FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080150 10 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mrs. Katherine E. NAME Date Received **ELECTRONICALLY FILED** 02/01/2016 NICKNAME LAST **SUFFIX** Shipman Bihm CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 204 W. Davis St. MAILING Receipt # Amount **ADDRESS** Conroe, TX 77301 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Robert NAME NICKNAME LAST **SUFFIX** Markowitz STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 18735 W. Cool Breeze Ln. **ADDRESS** (Residence or Business) Montgomery, TX 77356 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (936) 582-1945 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 ΙxΙ appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2016 01/21/2016 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/01/2016 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 9

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 10

13 C / OH NAME	Shipman Bihm, Kathe	erine E. (Mrs.)		14 Filer ID 00080150	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	ns accepted or political expenditues may have been made without required to report this information	the candidate's or offi	iceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NA	ME			
	GENERAL					
		COMMITTEE AD	DRESS			
	SPECIFIC					
		COMMITTEE CA	MPAIGN TREASURER NAME			
		COMMITTEE CA	MPAIGN TREASURER ADDRES	SS		
16 CONTIBUTION TOTALS			ONS OF \$50 OR LESS (OTHER DANS), UNLESS ITEMIZED	THAN PLEDGES,	\$	0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)					\$	3,074.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	CAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED				135.00
	4. TOTAL POLIT	CAL EXPENDIT	TURES		\$	16,431.43
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	17,801.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		ALL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFADAVIT	•					
			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
			Mrs. Kathe	erine E. Shipman E	Bihm	
			Signature of	Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
Sworn to and subso	cribed before me, by the s	aid		, this the		day
			s my hand and seal of office.			
Signature of office	cer administering oath	Printed name	e of officer administering oath	Title of office	er administer	ing oath

SUBTOTALS - JC/OH

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

					3 of 10
	LER NAM	ME Bihm, Katherine E. (Mrs.)	19 Filer ID 00080150	(Ethi	ics Commission Filers)
	HEDUL AME OF		SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	3,000.00	
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	74.00
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		\$			
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	\$	16,331.43	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	100.00
10	· 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	· 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	SCHEDULE	A(J)1				
	The Instru	ction Guide explains how to complete this	1		es Schedule A(J)1 Rpt: 4/10	L:	
2	FILER NAME			1		(Ethics Commissi	on Filers)
	Shipman Bil	nm, Katherine E. (Mrs.)		(0008015	0	
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7 /	Amount of	f Contribution (\$)	
	01/06/2016	SHIPMAN, DOY				\$3,000.00	
		6 Contributor address; City; State; Zip Code					
		BRYAN, TX 77802					
8		Principal Occupation	9 Contributor's Job Title				
		ADMINISTRATOR					
10	Contributor's 6	employer/law firm	11 Law firm of contributor's sp	oouse	e (if any)		
_		s a child, law firm of parent(s) (if any)					

