOTOLIA.COM			
Amount (\$) \$70.00	Payee address; City; State; Zip C 41 E. 11TH ST., 11TH FLOOR	ode		
X Reimbursement from political contributions intended	NEW YORK, TX 10003			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TERIALS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
Date	Payee name			
08/23/2015	GODADDY.COM			
Amount (\$) \$92.13	Payee address; City; State; Zip C 14455 NORTH HAYDEN ROAD, SUITE 226	ode		
X Reimbursement from political contributions intended	SCOTTSDALE, AZ 85260			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EX	(PENDITURES FROM PERSON)	AL FUNDS SCHEDULE G	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex by - Gitt/Awards/Memorials Expense Printing Ex	ayment/Reimbursement Solicitation/Fundraising Expense erhead/Rental Expense Transportation Equipment & Related Expense spense Travel in District xpes/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule G: Sch: 5/8 Rpt: 79/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150	
4 Date 09/22/2015	5 Payee name MARSHALLS	I	
6 Amount (\$) \$121.33 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1120 LAKE WOODLANDS THE WOODLANDS, TX 77380		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense AUCTION ITEMS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
Date			
09/26/2015	Payee name Montgomery County Search and Rescue		
Amount (\$)	Payee address; City; State; Zip Co		
\$100.00			
Reimbursement from political contributions intended	CLEVELAND, TX 77328		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
Date	Payee name		
09/27/2015	SAM'S		
Amount (\$) \$166.41	Payee address; City; State; Zip Co 19091 N. FWY SERVICE ROAD	ide	
Reimbursement from political contributions intended	SHENANDOAH, TX 77385		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense AUCTION ITEMS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Expense Printing Expense Printing Expense Printing Expense Office Ov	bayment/Reimbursement Solicitation/Fundraising Expense terhead/Rental Expense Transportation Equipment & Related Expense kpense Travel in District xpense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)	
1	Total pages Schedule G: Sch: 6/8 Rpt: 80/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150	
4	Date 08/31/2015	5 Payee name SIGNSONTHECHEAP.COM		
6	Amount (\$) \$33.42 Reimbursement from political contributions	 7 Payee address; City; State; Zip Code 11525-B STONEHOLLOW DR. 		
	X political contributions intended	AUSTIN, TX 78758		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense MARKETING MATERIALS	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
F	Date	Payee name		
	08/31/2015	STAPLES.COM		
⊢	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$113.64	500 STAPLES DRIVE		
	Reimbursement from political contributions intended	FRAMINGHAM, MA 01702		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense MARKETING MATERIALS	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
F	Date	Payee name		
	09/08/2015	SUPERCHEAPSIGNS.COM		
	Amount (\$) \$764.65	Payee address; City; State; Zip Co 9200 WATERFORD CENTER BLVD. SUITE 1		
	Reimbursement from political contributions intended	AUSTIN, TX 78758		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Exp y - Gift/Awards/Memorials Expense Printing E	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule G: Sch: 7/8 Rpt: 81/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 10/02/2015	5 Payee name TJ MAXX		
6 Amount (\$) \$99.61 Reimbursement from political contributions			
8 PURPOSE OF EXPENDITURE	MAGNOLIA, TX 77354 (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date	Payee name		
08/24/2015	VISTAPRINT		
Amount (\$) \$49.67	Payee address; City; State; Zip Code 95 HAYDON AVE.		
X Reimbursement from political contributions intended	LEXINGTON, MA 02421		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TERIALS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
08/30/2015	VISTAPRINT		
Amount (\$) \$263.71	Payee address; City; State; Zip Code 95 HAYDON AVE.		
X Reimbursement from political contributions intended	LEXINGTON, MA 02421		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TERIALS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Jursement Solicitation/Fundraising Expense Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Ct Labor OTHER (enter a category not listed above)	
1	Total pages Schedule G: Sch: 8/8 Rpt: 82/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150	
4	Date 09/01/2015	5 Payee name VISTAPRINT		
6	Amount (\$) \$220.21	7 Payee address; City; State; Zip Code 95 HAYDON AVE.		
L	X political contributions intended	LEXINGTON, MA 02421		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Descr Printing Expense MARKET	ription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office	sought Office held	
	Date 09/01/2015	Payee name WIX.COM		
	Amount (\$) \$158.90	Payee address; City; State; Zip Code		
L	X political contributions intended	SAN FRANCISCO, CA 94158		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Descr Advertising Expense WEBSIT	ription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office	sought Office held	