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/10 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Shipman Bihm, Katherine E. (Mrs.) 00080150 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 01/15/2016 EPPES, HAROLD \$74.00 I LUMBER 7 Contributor address; City; State; Zip Code MAGNOLIA, TX 77354 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) **REALTOR** 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) **SELF** 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.		
1	Total pages Schedule F1:	2 FILER NAME	;	3 Filer ID	(Ethics Commission Filers)
	Sch: 1/5 Rpt: 6/10	Shipman Bihm, Katherine E. (Mrs.)		00080150	
4	Date	5 Payee name	•		
	01/19/2016	ADWHITE			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$3,625.00	33300 EGYPT LANE			
		MAGNOLIA, TX 77354			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description		
	OF EXPENDITURE	Advertising Expense	Check if travel or	utside of Texas. Cor	
	EXI ENDITORE		_	TX, officeholder livin	g expense
			ADVERTISING	3	
_	Camplete ONLY if direct	Condidate/Officeholder name Office courts		Office b	ald
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Į.	Office h	eid
	Date	Payee name			
	01/14/2016	ADWHITE			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$363.00	33300 EGYPT LANE			
		MAGNOLIA, TX 77354			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	EXPENDITURE	Printing Expense	ш	utside of Texas. Cor TX, officeholder livin	
			MARKETING		у схропос
	Complete ONLY if direct	Candidate/Officeholder name Office sought	i	Office h	eld
	expenditure to benefit C/O	4			
	Date	Payee name			
	01/04/2016	APEX STRATEGIC PARTNERS, LLC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,500.00	8000 RESEARCH FOREST DR.			
	, ,	SUITE 115 PMB 129			
		THE WOODLANDS, TX 77382			
	DUDDOCE		N December 1		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	Description Check if travel or	utside of Texas. Cor	nplete Schedule T.
	EXPENDITURE	Consulting Expense		TX, officeholder livin	•
			CONSULTING	SERVICES	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	1	Office h	eld
	expenditure to benefit C/O	1			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Sala The Instruction Guide explains how	-	orther (enter a category not listed above) ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/5 Rpt: 7/10	Shipman Bihm, Katherine E. (Mrs.)		00080150
4	Date	5 Payee name		
	01/20/2016	CUSTOM SIGN AND BANNER		
6	Amount (\$)	7 Payee address; City; State; Zi	o Code	
	\$705.04	1804 AFTON ST.		
		HOUSTON, TX 77055		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				SIGNS
9	Complete ONLY if direct expenditure to benefit C/O		e sought	Office held
	Date	Payee name		
	01/15/2016	Community Impact		
	Amount (\$)	Payee address; City; State; Zi	o Code	
	\$8,334.76	16225 Impact Way		
		Suite 1		
		Pflugerville, TX 78660		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b)	Description
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				Marketing Materials
	Complete ONLY if direct expenditure to benefit C/Ol		e sought	Office held
	experientare to benefit G/O			
	Date	Payee name		
	01/04/2016	HOME DEPOT		
	Amount (\$)	Payee address; City; State; Zi	o Code	
	\$92.75	6119 FM 1488		
		Magnolia, TX 77354-5040		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense SIGN SUPPLIES
				SIGN SUPPLIES
	0 1: 0:::::::::::::::::::::::::::::::::	0 111 105 111		000
	Complete ONLY if direct expenditure to benefit C/OI		e sought	Office held
	experience to belief C/O			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers	;)
	Sch: 3/5 Rpt: 8/10	Shipman Bihm, Katherine E. (Mrs.)			00080150		
4	Date	5 Payee name					
	01/04/2016	HOME DEPOT					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$133.74	6119 FM 1488					
		Magnolia, TX 77354-5040					
8	PURPOSE	, , ,	Description				
	OF EXPENDITURE	Advertising Expense	<u>—</u>		de of Texas. Com officeholder living		
			SIGN SUPPL			у схрепас	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld	
	expenditure to benefit C/OI	-1					
	Date	Payee name					
	01/04/2016	HOME DEPOT					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$42.81	6119 FM 1488					
		Magnolia, TX 77354-5040					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description				
	OF EXPENDITURE	Advertising Expense			de of Texas. Com		
			Check if Austin		officeholder living	g expense	
			31011 301 1 2	-11_	,		
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld	
	expenditure to benefit C/OI						
	Date	Payee name					_
	01/04/2016	HOME DEPOT					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$102.03	1341 W. DAVIS ST.					
		CONROE, TX 77304					
	PURPOSE		Description				
	OF	Advertising Expense		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE				officeholder living	j expense	
			SIGN SUPPL	JES	5		
	Complete ONLY if alias -t	Condidate/Officeholder page			O#: !-		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office he	eiu	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

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

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1: Sch: 4/5 Rpt: 9/10	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4	Date 01/05/2016	5 Payee name HOME DEPOT		I
6	Amount (\$) \$132.89	7 Payee address; City; State; Zip Co 1341 W. DAVIS ST. CONROE, TX 77304	ode	
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 SIGN SUPPLIES
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date 01/11/2016	Payee name HOME DEPOT		
	Amount (\$) \$208.13	Payee address; City; State; Zip Co 1341 W. DAVIS ST.	ode	
		CONROE, TX 77304		
	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 SIGN SUPPLIES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date 01/12/2016	Payee name HOME DEPOT		
	Amount (\$) \$16.02	Payee address; City; State; Zip Co 6119 FM 1488	ode	
		MAGNOLIA, TX 77354		
	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 SIGN SUPPLIES
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Office held

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - al Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services	xpense	Polling Expens Printing Expen	e se s/Contract Labor		Travel in District Travel Out of Di	
	Credit Card Payment			The Instruction Gui	de explains	how to compl	ete this form.			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 5/5 Rpt: 10/10		Shipman B	Bihm, Katherine E.	(Mrs.)			1	00080150	
4	Date	5	Payee name							
	01/20/2016	ľ	HOME DE							
Ļ		<u> </u>			Ctoto	Zin Code				
l°	Amount (\$)	 ′	Payee addre	•	State;	Zip Code				
	\$40.26		6119 FM 1	.488						
			MAGNOLIA	A, TX 77354						
8	PURPOSE	(a)	Category (s	See Categories listed at the	top of this sch	edule) (b)	Description			
	OF		Advertising					outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		_						, officeholder living	g expense
l							SIGN SUPPL	LIE	S	
9	Complete ONLY if direct		Candidate/Of	ficeholder name	C	Office sought			Office h	eld
	expenditure to benefit C/OI	Н								
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